Form	8868
(Rev.	January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o print	 Name of exempt organization or other filer, see in METROPOLITAN STATE UNIVERSITY OF DEN FOUNDATION INC 	Taxpayer	r identificatio 84-057	·	ΓIN)					
File by the due date filing your	Number, street, and room or suite no. If a P.O. by PO BOX 173362 CAMPUS BOX 14	ox, see instruct	tions.	1						
	return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80217									
Enter the Return Code for the return that this application is for (file a separate application for each return)							1			
Application Return Application							eturn			
ls For		Code	Is For			c	ode			
Form 9	90 or Form 990-EZ	01	Form 1041-A				08			
Form 4	720 (individual)	03	Form 4720 (other than individual)				09			
Form 9	90-PF	04	Form 5227				10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11			
Form 9	90-T (trust other than above)	06	Form 8870				12			
Form 9	90-T (corporation)	07								
 If th If th box 1 1 t t 2 H 	phone No. ► 303-605-7295 e organization does not have an office or place of bus is is for a Group Return, enter the organization's four of . If it is for part of the group, check this box ► request an automatic 6-month extension of time until he organization named above. The extension is for the . calendar year or . X tax year beginning JUL 1, 2022 the tax year entered in line 1 is for less than 12 month Change in accounting period	digit Group Exe and atta 	Inplien Number (GEN)	If this is fo all memb	r the whole gers the externation organization organization organization organization organization organization organization or the second seco	group, checl nsion is for.				
	this application is for Forms 990-PF, 990-T, 4720, or on nonrefundable credits. See instructions.	6069, enter the	tentative tax, less	3a	\$		0.			
	this application is for Forms 990-PF, 990-T, 4720, or stimated tax payments made. Include any prior year c			3b	\$		٥.			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
L	sing EFTPS (Electronic Federal Tax Payment System)	. See instructio	ns	3c	\$		0.			
Cautio instruc	n: If you are going to make an electronic funds withdrations.	awal (direct del	bit) with this Form 8868, see Form 8	453-TE and	d Form 8879	-TE for payr	ment			
LHA	For Privacy Act and Paperwork Reduction Act No	tice, see instru	ictions.		Form 8	3868 (Rev. 1	-2022)			

223841 04-01-22

Form **990**

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inter	nal Rever	nue Service GO LO WWW.II S. GOV/F		ine latest il	normation.		inspection				
A	For the	e 2022 calendar year, or tax year beginning 🛛 JU	ル1,2022 and	ending J	UN 30, 2023						
B	Check if applicable	C Name of organization METROPOLITAN STATE UNIVERSITY OF	DENVER		D Employer ide	entificati	on number				
	Addre	FOUNDATION INC									
	Name				84-0576	459					
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone nu	lumber					
	Final return/	PO BOX 173362 CAMPILS BOX 14	0065								
	termin	City or town, state or province, country, and	G Gross receipts \$		39,179,735.						
	Ameno		oup retur	n							
	Applic tion	^{a-} F Name and address of principal officer: MARTI	I AWAD		for subordi						
	pendir	SAME AS C ABOVE			H(b) Are all subordir						
1	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 🗌 527			. See instructions				
J	Websit	e: www.MSUDENVER.EDU/FOUNDATION			H(c) Group exer	nption n	umber				
ĸ	Form of	organization: X Corporation Trust As	sociation 🔄 Other	L Year	of formation: 1967		tate of legal domicile: CO				
Pa	art I	Summary									
	1	Briefly describe the organization's mission or most	significant activities: TO PRO	MOTE THE	GENERAL WELFA	RE					
nce		AND DEVELOPMENT OF THE METROPOLITAN ST									
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its ne	t assets					
Activities & Governance	3	Number of voting members of the governing body ((Part VI, line 1a)			3	23				
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	23				
es é	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)			5	0				
viti	6	Total number of volunteers (estimate if necessary)				6	25				
\cti	7 a	Total unrelated business revenue from Part VIII, col	lumn (C), line 12			7a	-1,940.				
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.				
					Prior Year		Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)	9,994,8								
enu	9	Program service revenue (Part VIII, line 2g)	208,6								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			7,566,2		-1,906,041.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			116,1		132,363.				
		Total revenue - add lines 8 through 11 (must equal			17,885,8		13,343,630.				
		Grants and similar amounts paid (Part IX, column (A			4,903,4		7,483,300.				
		Benefits paid to or for members (Part IX, column (A				0.	0.				
es	15	Salaries, other compensation, employee benefits (F			505,9		549,623.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			50,4	80.	0.				
ă	b	Total fundraising expenses (Part IX, column (D), line		849.		0.5	441.000				
	1 "	Other expenses (Part IX, column (A), lines 11a-11d,			667,5		441,069.				
		Total expenses. Add lines 13-17 (must equal Part I)			6,127,5		8,473,992.				
		Revenue less expenses. Subtract line 18 from line	12		11 , 758 , 3 ginning of Current Y		4,869,638. End of Year				
Net Assets or					39,016,5		51,429,887.				
Asse					1,490,5		3,603,067.				
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	line 00		37,526,0		47,826,820.				
\mathbf{P}	art II	Signature Block	III III 20		57,520,0	20.	47,020,020.				
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and statem	ents and to the best	of my kng	wledge and helief it is				
		r, and People People People and the reparer (other than office					Swiedge and benef, it is				
	,	Marti Awad.		ποτη μι σμαι σι		0/202	3				
Sig	n	Signature of officer Signature of officer of Buseder Bused			Date						
He		MARTI AWAD, TREASURER									
116	G	Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN				
		i interspo proparor o namo	i roparor o orginaturo		if		1				

						if <u> </u>		
Paid	SARAH HINTZ		SARAH HINTZ	12/18/	23	self-employed	P00492291	
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's	s EIN 41-	0746749	
Use Only	Firm's address	8390 EAST CRESCENT PARK	NAY, SUITE 300					
		GREENWOOD VILLAGE, CO 8)111		Phone	e no.(303)	779-5710	
May the IF	RS discuss this	return with the preparer shown a	bove? See instructions				X Yes	No
-							•	~~

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

5		
-	METROPOLITAN STATE UNIVERSITY OF DENVER 990 (2022) FOUNDATION INC	84-0576459 Page
Par	990 (2022) FOUNDATION INC t III Statement of Program Service Accomplishments	84-0576459 Page
T ai		Г
	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission:	
	METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION, INC IS A	
	NON-PROFIT CORPORATION ORGANIZED TO PROMOTE THE GENERAL WELFARE AND	
	DEVELOPMENT OF THE METROPOLITAN STATE UNIVERSITY OF DENVER THROUGH	
	STRATEGIC PLANNING, FUNDRAISING AND PROGRAMS SUPPORT.	
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	s? 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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$7,483,300. including grants of \$7,483,300.) (Re	evenue\$ 82,211.
	FUNDS ARE RAISED FOR THE BENEFIT OF THE STUDENTS, FACULTY, AND	
	ADMINISTRATION OF THE METROPOLITAN STATE UNIVERSITY OF DENVER	
	FOUNDATION, INC. FUNDS ARE ALSO USED TO PUBLICIZE, PROMOTE AND SUPPORT	
	THE ADVANCEMENT OF THE UNIVERSITY.	
4b	(Code:) (Expenses \$) (Removed including grants of \$) (Removed including grants of \$)	evenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$
	Other program convises (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,483,300.	000
		Form 990 (20
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METROPOLITAN STATE UNIVERSITY OF DENVER

	990 (2022) FOUNDATION INC 84-05764	59	Р	age 3
Par	t 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
•	Schedule D, Part III	8	~	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	•	<u> </u>
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b		20a		<u> </u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
£ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
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METROPOLITAN STATE UNIVERSITY OF DENVER

Form	990 (2022) FOUNDATION INC 84-05764	159	Р	_{age} 4				
1 61	Checklist of Required Schedules (continued)		Vaa	No				
22	Did the exception report more than \$5,000 of grapts or other essistance to or for demostic individuals on		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x				
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
		23	x					
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25						
214	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						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	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		х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х				
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		х				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30	X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v					
~ ~	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	0.4		x				
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X				
		358						
u	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?	330						
50	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							
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	x					
Par								
	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	9						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0						
	S (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							
_	(gambling) winnings to prize winners?	1c	х					
232004	12-13-22	Form	990	(2022)				

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METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC 84 - 0576459Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 0 2a **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Зb b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). x **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b 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). Х 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 h If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required С Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d 7d Х е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 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: Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a а b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13b c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? x 15 If "Yes," see the instructions and file Form 4720, Schedule N. х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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232005 12-13-22

2022.05010 METROPOLITAN STATE UNIVER A1786191

Form 990 (2022)

	METROPOLITAN STATE UNIVERSITY OF DENVER			-
	990 (2022) FOUNDATION INC 84-05764		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			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 1a 23			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	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			
Ŭ	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		x
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		x
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
	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	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0			
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):		availa	hlo
10	for public inspection. Indicate how you made these available. Check all that apply.	s or iry)	avalla	010
10		finer		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a imani	JIAI	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records EARL CALEB - 303-605-7295			
	890 AURARIA PARKWAY, DENVER, CO 80206			
0000		Earr	000	(2022)
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METROPOLITAN STATE UNIVERSITY OF DENVER

Form 990 (2	2022) FOUNDATION INC	84-0576459	Page I
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A	Officers Directors Trustees Key Employees and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			ane	Reportable	Reportable	Estimated
	hours per	box	(do not che box, unless officer and		rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTINE MARQUEZ-HUDSON	40.00				Ť	1 0	ш.			
EXECUTIVE DIRECTOR		1		x				181,434.	0.	56,673.
(2) LORI HERRERA	40.00									
CFO				х				105,195.	0.	69,917.
(3) DAWN BOOKHARDT	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) RUTH ROHS	1.00									
VICE CHAIR		Х		X				٥.	0.	0.
(5) MARTI AWAD	1.00									
TREASURER		Х		X				0.	0.	0.
(6) ASHLEY DIMOND	1.00									
SECRETARY		Х		X				0.	0.	0.
(7) FERD BELZ	1.00									
DIRECTOR		Х						٥.	0.	0.
(8) PAT CORTEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BARB GROGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) RUS HEISE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KEVIN KELLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CHARLIE KERCHEVAL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JON L KINNING	1.00									
DIRECTOR		Х						٥.	٥.	0.
(14) RICK KORNFELD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TRAVIS LUTHER	1.00									
EX-OFFICIO		Х						٥.	٥.	0.
(16) DONALD MARSHALL	1.00									
DIRECTOR		х						0.	0.	0.
(17) HEATHER MILLER	1.00									
DIRECTOR		Х						٥.	0.	0.
										Garm 990 (2022)

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Form 990 (2022)

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METROPOLITAN STATE UNIVERSITY OF DENVER

Form 990 (2022) FOUNDATION IN	IC								84-05	7645	9	Pa	age 8
Part VII Section A. Officers, Directors, Trust	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C)								(D)	(E)			(F)	
Name and title	Average	(do			more	ן than d	one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unles	ss pe	rson i	is both pr/trus	an	compensation	compensatio				of
	week (list any					1/		from	from related			other	4:
	hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MIS			ipensa om the	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	°		anizati	
	organizations	truste	al trus		/ee	mper		1099-NEC)	1000 1120)		Ŭ Ŭ	d relate	
	below	idual 1	nstitutional trustee	5	Key employee	Highest compensated employee	er					anizatio	
	line)	Indiv	Instit	Officer	Key e	Highe	Former						
(18) BRIAN O'NEIL	1.00												
DIRECTOR		Х						0.		٥.			0.
(19) CINDY PARSONS	1.00												
DIRECTOR		Х						0.		٥.			٥.
(20) SHANE PORTFOLIO	1.00												
DIRECTOR		Х						0.		٥.			٥.
(21) TRINI RODRIGUEZ	1.00												
DIRECTOR		Х						0.		٥.			٥.
(22) STAN SENA	1.00												
DIRECTOR		Х						0.		0.	<u> </u>		٥.
(23) RON TILTON	1.00												
PAST CHAIR		Х						0.		٥.			0.
(24) MARILEE UTTER	1.00												
PAST CHAIR		Х						0.		٥.			٥.
(25) CHARLIE WALLING	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								286,629.		0.		126,	590.
1b Subtotal c Total from continuation sheets to Part VII								0.		0.		/	0.
d Total (add lines 1b and 1c)								286,629.		0.		126,	
2 Total number of individuals (including but no								,	000 of reportable	I			
compensation from the organization						.,							2
												Yes	No
3 Did the organization list any former officer,	director. trust	ee. k	ev e	ame	love	e. or	hia	hest compensated emp	ovee on	[
line 1a? If "Yes," complete Schedule J for su	-		•	•			Ŭ	• •			3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich i	pers	on .		• ·····		[5	х	
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	acto	's th	nat received more than \$	100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	/ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		~	(0		-
Name and business	address	NO	NE					Description of s	ervices		ompe	nsatior	<u> </u>

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2022)

232008 12-13-22

METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC 84-0576459 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Unrelated Revenue excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues 47,376. c Fundraising events 1c d Related organizations 1d 774,186. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 14,133,464. 1f 135,426 g Noncash contributions included in lines 1a-1f 1g |\$ 14,955,026. h Total. Add lines 1a-1f **Business Code** 2 a UNIVERSITY DEPARTMENT 713990 162,282, 162,282. Program Service Revenue b С d f All other program service revenue 162,282, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 1,082,018 1,082,018 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 130,791. 6 a Gross rents 6a 6,206. 6b **b** Less: rental expenses 124,585. **c** Rental income or (loss) 6c 124,585, 124,585. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 22,768,643. assets other than inventory **b** Less: cost or other basis **7b** 25,756,702. Other Revenue and sales expenses 7c -2,988,059. c Gain or (loss) -2,988,059. -1,940. -2,986,119. d Net gain or (loss) ${\bf 8}~{\bf a}~$ Gross income from fundraising events (not 47,376. of including \$ contributions reported on line 1c). See Part IV, line 18 80,975. 8a **b** Less: direct expenses 73,197. 8b 7.778 7,778. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a **Revenue** b d All other revenue e Total. Add lines 11a-11d Ο. -1,940. -1,609,456. 12 13,343,630. Total revenue. See instructions

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Form 990 (2022)

Part IX Statement of Functional Expenses

Form 990 (2022)

METROPOLITAN STATE UNIVERSITY OF DENVER

FOUNDATION INC

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,483,300.	7,483,300.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	119,819.		71,970.	47,849
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	352,320.		352,320.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	77,484.		77,484.	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	45,204.		45,204.	
С	Accounting	31,960.		31,960.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	82,344.		82,344.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	58,599.		58,599.	
14	Information technology				
15	Royalties				
16	Occupancy	25,693.		25,693.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,208.		38,208.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,000.		36,000.	
23	Insurance	25,766.		25,766.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DISCRETIONARY EXPENSES	48,650.		48,650.	
a h	UNCOLLECTIBLE PLEDGE LO	42,500.		42,500.	
с С	MISC EXPENSE	6,145.		6,145.	
d		·,		-,	
	All other expenses				
-	Total functional expenses. Add lines 1 through 24e	8,473,992.	7,483,300.	942,843.	47,849
25 26	Joint costs. Complete this line only if the organization	-, _, _, , , , , , , , , , , , , , , , ,	.,,		17,019
20					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

		METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC		0 / 0 I	576459 Page 1 1
	990 (2 t X	Balance Sheet		04-01	576459 Page 1 1
	נא				
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,760,139.	1	2,833,328.
	2	Savings and temporary cash investments	, , ,	2	50,041.
	3	Pledges and grants receivable, net	3,825,859.	3	7,862,343,
	4	Accounts receivable, net	4,361.	4	6,359.
	5	Loans and other receivables from any current or former officer, director,	,		,
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<i>"</i>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	8,325.	9	27,882
		Land, buildings, and equipment: cost or other			,
		basis. Complete Part VI of Schedule D 1,745,462.			
	b	Less: accumulated depreciation 10b 477,820.	1,303,642.	10c	1,267,642
	11	Investments - publicly traded securities	29,835,432.	11	37,351,212
	12	Investments - other securities. See Part IV, line 11	1,264,852.	12	2,016,563
	13	Investments - program-related. See Part IV, line 11	· ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	13,947.	15	14,517
	16	Total assets. Add lines 1 through 15 (must equal line 33)	39,016,557.	16	51,429,887
	17	Accounts payable and accrued expenses	980,831.	17	3,125,765
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	330,538.	21	302,153
	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ē	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	179,168.	25	175,149
	26	Total liabilities. Add lines 17 through 25	1,490,537.	26	3,603,067
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	6,057,692.	27	7,128,104
Bal	28	Net assets with donor restrictions	31,468,328.	28	40,698,716
P		Organizations that do not follow FASB ASC 958, check here			
편		and complete lines 29 through 33.			
کر م	29	Capital stock or trust principal, or current funds		29	
Set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	37,526,020.	32	47,826,820.
~	33	Total liabilities and net assets/fund balances	39,016,557.	33	51,429,887.

Form 990 (2022)

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	METROPOLITAN STATE UNIVERSITY OF DENVER				
	990 (2022) FOUNDATION INC	84-05764	59،	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			630.
2	Total expenses (must equal Part IX, column (A), line 25)	2			992.
3	Revenue less expenses. Subtract line 2 from line 1	3			638.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			020.
5	Net unrealized gains (losses) on investments	5	5	,431,	683.
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		-	-521.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	47	,826,	820.
Pai	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	Э.			
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	Х	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

Form **990** (2022)

SCHEDULE A (Form 990)		nplete if the organ	rity Status an ization is a section 501 47(a)(1) nonexempt cha	(c)(3) orga	anization o			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		At	ttach to Form 990 or Fo Form990 for instruction	rm 990-E	Ζ.	ormation		Open to Public Inspection
Name of the organizat			IVERSITY OF DENVER				Employer	identification number
						84-0576459		
Part I Reason	for Public C	harity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
Ē.	-		For lines 1 through 12, cl	-				
			n of churches described		n 170(b)(1	l)(A)(i).		
			Attach Schedule E (Form			•		
	•		anization described in se njunction with a hospital			•	(iiii) Enter	the hospital's name
city, and sta	-		junoton with a hospital	400011004	in Sectio			the hospital o hame,
		the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
section 170)(b)(1)(A)(iv). (Co	omplete Part II.)						
6 🗌 A federal, st	ate, or local gove	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗌 An organizat	tion that normally	y receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
section 170	(b)(1)(A)(vi). (Co	mplete Part II.)						
	-		1)(A)(vi). (Complete Parl					
-	-		in section 170(b)(1)(A)(i		-		-	-
-	or a non-land-gr	ant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
university: _ 10 An organiza	tion that normally	v receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
-			t to certain exceptions; a				-	
	-	· -	(less section 511 tax) fro					-
	509(a)(2). (Com		. , ,		·			
11 🗌 An organizat	tion organized ar	nd operated exclusiv	vely to test for public sat	ety. See	section 50)9(a)(4).		
12 🗌 An organizat	tion organized ar	nd operated exclusiv	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
more public	y supported org	anizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
	-	• •	f supporting organization				-	
		-	upervised, or controlled	• • • •	-			
	-		gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting
		mplete Part IV, Se	or controlled in connect	ion with it	e supporte	d organizatio	n(e) by bay	vina
		•	anization vested in the sa			•		•
		complete Part IV,		ane perce			90o osipi	
			g organization operated	in connect	ion with, a	and functional	lly integrate	ed with,
its suppor	ted organization	(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d 🗌 Type III ne	on-functionally i	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
that is not	functionally inte	grated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and	l an attentiv	veness
	·	,	nplete Part IV, Sections					
	•		written determination from			Туре I, Туре	II, Type III	
			nally integrated supportir					
f Enter the number g Provide the follow	••	•	d organization(s)					
(i) Name of sup		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount or	f monetary	(vi) Amount of other
organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								

	edule A (Form 990) 2022 FC	DUNDATION INC	ATE UNIVERSITY			84-05764	i ugo 🖬
Pa	rt II Support Schedule for ((Complete only if you checked fails to qualify under the tests	d the box on line 5,	7, or 8 of Part I or	if the organization			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,826,871.	6,520,451.	6,898,951.	9,923,988.	14,955,026.	44,125,287
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	1 690 545	1 0 7 7 7 5 1	1 017 006	2 526 504	4 292 620	12 444 025
	the organization without charge	1,689,545.	1,927,251.	1,917,906.	3,526,594.	4,383,639.	13,444,935
	Total. Add lines 1 through 3	7,516,416.	8,447,702.	8,816,857.	13,450,582.	19,338,665.	57,570,222
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,						200 205
-	column (f)						308,305
	Public support. Subtract line 5 from line 4.						57,261,917
ale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	7,516,416.	8,447,702.	8,816,857.	13,450,582.	19,338,665.	57,570,222
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	788,246.	716,749.	658,110.	1,630,318.	1,212,809.	5,006,232
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.)						
11	Total support. Add lines 7 through 10						62,576,454
•••	•	etc. (see instructio	ns)			12	1,293,198
12	Gross receipts from related activities						, ,
	Gross receipts from related activities, First 5 years . If the Form 990 is for th		st second third fo	ourth or fifth tax v	ear as a section 50	(1)(3)	
	First 5 years. If the Form 990 is for th	ne organization's fir				()()	
13	First 5 years. If the Form 990 is for the organization, check this box and stop	ne organization's fir 5 here				()()	
13 Sec	First 5 years. If the Form 990 is for the organization, check this box and stores the store of Public tion C. Computation of Public tion C. Computer tion C. Comput	ne organization's fir 5 here C Support Per e	centage				01 51
13 Sec 14	First 5 years. If the Form 990 is for the organization, check this box and store stion C. Computation of Publi Public support percentage for 2022 (I	ne organization's fir b here c Support Per ine 6, column (f), di	centage vided by line 11, co	blumn (f))		14	91.51
13 Sec 14 15	First 5 years. If the Form 990 is for the organization, check this box and store tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021	e organization's fir <u>o here</u> <u>c Support Pere</u> ine 6, column (f), di Schedule A, Part I	centage vided by line 11, co I, line 14	olumn (f))		14 15	91.51 88.67
13 Sec 14 15	First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization of the support test - 2022.	te organization's fir b here c Support Per ine 6, column (f), di Schedule A, Part I organization did no	centage vided by line 11, co I, line 14 t check the box on	blumn (f)) line 13, and line 1	4 is 33 1/3% or m	14 15 ore, check this box	91.51 88.67
13 Sec 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies	te organization's fir c Support Pere ine 6, column (f), di Schedule A, Part I organization did no as a publicly suppo	centage vided by line 11, co I, line 14 t check the box on orted organization	blumn (f))	4 is 33 1/3% or m	14 15 ore, check this box	91.51 88.67 and
13 Sec 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qualifies 33 1/3% support test - 2021. If the organization qualifies 33 1/3% support test - 2021.	te organization's fir c Support Pere ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no	centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir	blumn (f)) line 13, and line 1 ne 13 or 16a, and l	4 is 33 1/3% or m ine 15 is 33 1/3%	14 15 ore, check this box or more, check this	91.51 88.67 and x sbox
13 3ec 14 15 16a b	First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qualifies and stop here. The organization qualifies and stop here.	te organization's fir c Support Pere ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s	centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat	blumn (f)) line 13, and line 1 ne 13 or 16a, and l ion	4 is 33 1/3% or m ine 15 is 33 1/3%	14 15 ore, check this box or more, check this	91.51 88.67 and x box
13 Sec 14 15 16a b	First 5 years. If the Form 990 is for the organization, check this box and store tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qual flow -facts-and-circumstances test	te organization's fir c Support Pere ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s - 2022. If the organization	centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch	blumn (f)) line 13, and line 1 ne 13 or 16a, and l ion neck a box on line	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a	14 15 ore, check this box or more, check this nd line 14 is 10% c	91.51 88.67 and x s box or more,
13 Sec 14 15 16a b	First 5 years. If the Form 990 is for the organization, check this box and store tion C. Computation of Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qual 10% -facts-and-circumstances test and if the organization meets the fact.	e organization's fir <u>c Support Pere</u> ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s - 2022. If the organization	centage vided by line 11, co l, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch es test, check this b	blumn (f)) line 13, and line 1 ne 13 or 16a, and l cion neck a box on line box and stop her	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part '	14 15 ore, check this box or more, check this nd line 14 is 10% c	91.51 88.67 and x s box or more,
13 5ec 14 15 16a b 17a	First 5 years. If the Form 990 is for the organization, check this box and store tion C. Computation of Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the facts and circumstances test and if the facts and circumstances test and if the facts and circumstances test and stop here.	te organization's fir c Support Pere ine 6, column (f), di Schedule A, Part I organization did nor as a publicly support organization did nor ifies as a publicly s - 2022. If the organization st. The organization	centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch as test, check this t n qualifies as a pub	blumn (f)) line 13, and line 1 ne 13 or 16a, and l neck a box on line box and stop her licly supported or	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization	14 15 ore, check this box or more, check this nd line 14 is 10% c VI how the organization	91.51 88.67 and x box or more, ation
13 Sec 14 15 16a b 17a	First 5 years. If the Form 990 is for the organization, check this box and stop etion C. Computation of Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qualifies and stop here. The organization qualifies and if the organization meets the facts meets the facts and circumstances test and if the facts and circumstances test and if the organization determines the facts and circumstances test and if the facts and circumstances test and the facts an	te organization's fir c Support Pere i ne 6, column (f), di Schedule A, Part I organization did nor as a publicly support organization did nor ifies as a publicly support - 2022. If the organization - 2021. If the organization - 2021. If the organization	centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch as test, check this t n qualifies as a pub anization did not ch	blumn (f)) line 13, and line 1 ne 13 or 16a, and l neck a box on line box and stop her blicly supported or neck a box on line	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1	14 15 ore, check this box or more, check this nd line 14 is 10% c VI how the organization 7a, and line 15 is 1	91.51 88.67 and x box or more, ation
Sec 14 15 16a b 17a	First 5 years. If the Form 990 is for the organization, check this box and store that the form of Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the facts and circumstances test more, and if the organization meets the facts more, and if the organization meets the facts more and if the organization meets the facts more, and if the organization meets the facts more form the organization meets the facts more and if the organization meets the facts more facts more form the organization meets the facts more more facts more facts more facts more	the organization's fir c Support Pere- c Support Pere- ine 6, column (f), di Schedule A, Part I organization did nor as a publicly support organization did nor ifies as a publicly support - 2022. If the organization - 2021. If the organization - 2021. If the organization - 2021. If the organization - 2021. If the organization	centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch as test, check this to n qualifies as a pub anization did not ch stances test, check	blumn (f)) line 13, and line 1 ne 13 or 16a, and l neck a box on line box and stop her blicly supported or neck a box on line k this box and sto	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain ir	14 15 ore, check this box or more, check this nd line 14 is 10% c VI how the organization 7a, and line 15 is 1 n Part VI how the	91.51 88.67 and x box or more, ation
13 Sec 14 15 16a b 17a b	First 5 years. If the Form 990 is for the organization, check this box and stop etion C. Computation of Public support percentage for 2022 (I Public support percentage from 2021 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2021. If the organization qualifies and stop here. The organization qualifies and if the organization meets the facts meets the facts and circumstances test and if the facts and circumstances test and if the organization determines the facts and circumstances test and if the facts and circumstances test and the facts an	the organization's fir C Support Pere- C Support Pere- ine 6, column (f), di Schedule A, Part I organization did nor as a publicly support organization did nor ifies as a publicly support C Support Pere- as a publicly support C Support Pere- series a column (f), di C Support C	centage vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch es test, check this to n qualifies as a pub anization did not ch istances test, check e organization qual	blumn (f)) line 13, and line 1 ne 13 or 16a, and l neck a box on line box and stop her blicly supported or neck a box on line k this box and sto ifies as a publicly	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain ir supported organiz	14 15 ore, check this box or more, check this nd line 14 is 10% c VI how the organization 7a, and line 15 is 1 n Part VI how the ation	91.51 88.67 and x and x s box or more, ation

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METROPOLITAN STATE UNIVERSITY OF DENVER

84-0576459 Page 3

Schedule A (Form 990) 2022	OUNDATION INC				84-05764	59 Pag
Part III Support Schedule for	Organizations	Described in S	Section 509(a)	(2)		
(Complete only if you checked	d the box on line 10	of Part I or if the	organization failed	to qualify under Pa	art II. If the organiza	tion fails to
qualify under the tests listed b	pelow, please comp	lete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						

1							
	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						
78	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support	1	1	1	1		
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
e -		stmont Incom/	e Percentage				
<u>5e</u>	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
17 18	Investment income percentage for 20 Investment income percentage from	022 (line 10c, colur 2021 Schedule A,	mn (f), divided by l Part III, line 17			18	%
17 18	Investment income percentage for 20	022 (line 10c, colur 2021 Schedule A,	mn (f), divided by l Part III, line 17			18	%
17 18	Investment income percentage for 20 Investment income percentage from	022 (line 10c, colur 2021 Schedule A, e organization did n	mn (f), divided by l Part III, line 17 not check the box	on line 14, and line	e 15 is more than	18 33 1/3%, and li	%
17 18 19a	Investment income percentage for 20 Investment income percentage from a 33 1/3% support tests - 2022. If the	022 (line 10c, colur 2021 Schedule A, e organization did n nd stop here. The	nn (f), divided by l Part III, line 17 not check the box organization qual	on line 14, and line ifies as a publicly s	e 15 is more than supported organiz	18 33 1/3%, and li ation	
17 18 19a	Investment income percentage for 20 Investment income percentage from a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar	022 (line 10c, colur 2021 Schedule A, e organization did n nd stop here. The e organization did n	nn (f), divided by l Part III, line 17 not check the box organization qual not check a box or	on line 14, and line ifies as a publicly s n line 14 or line 19	e 15 is more than supported organiz a, and line 16 is m	18 33 1/3%, and li ation ore than 33 1/3	

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Schedule A (Form 990) 2022

METROPOLITAN STATE UNIVERSITY OF DENVER

1

Yes No

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

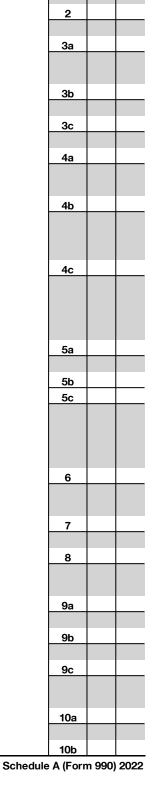
Section A. All Supporting Organizations

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

FOUNDATION INC.

- 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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	METROPOLITAN STATE UNIVERSITY OF DENVER			
Sche		4-0576459	Pa	age
Par	t IV Supporting Organizations (continued)			
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations		_	
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ad		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among th			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	° 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N
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		

the organization maintained a close and continuous working relationship with the supported organization(s). 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. Section E. Type III Functionally Integrated Supporting Organizations

1 C	heck the box next to	the method that the o	organization used	to satisfv the Ir	ntegral Part Tes	t during the vear	(see instructions)
-----	----------------------	-----------------------	-------------------	-------------------	------------------	-------------------	--------------------

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

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	--	--

- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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. 232025 12-09-22

3b Schedule A (Form 990) 2022

3

2a

2b

3a

Yes No

11431218 131839 A178619

18

Chedule A (Form 990) 2022 METROPOLITAN STATE UNIVERSITY OF FOUNDATION INC	DENVER		84-0576459 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	84-0576459 Page
Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu	ing trust on N	ov. 20, 1970 (<i>explain ii</i>	η Part VI). See instructions.
Section 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		
Section 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		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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	Type III supporting or	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

METROPOLITAN STATE UNIVERSITY OF DENVER

	METROPOLITAN STATE	UNIVERSITY OF DENVER			
	dule A (Form 990) 2022 FOUNDATION INC		·		84-0576459 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	<u>d)</u>	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

METROPOLITAN STATE UNIVERSITY OF DENVER

Schedule A	(Form 990) 2022	FOUNDATION INC	84-0576459	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	r mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 , lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V I 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio	and 2; Part IV, Sectior /, Section B, line 1e; Pa	۱C,
				
232028 12-09-2	2		Schedule A (Form 9	990) 2022

Schedule B

(Form 990)

Department of the Treasury nal Revenue Service

Schedule of Contributors

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

nber

Name of the organiz	ation	Employer identification num
	METROPOLITAN STATE UNIVERSITY OF DENVER	
	FOUNDATION INC	84-0576459
Organization type (check 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	
, ,	ization is covered by the General Rule or a Special Rule. n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
General Rule		
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to rom any one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 50	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup D9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount c	b, and that received from any one

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

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

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2022)

	rganization JITAN STATE UNIVERSITY OF DENVER	Em	ployer identification number
FOUNDATI			84-0576459
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
1		\$300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$331,015	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
3		\$1,069,273	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$673,247	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
		\$	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) (2022)

23 2022.05010 METROPOLITAN STATE UNIVER A1786191

223452 11-15-22

Page **2**

	3 (Form 990) (2022)		Page 3
Name of or	ganization ITAN STATE UNIVERSITY OF DENVER		Employer identification number
FOUNDATI			84-0576459
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	J.
(a) No. from Part I	(b) (c) FMV (or est Description of noncash property given (See instruct		
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	

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Schedule B (Form 990) (2022)

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2022.05010 METROPOLITAN STATE UNIVER A1786191

Page **3**

Schedule B (Form 990) (2022)

Name of or				Employer identification number					
	ITAN STATE UNIVERSITY OF DENVER								
FOUNDATI				84-0576459					
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en haritable, etc., contributions of \$1,000 or	ry For organizatio	B), or (10) that total more than \$1,000 for the year ons hter this info. once.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	-	(e) Transfer of gi							
-	Transferee's name, address, a	Ind ZIP + 4	Relations	ship 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 gift								
-	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 gi	ït						
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
ŀ		(e) Transfer of gi	ït						
-	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee					
		[

Schedule B (Form 990) (2022)

Page 4

	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990,						0047
(For	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d,				hlio
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions an	d the latest information.		Open to Pu Inspection	DIIC
Nam	e of the organizatio	n METROPOLITAN STATE UNIVERSI	TY OF DENVER		Employer identification number		
D		FOUNDATION INC				84-0576459	
Pa		tions Maintaining Donor Advise answered "Yes" on Form 990, Part IV, lin		r Similar Funds or A	accounts.	Complete if the	
	organization	answered Tes On Form 350, Farthy, in	(a) Donor adv	vised funds	(h) Funds an	d other accounts	
1	Total number at end	d of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5		n inform all donors and donor advisors in v		held in donor advised fu	nds		
	-	n's property, subject to the organization's	-			Yes	No
6		n inform all grantees, donors, and donor a					
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose confe	rring		
	impermissible privat					Yes	No
Pa	rt II Conserva	tion Easements. Complete if the org	ganization answered '	'Yes" on Form 990, Part I	V, line 7.		
1		ervation easements held by the organization	• • • •				
		of land for public use (for example, recrea	tion or education)	Preservation of a his			
		natural habitat		Preservation of a ce	tified historic	structure	
-		of open space					
2		hrough 2d if the organization held a qualif	ied conservation con	tribution in the form of a c		asement on the la at the End of the Ta	
	day of the tax year.					at the End of the Ta	ix rear
a					2a		
b	-				2b		
C A		ation easements on a certified historic structure			2c		
d		ation easements included in (c) acquired a sted in the National Register	•		2d		
3		ation easements modified, transferred, rel		or terminated by the orga	· · · · ·	n the tax	
Ŭ	year			or torrininated by the orga		gine tax	
4		————————————————————————————————————	ement is located				
5		on have a written policy regarding the per	-	ection, handling of			
	violations, and enfo	prcement of the conservation easements it	holds?			Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting,					
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation e	asements dur	ing the year	
8		ation easement reported on line 2(d) abov	, ,		, . ,		_
		4)(B)(ii)?				Yes	No
9		e how the organization reports conservation					
		include, if applicable, the text of the footr	iote to the organizatio	on's financial statements t	hat describes	the	
Pa	rt III Organization's acco	unting for conservation easements. tions Maintaining Collections of	Art. Historical T	reasures, or Other	Similar As	sets	
		the organization answered "Yes" on Form					
1a		elected, as permitted under FASB ASC 95		revenue statement and ba	alance sheet v	vorks	
iu	•	asures, or other similar assets held for put	•				
		Part XIII the text of the footnote to its finar					
b	· •				ce sheet work	s of	
	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						٥.
	(ii) Assets included in Form 990, Part X \$,590.
2							
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included o	on Form 990, Part VIII, line 1			\$		
b	Assets included in F	Form 990, Part X					
LHA	For Paperwork Re	duction Act Notice, see the Instructions	s for Form 990.		Sche	dule D (Form 990)) 2022
23205	1 09-01-22		26				
			26				

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Sign	Envelope ID: DB0C0502-4C3A-4710-92FF-E16	4983FD4BF							
	METROPOLITAN	I STATE UNIVERS	ITY OF DENVER						
Sche	dule D (Form 990) 2022 FOUNDATION I	INC				84-	057645	59	Page 2
Pa	rt III Organizations Maintaining Co	llections of Art,	Historical Tr	easures, o	r Other S	Similar Ass	sets (continue	ed)
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following tha	t make sigr	nificant use of	its		
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or ex	change progra	am				
b	Scholarly research	е		0 1 0					
с	Preservation for future generations							,	,
4	Provide a description of the organization's coll	ections and explain	how they further t	he organizatio	on's exemp	ot purpose in F	Part XIII		
5	During the year, did the organization solicit or	-	-	-	-				
•	to be sold to raise funds rather than to be main			,				/es	X No
Pa	t IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Part		ion the organizati			onn 000, r ar	,	0, 01	
1 a	Is the organization an agent, trustee, custodiar		ary for contribution	s or other as	sets not inc	cluded			
	on Form 990, Part X?							/es	X No
h	If "Yes," explain the arrangement in Part XIII ar						· · ·		
D			wing table.				Ar	mount	
~	Beginning balance					1c			
	Additions during the year					1d			
	Additions during the year					1e			
f	Distributions during the year					1f			
	Ending balance Did the organization include an amount on For					· · · · · ·	XY		No
	If "Yes," explain the arrangement in Part XIII. C				-		۲		
Pa								<u></u>	
		(a) Current year	(b) Prior year	(c) Two yea		1) Three years b	ack (e	EOUL VE	ears back
4.		19,765,432.	23,175,418		·	16,891,0			59,727.
	Beginning of year balance	5,382,682.	1,578,219	· · ·	4,299.	1,786,1			92,952.
	Contributions	2,047,165.	-4,101,633		7,803.				38,752.
	Net investment earnings, gains, and losses	2,047,105.	-4,101,033	• 5,95	,005.	42,1	50.		50,752.
	Grants or scholarships								
е	Other expenditures for facilities	650.000	006 570			<i>c c</i> 2 2	10	21	-0 242
	and programs	658,820.	886,572	. 08.	2,834.	663,3	10.		50,343.
f	Administrative expenses	0.0 50.0 450	40 565 400	00.45	- 110	10.056.4		16.00	
g	End of year balance	26,536,459.	19,765,432		5,418.	18,056,1	50.	16,89	91,088.
2	Provide the estimated percentage of the current	•	(line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	.7600	_%						
b	Permanent endowment 3.8000	%							
С	Term endowment95.4400 %								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held a	nd administe	red for the			_	
	organization by:						-	Ye	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?				L	3b	
4	Describe in Part XIII the intended uses of the o		ment funds.						
Pa	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or otl	ner (b) Cos	t or other	(c) Acc	umulated	(d)) Book v	alue
		basis (investm	ent) basis	s (other)	depr	eciation			
1a	Land			456,400.				45	56,400.
	Buildings			1,023,472.		477,820.		54	45,652.
	Leasehold improvements								
	Equipment								
	Othor			265 590				2.6	55 590

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

Schedule D (Form 990) 2022

1,267,642.

232052 09-01-22

		METROPOLITAN STAT	TE UNIVERSITY OF DER	IVER		
Schedule D) (Form 990) 2022	FOUNDATION INC			84-0576459	Page 3
Part VII	_	ther Securities.				
	Complete if the organ	ization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descrip	otion of security or category	Y (including name of security)	(b) Book value	(c) Method of valuation: Cost c	r end-of-year market	value
(1) Financi	al derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
<u>(E)</u>						
<u>(F)</u>						
(G)						
(H)						
Total. (Col. (Part VIII	(b) must equal Form 990, P II Investments - Pr	ogram Related.				
				11c. See Form 990, Part X, line 13.		
	(a) Description of inv	vestment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, P	Part X, col. (B) line 13.)				
Part IX	Other Assets.			1		
	Complete if the organ	ization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
		(a)	Description		(b) Book v	/alue
(1)						
(2)						
(3)						
(4)						
(-)						
(5)						
(6)						
(7)						
(8)						
<u>(9)</u>	<i>"</i> ()				<u> </u>	
Part X	Other Liabilities.	n 990, Part X, col. (B) line	15.)		····	
ιαιτ			on Form 000 Dout IV line	110 or 11f Soo Form OOD Dout V He	25	
			on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin		
1.		cription of liability			(b) Book v	alue
	deral income taxes					
	NUITY PAYABLE					L75,149.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	umn (b) must equal Form	n 990. Part X. col. (B) line	25.)		1	L75,149.
	., .		,	the organization's financial stateme		
-	-			ere if the text of the footnote has bee	-	II X

Schedule D (Form 990) 2022

232053 09-01-22

	METROPOLITAN STATE UNIVERSITY OF D	ENVER			
_	dule D (Form 990) 2022 FOUNDATION INC			84-05	76459 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	23,151,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	5,431,683.		
b	Donated services and use of facilities	2b	4,382,639.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-521.		
е	Add lines 2a through 2d			2e	9,813,801.
3	Subtract line 2e from line 1			3	13,337,310.
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	82,344.		
b	Other (Describe in Part XIII.)	4b	-76,024.		
с	Add lines 4a and 4b			4c	6,320.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		5	13,343,630.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total expenses and losses per audited financial statements			1	12,850,311.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,382,639.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	76,024.		
е	Add lines 2a through 2d			2e	4,458,663.
3	Subtract line 2e from line 1			3	8,391,648.
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	82,344.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	82,344.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>8.)</u>		5	8,473,992.
Pai	t XIII Supplemental Information.				

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

PART III, LINE 4:

THE FOUNDATION'S COLLECTION CONSISTS OF SCULPTURES, PAINTINGS, AND OTHER

ARTWORK. THE OWNERSHIP, MAINTENANCE, AND EXHIBITION FOR PUBLIC VIEWING OF

WORKS OF ART CONTRIBUTES IMPORTANTLY TO THE ACHIEVEMENT OF THE

INSTITUTION'S EDUCATIONAL PURPOSES BY ENHANCING PUBLIC AWARENESS AND

INTEREST.

PART IV, LINE 2B:

THE FOUNDATION HOLDS FUNDS FOR THE ALUMNI ASSOCIATION FROM RAFFLES HELD BY

THE ALUMNI ASSOCIATION.

PART V, LINE 4:

232054 09-01-22

Schedule D (Form 990) 2022

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 METROPOLITAN STATE UNIVERSITY OF DENVER

 Schedule D (Form 990) 2022
 FOUNDATION INC
 84-0576459
 Page 5

 Part XIII
 Supplemental Information (continued)
 THE FOUNDATION'S ENDOWMENT (ENDOWMENT) IS COMPOSED OF 82 INDIVIDUAL FUNDS

ESTABLISHED BY DONORS (PERPETUAL ENDOWMENT) AND 157 PURPOSE-RESTRICTED

QUASI-ENDOWMENT FUNDS (QUASI-ENDOWMENT). THE FUNDS WERE ESTABLISHED BY

DONORS PRIMARILY TO PROVIDE SCHOLARSHIPS TO ELIGIBLE STUDENTS OF THE

UNIVERSITY, AND TO SUPPORT ACADEMIC DEPARTMENTS, STUDENT ACTIVITIES, AND

OTHER PURPOSES OF THE UNIVERSITY.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS

BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM

FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS

AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(IV), AND HAS

BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

THE LLC IS TREATED AS A DISREGARDED ENTITY FOR TAX PURPOSES, AND IS

INCORPORATED INTO THE TAX RETURN FILED BY THE FOUNDATION.

THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE

FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM

BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. THE

FOUNDATION FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM

990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME.

MANAGEMENT BELIEVES THAT THE FOUNDATION HAS APPROPRIATE SUPPORT FOR ANY

TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,

DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE

Schedule D (Form 990) 2022

232055 09-01-22

METROPOLITAN STATE UNIVER		84-0576459	Dama
Schedule D (Form 990) 2022 FOUNDATION INC Part XIII Supplemental Information (continued)		04-0570455	Page
CCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED			
IABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND	PENALTIES ARE		
NCURRED.			
ART XI, LINE 2D - OTHER ADJUSTMENTS:			
HANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-1,091.		
CHANGE IN VALUE OF LIFE INSURANCE POLICIES	570.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-521.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
RENT EXPENSE	-6,206.		
UNDRAISING EXPENSE			
COTAL TO SCHEDULE D, PART XI, LINE 4B			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RENT EXPENSE	6,206.		
UNDRAISING EXPENSE	69,818.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	76,024.		
		Schedule D (Form	1 990) 20 [,]

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022		
Department of the Treasury		Attach to Form 990 c	or Forr	n 990	-EZ.			Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instruc		and th	ne latest information	n.		Inspection		
Name of the organization		AN STATE UNIVERSITY OF DENV	ER					entification number		
Part I Fundrais	FOUNDATION INC 84-0576459 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
	complete this part		ered Y	es" or	1 Form 990, Part IV, I	ine i	7. Form 990-E	Z filers are not		
1 Indicate whether the	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a 🔄 Mail solicitat					overnment grants					
—	email solicitations				nment grants					
c Phone solici d In-person so		g 🔄 Special	fundra	using	events					
		or oral agreement with any individual	(incluc	lina of	ficers directors trus	tees	or			
•		art VII) or entity in connection with p		•		,	Ye	s 🗌 No		
	highest paid indiv	viduals or entities (fundraisers) pursu			•	he fur	ndraiser is to b	be		
			(iii)	Did		(v)	Amount paid			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	tò (c	or retained by) fundraiser	to (or retained by)		
or entity (lunc	iraiser)			itrol of utions?	nom activity		ted in col. (i)	organization		
			Yes	No						
Total										
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from r	egistration		
3										

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

Schedule G (Form 990) 2022

232081 10-27-22

METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC 84 - 0576459Schedule G (Form 990) 2022 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through ATHLETIC AUCTION col. (c)) (event type) (total number) (event type) Revenue 128,351 128,351. Gross receipts 1 2 Less: Contributions 47,376 47,376. Gross income (line 1 minus line 2) 80,975 80,975. 3 4 Cash prizes Noncash prizes 43,944. 43,944. 5 Direct Expense: 7,140. 7,140. Rent/facility costs 6 12,571. 12,571. 7 Food and beverages 4,900 4,900. Entertainment 8 4,642. 4,642. 9 Other direct expenses 73,197. **10** Direct expense summary. Add lines 4 through 9 in column (d) 7,778. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 7 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain: Schedule G (Form 990) 2022 232082 10-27-22

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METROPOLITAN STATE UNIVERSITY OF DENVER		
Schedule G (Form 990) 2022 FOUNDATION INC	84-0576459	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No.
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	ç
b An outside facility		ç
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	int	
· · · · · · · · · · · · · · · · · · ·		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,

232083 10-27-22

		METROP	OLITAN STATE UNIVERSITY OF DENVER				
Schedule G	(Form 990)			84-0576459	Page 4		
Part IV	(Form 990) Supplemental Inform	mation	(continued)				
				Schedule G	Form 990)		

232084 04-01-22

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.							OMB No. 1545-0047	
Department of the Treasury		Compi	Attach to Form 990.						
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.		Open to Public Inspection	
Name of the organization METROPOLITAN STATE UNIVERSITY OF DENVER									
D 11 D 11 D	FOUNDATION INC							84-0576459	
	formation on Grants ar								
	ation maintain records to								
criteria used to av	vard the grants or assis	tance?			0				
	V the organization's pro								
	I Other Assistance to I at received more than \$	-				anization answered	res" on Form 990, Par	TV, line 21, for any	
1 (a) Name and add	dress of organization ernment	(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	
								THE FUNDS ARE USED BY TH	
METROPOLITAN STATE	E UNIVERSITY OF							UNIVERSITY TO AWARD	
DENVER - P.O. BOX	173362 - DENVER,		STATE OF					SCHOLARSHIPS TO	
CO 80217		84-0559160	COLORADO	7,466,300.	0.	N/A	N/A	INDIVIDUALS AND TO	
METROPOLITAN STATE	E COLLEGE OF							MSU DENVER FOUNDATION HA	
DENVER ALUMNI ASSO								AN MOU WITH THE ALUMNI	
BOX 173362 CAMPUS	BOX 11 - DENVER,							ASSOCIATION WHERE THE	
CO 80217		01-0595871	501(C)4	17,000.	0.	N/A	N/A	FOUNDATION CREDITS THE	
2 Enter total number	er of section 501(c)(3) ar	l nd government or	I ganizations listed in the	I e line 1 table		1		1	
	er of other organizations	•	•					1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I	(Form 990) 2022	FOUNDATION INC	84-0576459	Page 2

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

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

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

PART I, LINE 2:

THE FOUNDATION ENSURES THAT THE UNIVERSITY USES THE FUNDS FOR THEIR

INTENDED PURPOSE BY:

1. AWARDING SCHOLARSHIPS THROUGH THE UNIVERSITY'S SCHOLARSHIP CENTER AND

CREDITING TO STUDENT ACCOUNTS.

2. ACCOUNTING FOR SPECIFIC RESTRICTIONS IN SEPARATE FOUNDATION FUNDS.

SEGREGATING MONIES RECEIVED FOR SCHOLARSHIPS IN A SEPARATE FUND FROM

NON-SCHOLARSHIP AMOUNTS, REVIEWING ALL EXPENDITURES TO ENSURE DONOR

RESTRICTIONS ARE SATISFIED, AND DISTRIBUTING MONTHLY TRANSACTION REPORTS

METROPOLITAN STATE UNIVERSITY OF DENVER

FOUNDATION	TNC	

FOR REVIEW BY ACCOUNTHOLDERS.

Part IV Supplemental Information

3. USING A SEPARATE CODE TO DISTINGUISH SCHOLARSHIP FUNDS FROM OTHER TYPES

OF ACCOUNTS PAYABLE.

Schedule I (Form 990)

4. THE MANAGER OF SCHOLARSHIPS WORKING WITH THE DONOR. THE FOUNDATION AND

THE SCHOLARSHIP CENTER TO ENSURE THAT ALL AVAILABLE FUNDS ARE AWARDED WHEN

POSSIBLE.

5. INFORMING DONORS OF THE RESULTS OF THEIR STUDENT RECIPIENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

METROPOLITAN STATE UNIVERSITY OF DENVER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS ARE USED BY THE UNIVERSITY

TO AWARD SCHOLARSHIPS TO INDIVIDUALS AND TO SUPPORT ACADEMIC ACTIVITIES,

PROGRAMS AND INITIATIVES.

NAME OF ORGANIZATION OR GOVERNMENT:

METROPOLITAN STATE COLLEGE OF DENVER ALUMNI ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MSU DENVER FOUNDATION HAS AN MOU

WITH THE ALUMNI ASSOCIATION WHERE THE FOUNDATION CREDITS THE ALUMNI

ASSOCIATION 50% OF THEIR ADMIN FEES FROM ALL ALUMNI GIFTS. IN ADDITION,

THE FOUNDATION REBATES THE FULL ADMIN FEE CHARGED TO THE ALUMNI

ASSOCIATION FROM THE PREVIOUS YEAR.

Schedule I (Form 990)

232291 04-01-22

SC	HEDULE J	Compensation Inf	ormation		OMB No. ⁻	1545-004	47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				20	22)	
				2022			-	
Depa	Department of the Treasury Attach to Form 990.				Open to			
Intern	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nan	ne of the organizatior		2	Employer ider		on nui	mber	
		FOUNDATION INC		84-0576	6459			
Pa	rt I Question	Regarding Compensation					T	
			.			Yes	No	
1 a		ate box(es) if the organization provided any of the following t	•	990,				
		ine 1a. Complete Part III to provide any relevant information						
	First-class or c		allowance or residence for perso					
	Travel for com		s for business use of personal re social club dues or initiation fee					
			social club dues of mitiation lees services (such as maid, chauffeu					
		pending account Personal	services (such as maid, chauned	r, cher)				
h	If any of the boyce	on line 1a are checked, did the organization follow a written	policy regarding payment or					
D	•	rovision of all of the expenses described above? If "No," cor			1b			
2		require substantiation prior to reimbursing or allowing expe						
2	•	s, including the CEO/Executive Director, regarding the items	•		2			
	indsiees, and onice	s, including the OLO/Executive Director, regarding the items			-			
3	Indicate which if ar	y, of the following the organization used to establish the cor	ncensation of the organization's					
•		ctor. Check all that apply. Do not check any boxes for metho						
		tion of the CEO/Executive Director, but explain in Part III.						
	Compensation		nployment contract					
	·		ation survey or study					
	·		by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a,	with respect to the filing					
	organization or a re							
а	0				4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement p			4b		X	
с	Participate in or rec	eive payment from an equity-based compensation arrangem			4c		Х	
	If "Yes" to any of lir	es 4a c, list the persons and provide the applicable amounts						
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complet	e lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n				
	contingent on the re	venues of:						
а	The organization?				5a		x	
		ation?			5b		X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n				
	contingent on the n	et earnings of:						
					6a		X	
		ation?			6b		X	
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization						
		es 5 and 6? If "Yes," describe in Part III			7		X	
8	Were any amounts	eported on Form 990, Part VII, paid or accrued pursuant to	a contract that was subject to th	e				
		otion described in Regulations section 53.4958-4(a)(3)? If "Y			8		X	
9		d the organization also follow the rebuttable presumption pr						
		53.4958-6(c)?			9		<u> </u>	
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.		Schedule	J (Forn	n 990)) 2022	

232111 10-18-22

				TNG
Schedule J	(Form 990)) 2022	FOUNDATION	TNC

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.

84-0576459

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 V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CHRISTINE MARQUEZ-HUDSON	(i)	181,434.	0.	0.	22,293.	34,380.	238,107.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LORI HERRERA	(i)	105,195.	0.	0.	16,044.	53,873.	175,112.	0.	
CFO	(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)								

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 FOUNDATION INC

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, PART III

ALL OFFICERS ARE COMPENSATED FOR THEIR SERVICES BY METROPOLITAN STATE

UNIVERSITY OF DENVER, AN UNRELATED ORGANIZATION.

Schedule J (Form 990) 2022

84-0576459

	SCHEDULE M Noncash Contributions						OMB No. 1			
(10	iii 990)	Complete if the org	anizations	answered "Yes" o	n Form 990, Part IV, lines 2	9 or	30.	20	22)
	ment of the Treasury I Revenue Service	0.1	/=	Attach to Form 9				Open to Inspe		ic
	e of the organizati		•		is and the latest informatio	n.	Employer	identificatio		nhor
Maine	e of the organizati	FOUNDATION INC	S UNIVERS.	ITY OF DENVER				84-057645		nber
Par	rt I Types o	of Property						04 057045	5	
			(a)	(b)	(c)			(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method noncash co	of determin ntribution ar	•	S
1	Art - Works of an	t	X	1	5,000.	FMV				
2		easures								
3	Art - Fractional ir	terests								
4	Books and public	cations								
5		usehold goods								
6		ehicles								
7		s								
8	Intellectual prope	erty								
9		cly traded	X	5	32,241.	FMV				
10	Securities - Close	ely held stock								
11	Securities - Partr	nership, LLC, or								
12	Securities - Misc	ellaneous								
13		vation contribution -								
		es								
14	Qualified conserv	vation contribution - Other								
15	Real estate - Res									
16		nmercial								
17	Real estate - Oth	er								
18										
19	Food inventory									
20	Drugs and medic	al supplies								
21										
22		ts								
23	Scientific specim	iens								
24	Archeological art									
25		FION ITEMS)	X	122	42,761.					
26		ERIALS)	X	89	36,506.					
27	(IPMENT)	X	37	18,918.	гMΛ				
28	Other ()								
29		s 8283 received by the organi							0	
	for which the org	anization completed Form 82	83, Part V, I	Donee Acknowledge	ement 29				0	
	_								Yes	No
30a		did the organization receive b					, that it			
		least 3 years from the date of		intribution, and whi	ch isn't required to be used	for				v
		s for the entire holding period	·					<u>30a</u>		X
	•	e the arrangement in Part II.	a alia - the - t		f on a nonctanal surface to the second	io	n		v	
31	-	ation have a gift acceptance	•	-	-	ions'	۲	31	X	
32a	•	ation hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					v
	contributions?							<u>32a</u>		X
	If "Yes," describe									
33										
	describe in Part		the lost				<u> </u>		- 000	0000
LHA	For Paperwor	k Reduction Act Notice, see	une instruc	uons for Form 990	J.		Sched	lule M (Forn	n 990)	2022

232141 09-09-22

METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC 84-0576459 Schedule M (Form 990) 2022 Page **2** 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. SCHEDULE M, PART I, COLUMN (B): COLUMN B INDICATES THE NUMBER OF CONTRIBUTORS EXCEPT FOR AUCTION ITEMS WHICH IS THE NUMBER OF ITEMS CONTRIBUTED. Schedule M (Form 990) 2022 232142 09-09-22

11431218 131839 A178619

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questions		2022
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information. METROPOLITAN STATE UNIVERSITY OF DENVER	F •	Inspection
Name of the organizatior	FOUNDATION INC		r identification numbe 576459
FORM 990, PART VI,	SECTION A, LINE 1A:		
	MANAGED BY AN EXECUTIVE COMMITTEE COMPRISED OF THE		
	CHAIR, SECRETARY, AND TREASURER. EX-OFFICIO MEMBERS OF		
·	ORS ALSO PARTICIPATE, BUT AS NON-VOTING MEMBERS. THE		
	RED TO CONDUCT THE FOUNDATION'S BUSINESS BETWEEN REGULAR		
BOARD MEETINGS AND	HAS ALL THE AUTHORITY OF THE BOARD EXCEPT THAT IT SHALL		
NOT AUTHORIZE DIST	RIBUTIONS, ELECT, APPOINT OR REMOVE ANY DIRECTOR, AMEND		
THE ARTICLES, ADOP	, AMEND OR REPEAL THE BYLAWS, APPROVE A PLAN OF		
CONVERSION OR PLAN	OF MERGER, OR APPROVE A SALE, LEASE, EXCHANGE, OR OTHER		
DISPOSITION OF ALL	OR SUBSTANTIALLY ALL, OF ITS PROPERTY, WITH OR WITHOUT		
GOODWILL, OTHERWIS	E THAN IN THE USUAL AND REGULAR COURSE OF BUSINESS.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FOUNDATION'S A	JDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL BEFORE IT		
IS FILED WITH THE	RS. IN ADDITION, THE FORM 990 IS PRESENTED TO THE		
ENTIRE BOARD OF DI	RECTORS AT THEIR SCHEDULED MEETING FOR REVIEW AND		
APPROVAL BEFORE FI	JING.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
ALL OFFICERS AND B	DARD MEMBERS OF THE FOUNDATION ARE REQUIRED TO SIGN A		
CONFLICT OF INTERE	T POLICY ANNUALLY, WHICH IS KEPT ON FILE. AT THE		
	ST POLICY ANNUALLY, WHICH IS KEPT ON FILE. AT THE		
BEGINNING OF EACH :	· · · · · · · · · · · · · · · · · · ·		
BEGINNING OF EACH : ASKS FOR ANY NEW C	BOARD MEETING, THE CHAIRMAN OF THE BOARD OF DIRECTORS		
BEGINNING OF EACH : ASKS FOR ANY NEW C FROM THE MEETING.	BOARD MEETING, THE CHAIRMAN OF THE BOARD OF DIRECTORS		
BEGINNING OF EACH T ASKS FOR ANY NEW CO FROM THE MEETING. DISCLOSE ANY ACTUA CONFLICT OF INTERE	BOARD MEETING, THE CHAIRMAN OF THE BOARD OF DIRECTORS	Cabe	dule O (Form 990) 20

2022.05010 METROPOLITAN STATE UNIVER A1786191

<u>Schedule O (Form 990) 20</u> Name of the organization	METROPOLITAN STATE UNIVERSITY OF DENVER	Page : Employer identification number
Name of the organization	FOUNDATION INC	84-0576459
OPPORTUNITY TO DISC	LOSE ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS AND	
MEMBERS OF COMMITTE	ES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE	
PROPOSED TRANSACTIO	N OR ARRANGEMENT. AN INTERESTED PERSON MAY MAKE A	
PRESENTATION OF THE	GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE	
PRESENTATION, HE/SHI	S SHALL LEAVE THE MEETING DURING THE DISCUSSIONS OF, AND	
THE VOTE, ON, THE T	RANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE	
CONFLICT OF INTERES	F. THE CHAIRMAN OF THE GOVERNING BOARD OR COMMITTEE	
SHALL, IF APPROPRIA	TE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO	
INVESTIGATE ALTERNA	TIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER	
EXERCISING DUE DILIC	SENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE	
WHETHER THE ORGANIZ	ATION CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE	
ADVANTAGEOUS TRANSA	CTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD	
NOT GIVE RISE TO A (CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS	
TRANSACTION OR ARRAI	NGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES	
NOT PRODUCING A CON	FLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE	
SHALL DETERMINE BY 2	A MAJORITY VOTE OF THE DISINTERESTED BOARD OF	
DIRECTOR(S) WHETHER	THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S	
BEST INTEREST, FOR I	ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE.	
IN CONFORMITY WITH	THE ABOVE DETERMINATION THE BOARD OF DIRECTORS SHALL	
MAKE ITS DECISION.		
FORM 990, PART VI, S	SECTION B, LINE 15:	
THE EXECUTIVE COMMI	TTEE IN CONJUNCTION WITH THE PRESIDENT OF THE UNIVERSITY	
WHICH THE FOUNDATION	N SUPPORTS COLLECTIVELY DETERMINE THE CEO'S COMPENSATION	

UTILIZING ROBUST COMPARABLE DATA BENCHMARKED AND UTILIZED BY THE

UNIVERSITIES HUMAN RESOURCE DEPARTMENT.

THE CEO IN CONJUNCTION WITH THE UNIVERSITY'S HUMAN RESOURCE DEPARTMENT

DETERMINE THE COMPENSATION FOR KEY EMPLOYEES.

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization METROPOLITAN STATE UNIVERSITY OF DENVER	Page Employer identification number
FOUNDATION INC	84-0576459
BOTH PROCESSES WERE LAST REVIEWED AND APPROVED IN 2019	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MD, ME, MI, MN	I,MS
MT,MO,NE,NV,ND,NH,NM,NJ,NY,NC,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WV,WI	I , WY
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION MAKES AVAILABLE ITS FORM 1023, FORM 990 AND AUDITED	
FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. ITS GOVERNING DOCUMENTS A	AND
POLICIES ARE NOT AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -1,	,091.
CHANGE IN VALUE OF LIFE INSURANCE POLICIES	570.
FOTAL TO FORM 990, PART XI, LINE 9 -	-521.
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT	
HAS NOT CHANGED FROM THE PRIOR YEAR.	

232212 10-28-22

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organizati	METROPOLITAN STATE UNIVERSITY OF DENVER		Employer identification number	
	FOUNDATION INC	84-057	6459	

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
965 SANTA FE LLC - 27-1282938	RENT THE CENTER FOR VISUAL				METROPOLITAN STATE
CAMPUS BOX 14, PO BOX 173362	ARTS TO THE METROPOLITAN				UNIVERSITY OF DENVER
DENVER, CO 80217	STATE UNIVERSITY	COLORADO	0.	0.	FOUNDATION INC.
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 FOUNDATION INC

organizations treated as a pa	rtnership during the tax	x year.	•	C C							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca		Code V-UBI amount in box 20 of Schedule	General o managino partner?	r Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No)
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										\square	
	-										
	-										
	-										
										\vdash	
	-										
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	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr enti	
		country)						Yes	No

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

84-0576459

METROPOLITAN STATE UNIVERSITY OF DENVER

Schedule R (Form 990) 2022 FOUNDATION INC

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			0. h. d. h. D. (5

84-0576459

Schedule R (Form 990) 2022 FOUNDATION INC

84-0576459 Page **4**

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

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

(a)	(b)	(c)	(d)	. (e)	(f)	(g)	(h)	(i)	(j	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Ar partne 501 org	e) e all ers sec. (c)(3) gs.?	Share of total income	Share of end-of-year assets	Disp tio alloca	ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Percenta ^{ing} er? ownersh
		country)	sections 5 12-5 14)	Yes	No	linconne	233613	Yes	No	(F0fff1 1065)	Yes	10
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Schedule R (Form 990) 2022

Schedule 5	(Form 990) 2022	METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC	84-0576459	Page 5
Part VII	(Form 990) 2022	formation		Fage
	Provide additional info	ormation for responses to questions on Schedule R. See instructions.		
			<u> </u>	0001 000
232165 09-14-	22		Schedule R (Form	1 990) 202