

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax Caring for Colorado Centennial Fund	Taxpayer identification number 83-2742375
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Name and title of officer or person subject to tax
Linda Reiner
President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6,886,371.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Kunding, Corder & Engle P.C. to enter my PIN 91516
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 02/07/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84643566536

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ Maria Montoya

Date ▶ 02/07/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 **and ending** SEP 30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Caring for Colorado Centennial Fund Doing business as CO Centennial Fund Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1635 W. 13th Ave. 303 City or town, state or province, country, and ZIP or foreign postal code Denver, CO 80204 F Name and address of principal officer: Linda Reiner same as C above	D Employer identification number 83-2742375 E Telephone number (720)-524-0770 G Gross receipts \$ 6,886,371. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ caringforcolorado.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2018		M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Develop, implement and scale community solutions for advancing health, well-being and opportunity</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 6 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">2,592,072.</td> <td align="right">6,367,870.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">426,614.</td> <td align="right">518,501.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">3,018,686.</td> <td align="right">6,886,371.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,592,072.	6,367,870.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	426,614.	518,501.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,018,686.	6,886,371.							
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Part II Signature Block

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

Sign Here	Signature of officer Linda Reiner, President Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name Maria Montoya	Preparer's signature Maria Montoya	Date 02/07/22	Check if self-employed <input type="checkbox"/>	PTIN P01363907
	Firm's name ▶ Kunding, Corder & Engle P.C. Firm's address ▶ 475 Lincoln Street, Suite 200 Denver, CO 80203	Firm's EIN ▶ Phone no. (303) 534-5953			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: To develop, implement and scale community solutions for advancing health, well-being and opportunity in Colorado.

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] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,811,530. including grants of \$ 5,539,204.) (Revenue \$) Together We Protect-Colorado's COVID-19 Vaccine Equity Fund - supports organizations working in communities disproportionately affected by COVID-19 to ensure that people who face systemic barriers have the most appropriate and accessible information about the COVID-19 vaccine and can access the vaccine through low-barrier opportunities.

4b (Code:) (Expenses \$ 1,190,482. including grants of \$ 376,106.) (Revenue \$) The Colorado Collaborative for Reproductive Health Equity works towards a vision that all people in Colorado-no matter who they are or where they live-have the information and services they need for their sexual and reproductive health. Through leadership, collaboration, strategy development, initiative management, technical assistance and grantmaking, the Collaborative supports efforts to increase access to effective contraceptive methods and culturally responsive care, increase access to comprehensive health education in schools and communities, monitors and improve the local and state policy environment for contraceptive coverage and reproductive health services, and improves access to youth-driven and youth-friendly reproductive health services.

4c (Code:) (Expenses \$ 1,152,741. including grants of \$ 839,000.) (Revenue \$) The Sperry S. and Ella Graber Packard Fund for Pueblo works to ensure that Pueblo County is a healthy and thriving community where all young people and their families have pathways to success by funding efforts that create equitable opportunities and improve the quality of life in Pueblo County.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,154,753.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 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 more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website [X] Upon request Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 Heidi Van Law - (720)-524-0770 1635 W. 13th Ave., No. 303, Denver, CO 80204

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Linda Reiner President & CEO eff 4/1/2020	5.00 35.00			X				36,393.	243,551.	44,505.
(2) Chris Wiant Former Pres. thru 3/31/2020	0.00 40.00						X	0.	229,963.	10,236.
(3) Heidi Van Law VP Operations and CFO	4.00 36.00			X				17,384.	156,457.	46,209.
(4) Colleen Church Chief Strategy Officer	20.00 20.00				X			88,184.	88,184.	11,820.
(5) Melanie Bravo VP of Philanthropy	28.00 12.00					X		79,914.	32,641.	15,096.
(6) Ozzie Grenardo Chair	1.00 1.00	X		X				0.	0.	0.
(7) Phyllis Sanchez Secretary	1.00 1.00	X		X				0.	0.	0.
(8) Ryan Sells Treasurer	1.00 1.00	X		X				0.	0.	0.
(9) David Henninger Director	1.00 1.00	X						0.	0.	0.
(10) Karen Loyd Director	1.00 1.00	X						0.	0.	0.
(11) Velia Rincon Director	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							221,875.	750,796.	127,866.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							221,875.	750,796.	127,866.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JAC Consulting, LLC, 155 Pennsylvania Street, #106, Denver, CO 80209	Project management-Colorado Collaborativ	107,914.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a							
	b Membership dues	1b							
	c Fundraising events	1c							
	d Related organizations	1d	2,750,000.						
	e Government grants (contributions)	1e							
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,617,870.						
	g Noncash contributions included in lines 1a-1f	1g	\$						
	h Total. Add lines 1a-1f							6,367,870.	
Program Service Revenue	2 a _____	Business Code							
	b _____								
	c _____								
	d _____								
	e _____								
	f All other program service revenue								
	g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			109,702.			109,702.		
	4 Income from investment of tax-exempt bond proceeds								
	5 Royalties								
	6 a Gross rents	6a	(i) Real	(ii) Personal					
			b Less: rental expenses ...	6b					
			c Rental income or (loss)	6c					
	d Net rental income or (loss)								
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
			b Less: cost or other basis and sales expenses	7b					0.
			c Gain or (loss)	7c					408,799.
	d Net gain or (loss)			408,799.			408,799.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
			b Less: direct expenses	8b					
			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 and allowances	10a								
		b Less: cost of goods sold	10b						
		c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code							
	b _____								
	c _____								
	d All other revenue								
	e Total. Add lines 11a-11d								
12 Total revenue. See instructions				6,886,371.	0.	0.	518,501.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,754,310.	6,754,310.		
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	211,533.	172,782.	38,751.	
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	214,791.	171,005.	37,836.	5,950.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,950.	14,642.	192.	116.
9 Other employee benefits	60,635.	58,937.	1,058.	640.
10 Payroll taxes	27,962.	27,501.	461.	
11 Fees for services (nonemployees):				
a Management				
b Legal	595.	282.		313.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,000.		15,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	70,816.	54,301.	1,078.	15,437.
12 Advertising and promotion				
13 Office expenses	18,514.	18,207.	307.	
14 Information technology	39,917.	39,110.	807.	
15 Royalties				
16 Occupancy	86,431.	85,231.	1,200.	
17 Travel	8,615.	8,520.	95.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,842.	13,177.	665.	
23 Insurance				
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 O.)				
a Program expenses	731,874.	731,874.		
b Communications	3,057.	3,027.	30.	
c Bank Fees	1,898.	1,847.	51.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,274,740.	8,154,753.	97,531.	22,456.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	381,534.	1	78,107.
	2 Savings and temporary cash investments	185,359.	2	87,601.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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 disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,090.		
	b Less: accumulated depreciation	10b 4,272.	0.	10c 12,818.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	23,920,437.	12	28,843,914.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	960,887.	15	684,096.
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,448,217.	16	29,706,536.	
Liabilities	17 Accounts payable and accrued expenses	11,700.	17	245,944.
	18 Grants payable	352,000.	18	183,100.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	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		25	
	26 Total liabilities. Add lines 17 through 25	363,700.	26	429,044.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	451,397.	27	342,165.
	28 Net assets with donor restrictions	24,633,120.	28	28,935,327.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,084,517.	32	29,277,492.
33 Total liabilities and net assets/fund balances	25,448,217.	33	29,706,536.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,886,371.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,274,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,388,369.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,084,517.
5	Net unrealized gains (losses) on investments	5	5,581,344.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,277,492.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				2,592,072.	6,367,870.	8,959,942.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3				2,592,072.	6,367,870.	8,959,942.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,560,378.
6 Public support. Subtract line 5 from line 4.						4,399,564.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4				2,592,072.	6,367,870.	8,959,942.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...			98,029.	206,885.	109,702.	414,616.
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						9,374,558.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Schedule A, List of Unusual Grants Received:

Description: Unusual cash grant

Date: 12/21/19 Amount: 20000000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Caring for Colorado Centennial Fund

Employer identification number

83-2742375

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization Caring for Colorado Centennial Fund	Employer identification number 83-2742375
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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	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 255,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Caring for Colorado Centennial Fund	Employer identification number 83-2742375
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization Caring for Colorado Centennial Fund	Employer identification number 83-2742375
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Caring for Colorado Centennial Fund **Employer identification number** 83-2742375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		17,090.	4,272.	12,818.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,818.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Investments held by Foundation	28,843,914.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	28,843,914.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. Values include 12,452,715, 5,581,344, 6,871,371, 15,000, and 6,886,371.

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. Values include 8,259,740, 0, 8,259,740, 15,000, and 8,274,740.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization Caring for Colorado Centennial Fund Employer identification number 83-2742375

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
9Health:365 1139 Delaware Street Denver, CO 80204-3607	74-2452969	501c(3)	44,500.	0.			9Health:365 School Based Health Clinic Vaccination Initiative
A Little Help 2755 S. Locust St. Suite 220 Denver, CO 80222	83-0494129	501c(3)	25,000.	0.			A Little Help with COVID-19 Vaccines
Adelante Community Development 7296 Magnolia St. Commerce City, CO 80022	46-5745662	501c(3)	100,000.	0.			JuntosAdelante
Advocates for Youth 1325 G Street NW Suite 980 Washington, DC 20005	52-1173590	501c(3)	15,000.	0.			Scaling Professional Development for Clinicians
Advocates for Youth 1325 G Street NW Suite 980 Washington, DC 20005	52-1173590	501c(3)	35,000.	0.			Equitable Access to Comprehensive Sex Education
African Chamber 1220 S. Parker Road, 200G Denver, CO 80231	47-4617014	501c(3)	100,000.	0.			African Immigrant Vaccine Equity

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 176.
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part IV for Column (h) descriptions

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
African Youth Advocate 13123 E. 16th Ave. B281 Aurora, CO 80045	84-1479975	501c(3)	35,000.	0.			Clearing Vaccine Fears among African Immigrants
Archway Housing and Services Inc. 8585 W. 14th Ave. Suite A Lakewood, CO 80215	84-1335158	501c(3)	50,000.	0.			Vaccine Outreach, Navigation and Distribution Assistance
Atlas Preparatory School 1602 South Murray Blvd. Colorado Springs, CO 80916	26-2055229	501c(3)	10,000.	0.			Atlas Equity Vaccination Project
Aurora Community Connection Family Resource Center - 9801 E. Colfax Ave. Suite 200 - Aurora, CO 80010	26-2222571	501c(3)	42,240.	0.			Breaking down barriers to COVID-19 Vaccination
Aurora Public Schools 15701 E. 1st Avenue Aurora, CO 80011	84-6000870	other	14,600.	0.			Youth Vaccination Program
Bayaud Enterprises 333 West Bayaud Avenue Denver, CO 80223	84-0616970	501c(3)	52,000.	0.			Bayaud and ARC Vaccination Clinics
Boys & Girls Clubs of the San Luis Valley - 1110 10th St PO Box 1032 - Alamosa, CO 81101	84-1215393	501c(3)	15,500.	0.			Boys and Girls Club of the SLV Pop-up Vaccination Clinic
Boys and Girls Clubs of Pueblo County - 635 W Corona Ave., Suite 201 - Pueblo, CO 81004	23-7307508	501c(3)	50,000.	0.			Ensuring Success for Pueblo's Children & Youth
Broomfield FISH Food Bank and Family Resource Center - 6 Garden Center - Broomfield, CO 80020	84-1591870	501c(3)	28,500.	0.			Broomfield EQUITABLE ACCESS/ACCESSO EQUITATIVO

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brother Jeff's Cultural Center 2836 Welton Street Denver, CO 80205	32-0034993	501c(3)	51,000.	0.			Addressing COVID-19 Hesitancy and Increasing Vaccine Acceptance in Colorado's Black
Care and Share Food Bank for Southern Colorado - 2605 Preamble Point - Colorado Springs, CO 80915	84-0731930	501c(3)	75,000.	0.			Feeding Families in Pueblo Colorado
CASA of Pueblo 130 W. Abriendo Ave. Pueblo, CO 81004	04-3630442	501c(3)	45,000.	0.			CASA of Pueblo volunteers advocate for abused and neglected youth
Catholic Charities, Ciocese of Pueblo - 429 West 10th Street - Pueblo, CO 81003	84-0471001	501c(3)	5,000.	0.			Packard Fundraising Cohort 2021
Center for African American Health 3350 Hudson Street Denver, CO 80207	84-1477546	501c(3)	75,000.	0.			COVID-19 Response & Recovery
Center for Health Progress P.O. Box 18877 Denver, CO 80218	43-2007393	501c(3)	80,000.	0.			Realizing Vaccine Equity in Fort Morgan and Pueblo
Center Toward Self Reliance 901 W. 8th Street Pueblo, CO 81003	84-1184974	501c(3)	5,000.	0.			Renovation of a portion of the agency office space
Children First 900 W. Orman Pueblo, CO 81003	38-3721881	Governmental Ent	45,000.	0.			Pueblo EC Council: System Building
City of Pueblo 1 City Hall Place, P.O. Box 1427 Pueblo, CO 81003	84-6000615	Other	5,000.	0.			Pueblo Food Project

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Cobalt Foundation PO Box 22485 Denver, CO 80222	84-6050191	501c(3)	27,500.	0.			Access to Contraceptive Methods in Colorado
Colectiva Creando Cambios en Colorado - 4200 Morrison Rd Unit 3 - Denver, CO 80219	84-1135942	501c(3)	50,000.	0.			Red de Respuesta Comunitaria de Promotoras
COLOR P.O. Box 40991 Denver, CO 80204	84-1569021	501c(3)	22,000.	0.			Youth of COLOR Educate Young People on Vaccination
COLOR P.O. Box 40991 Denver, CO 80204	84-1569021	501c(3)	35,000.	0.			General Operating for Reproductive Justice Work in Colorado
COLOR P.O. Box 40991 Denver, CO 80204	84-1569021	501c(3)	80,000.	0.			Increasing COVID-19 Vaccine Access for Latinxs
Colorado Alliance for Health Equity and Practice (CAHEP) - 5250 Leetsdale Drive Suite 110 - Denver, CO 80246	02-0732220	501c(3)	25,000.	0.			Culturally Appropriate Engagement with Communities of Color for COVID-19 Vaccination
Colorado Black Health Collaborative - 3025 S. Parker Road, 737 - Aurora, CO 80015	27-0803976	501c(3)	60,800.	0.			BCHART Community Educators COVID-19 Connections
Colorado Community Health Network 600 Grant St., Ste. 800 Denver, CO 80203	84-0910590	501c(3)	27,500.	0.			Access to Contraceptive Methods in Colorado
Colorado Cross Disability Coalition - 1385 S. Colorado Blvd. #610-A - Denver, CO 80222	74-2564419	501c(3)	50,000.	0.			COVID-19 Vaccine Equity for Coloradans with Disabilities

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Colorado Ethiopian Community 1220 S. Parker Road, 200G Denver, CO 80231	47-4617014	501c(3)	10,000.	0.			Together We Protect Grant Application
Colorado Rural Health Center 3033 S. Parker Road, Suite 606 Aurora, CO 80014	84-1192031	501c(3)	27,500.	0.			Access to Contraceptive Methods in Colorado
Colorado Statewide Parent Coalition - P.O. Box 11849 - Denver, CO 80221	74-2563848	501c(3)	75,000.	0.			Increasing COVID-19 Vaccine Access for FFN Childcare Providers and their Communities
Colorado Teen Parent Collaborative 96 South Zuni St. Denver, CO 80223	84-0429686	501c(3)	25,000.	0.			Teen Parent Co-Parenting & Fatherhood Services Development
Community Equity Coalition 448 East 1st Street, Suite 137 Salida, CO 81201	84-6000749	Governmental Ent	50,000.	0.			Vaccine Ambassador Program in Chaffee County, Colorado
Compaeros: Four Corners Immigrant Resource Center - 701 Camino Del Rio, Suite 319 - Durango, CO 81301	37-1640345	501c(3)	25,000.	0.			Promote Vaccination of Immigrants in Rural Southwest Colorado
Cultivando 7190 Colorado Blvd., Suite 300 Commerce City, CO 80022	84-1499624	501c(3)	15,000.	0.			Protegiendo a Nuestros Jvenes
Denver Health Foundation 601 Broadway, MC0111 Denver, CO 80203	84-1085196	501c(3)	50,000.	0.			Increasing Vaccine Access and Education in North Denver School Communities
Denver Indian Center Inc. 4407 Morrison Rd. Denver, CO 80219	84-0922797	501c(3)	65,000.	0.			DICI Together We Protect Vaccine Equity Request

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Denver Indian Family Resource Center - 1633 Fillmore St. GL2 - Denver, CO 80206	84-1568837	501c(3)	55,000.	0.			Native American Vaccine Equity
Eagle Valley Community Foundation P.O. Box 1580 Vail, CO 81658	47-1915583	501c(3)	94,430.	0.			Vaccine Equity Via MIRA
East Side Child Care Center 2717 E. 8th Street P.O. Box 11266 Pueblo, CO 81001	84-0709410	501c(3)	35,000.	0.			East Side Child Care Center General Operations
El Centro Amistad 2222 14th St. Boulder, CO 80302	47-0864016	501c(3)	75,000.	0.			Latinx Vaccine Equity
El Comit de Longmont 455 Kimbark St. Longmont, CO 80501	84-0867626	501c(3)	20,193.	0.			El Comit Protects
El Pueblo History Museum 301 N. Union Ave Pueblo, CO 81003	84-6000482	Governmental Ent	15,000.	0.			Hands-On History Youth Education and Childcare Program
Every Child Pediatrics 9197 Grant Street, Suite 100 Thornton, CO 80229	84-1321485	501c(3)	49,990.	0.			Achieving vaccine equity for youth and families at Every Child Pediatrics
Family Resource Center 120 Main Street Sterling, CO 80751	20-5089275	501c(3)	22,800.	0.			Teens Reducing Vaccination Barriers and Hesitancy in Rural Northeastern Colorado
Family Resource Center 120 Main Street Sterling, CO 80751	20-5089275	501c(3)	33,850.	0.			Reducing Vaccination Barriers and Hesitancy in Rural Northeastern Colorado

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Filipino American Community of Colorado - 1900 Harlan St. - Edgewater, CO 80015	84-6113007	501c(3)	25,000.	0.			Grant Application for the Filipino Community of Colorado
Focus Points Family Resource Center - 2501 East 48th Ave. - Denver, CO 80216	84-1353944	501c(3)	26,600.	0.			Youth Vaccine Education and Access in Globeville, Elyria, and Swansea
Friendly Harbor 2713 North Grand Avenue Pueblo, CO 81003	84-1349692	501c(3)	7,000.	0.			Packard Fundraising Cohort 2021
Friendly Harbor 2713 North Grand Avenue Pueblo, CO 81003	84-1349692	501c(3)	10,000.	0.			Friendly Harbor - Parkview Medical Center (PMC) Collaboration and Group Functioning during
Garcia Foundation 900 West Orman Avenue Pueblo, CO 81004-1430	84-0834567	501c(3)	10,000.	0.			MYLIFE ACES Virtual Series
Garfield County Public Health 195 W. 14th Street Bldg A Rifle, CO 81650	84-0594277	Governmental Ent	28,000.	0.			The Vaccine Is For Me: Equitable Access to COVID-19 Vaccines in Garfield County/La vacuna
Grand County Rural Health Network 416 Byers Avenue P.O. Box 95 Hot Sulphur Springs, CO 80451	84-1587575	501c(3)	25,000.	0.			COVID-19 Vaccine Equity for Youth in Grand County
Grand County Rural Health Network 416 Byers Avenue P.O. Box 95 Hot Sulphur Springs, CO 80451	84-1587575	501c(3)	30,000.	0.			COVID-19 Vaccine Equity in Grand County
Gunnison County Department of Health and Human Services - 220 N. Spruce St. - Gunnison, CO 81230	84-6000770	Governmental Ent	32,650.	0.			Gunnison County Vaccine Equity Effort for Children

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Gunnison County Department of Health and Human Services - 220 N. Spruce St. - Gunnison, CO 81230	84-6000770	Governmental Ent	35,164.	0.			Gunnison County Vaccine Equity Effort
Health District of Northern Larimer County - 120 Bristlecone Drive - Fort Collins, CO 80524	84-0515919	501c(3)	19,850.	0.			Overcoming Barriers to Vaccinating our Unhoused Neighbors in Larimer County
Homeward Pikes Peak 2010 East Bijou Street Colorado Springs, CO 80909	13-4242773	501c(3)	25,000.	0.			Street Outreach Support
Hope Communities 2543 California St. Denver, CO 80205	84-0829068	501c(3)	83,275.	0.			Vaccine Access Underserved Community Members in the East Colfax Corridor
Hopelight Medical Clinic 1351 Collyer St. Longmont, CO 80501	46-4657471	501c(3)	25,000.	0.			Outreach to Vulnerable Populations
Immunize Colorado 13123 E. 16th Ave. B281 Aurora, CO 80045	84-1479975	501c(3)	48,590.	0.			TWP Grantee Cohort Learning and Facilitation Services
Immunize Colorado 13123 E. 16th Ave. B281 Aurora, CO 80045	84-1479975	501c(3)	15,000.	0.			COVID 19 Vaccine
Immunize Colorado 13123 E. 16th Ave. B281 Aurora, CO 80045	84-1479975	501c(3)	150,000.	0.			COVID-19 Vaccine Equity
Inner City Health Center 3800 York St. Denver, CO 80205	74-2426085	501c(3)	75,000.	0.			Together We Protect

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Integrated Community 443 Oak Street P.O. Box 880587 Steamboat Springs, CO 80488	46-1325467	501c(3)	40,000.	0.			Routt County Vaccination Equity clinics
Jefferson Center 4851 Independence Street Wheat Ridge, CO 80033	84-0474717	501c(3)	19,950.	0.			Promoted, Delivered: Vaccination Efforts Targeting Jeffco Youth
Juneteenth P.O. Box 2335 Pueblo, CO 81005	30-0295589	501c(3)	5,000.	0.			Packard Fund for Pueblo
Kids At Their Best PO Box 382 Fort Morgan, CO 80701	43-2091884	501c(3)	30,000.	0.			Vaccinating Morgan County
Kids At Their Best PO Box 382 Fort Morgan, CO 80701	43-2091884	501c(3)	47,800.	0.			Addressing Vaccine Hesitancy Among Eastern Plains Youth
Kids First Health Care 4675 East 69th Avenue Commerce City, CO 80022	84-0799374	501c(3)	42,744.	0.			Fall 2021 Kids First COVID Vaccination Project
KSUT Public Radio P.O. Box 737 15150 Hwy 172 Ignacio, CO 81137	74-2392817	501c(3)	12,800.	0.			Minimizing vaccine hesitation amongst Colorado's two Tribal Nations
La Cocina 116 East Oak Street Fort Collins, CO 80524	83-3592629	501c(3)	75,000.	0.			NOCOSeVacuna: La Cocina & Partners Elevate Equity in BIPOC Vaccinations
La Plata Family Centers Coalition 495 Florida Road Durango, CO 81301	84-0988973	501c(3)	10,000.	0.			Vaccination Clinic for Immigrant Populations in Southwest Colorado

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Lake County Build a Generation 825 W. 6th St. Leadville, CO 80461	32-0537130	501c(3)	85,000.	0.			Lake County Vaccine Equity Project
Land Rights Council, Inc. P.O. Box 57 401 West Church Place San Luis, CO 81152	84-0774836	501c(3)	31,200.	0.			Comunidad Unidos
Larimer County Department of Health and Environment - 1525 Blue Spruce Drive - Fort Collins, CO 80524	84-6000779	Other	18,500.	0.			Sharing why you got vaccinated
Las Animas - Huerfano Counties District Health Department - 412 Benedicta Ave. - Trinidad, CO 81082	84-0743134	Governmental Ent	60,000.	0.			Expanding education, diverse communication and COVID-19 vaccine clinics throughout Las Animas and
Living Water Christian Center 1585 Kingston St. Aurora, CO 80017-5166	84-1164151	501c(3)	45,000.	0.			Living Water Aurora COVID-19 Vaccination Project
Living Water Christian Center 1585 Kingston St. Aurora, CO 80017-5166	84-1164151	501c(3)	15,000.	0.			Youth Vaccination push
Mango House 9801 E. Colfax Ave. Suite 200 Aurora, CO 80010	26-2222571	501c(3)	25,000.	0.			Putting the Immunity in Community: Vaccines for Refugees
Marillac Health 2333 North 6th Street Grand Junction, CO 81501-2001	84-1085822	501c(3)	7,500.	0.			Pester Power, Teens & Vaccines
Mi Familia Vota Educational Fund 2525 W. Alameda Denver, CO 85034	20-0182824	501c(3)	75,000.	0.			COVID 19 Outreach for the Latinx Community

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Mile High Connects 789 Sherman Street, Suite 300 Denver, CO 80203	84-1264154	501c(3)	50,000.	0.			A Fair Shot at Getting Your Shot: Addressing Vaccine Transportation Barriers
Moffat Consolidated School District No. 2 - 501 Garfield Avenue - Moffat, CO 81143	84-6001938	Governmental Ent	42,500.	0.			Together We Protect
Mongolian School of Colorado 6940 S. Holly Circle Centennial, CO 80112	46-4474232	501c(3)	14,000.	0.			COVID-19 Vaccine Equity for Mongolian Community in Colorado
Montbello Organizing Committee 12000 East 47th Ave. Ste. 110E Denver, CO 80239	81-4339690	501c(3)	39,020.	0.			Montbello COVID Vaccine Team - a Collective to Build Trust and Equity
Mosaic Unlimited 1797 Geneva St. Aurora, CO 80010	82-3531386	501c(3)	50,000.	0.			Together We Protect Vaccine Equity Fund
Mountain Family Health Centers 2700 Gilstrap Court, Ste. 100 Glenwood Springs, CO 81601	84-0742145	501c(3)	50,000.	0.			Mountain Family Health Centers/Valley Settlement/Family Resource Center Vaccine
Mountain Resource Center 11030 Kitty Drive Conifer, CO 80433	84-1178699	501c(3)	15,000.	0.			Vaccination For Rural Populations, Latino Families and Veterans
Movimiento Poder 4130 Tejon St. Suite C Denver, CO 80211	84-1426652	501c(3)	75,000.	0.			Our Barrio Gets Vaccinated
Muslim Youth for Positive Impact 1880 Golden Eagle Court Broomfield, CO 80020	83-0998674	501c(3)	74,980.	0.			Muslim Youth for Positive Impact COVID Vaccine Education Initiative

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Nature and Wildlife Discovery Center - 9112 Pueblo Mountain Park Road PO Box 99 - Beulah, CO 81023	84-1526595	501c(3)	15,000.	0.			Environmental Stewardship through Outdoor Education
New Life Christian Center P.O. Box 39182 12505 Elmendorf Pla Denver, CO 80239	26-1618523	501c(3)	24,000.	0.			People Helping People
Nonprofit Finance Fund 5 Hanover Square, 9th Floor New York, NY 10004	13-3238657	501c(3)	25,000.	0.			Strategic Financial Management Coaching
North Colorado Health Alliance 2930 11th Ave. Evans, CO 80620	65-1189617	501c(3)	50,000.	0.			Taking Charge of Our Future
One Colorado Education Fund 303 E. 17th Ave. Suite 400 Denver, CO 80218	27-1333378	501c(3)	50,000.	0.			Reducing Vaccine Hesitancy and Increasing Access through a Statewide Public
Otero County Health Department 13 West 3rd Street, Room 111 La Junta, CO 81050	84-6000789	Other	62,500.	0.			Grow, Cultivate, Produce A Vaccinated Community
Out Boulder County 1443 Spruce St. PO Box 1018 Boulder, CO 80302	84-1467134	501c(3)	50,000.	0.			Youth Vaccine Initiative for LGBTQ and Latinx Youth
Out Boulder County 1443 Spruce St. PO Box 1018 Boulder, CO 80302	84-1467134	501c(3)	90,000.	0.			Vaccinating LGBTQ Community Members
Pikes Peak Library District Foundation - 1175 Chapel Hills Dr - Colorado Springs, CO 80920	11-3690724	501c(3)	34,800.	0.			Pikes Peak Library District Vaccine Equity Clinics

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Planned Parenthood of the Rocky Mountains - 7155 East 38th Avenue - Dever, CO 80207	84-0404253	501c(3)	90,000.	0.			Equitable Access to Comprehensive Sex Education
Posada 827 East 4th Street Pueblo, CO 81001	74-2473501	501c(3)	6,000.	0.			Packard Fundraising Cohort 2021
Posada 827 East 4th Street Pueblo, CO 81001	74-2473501	501c(3)	60,000.	0.			ELKO Emergency Shelter Operating and Family Supportive Services
Pueblo Arts Alliance 107 S Grand Studio M Pueblo, CO 81003	38-3780485	501c(3)	10,000.	0.			Pueblo Arts Alliance Operating Grant
Pueblo Cooperative Care Center 326 W. 8th St. Pueblo, CO 81003	84-0913793	501c(3)	55,000.	0.			Food Sack Program to Address Food Insecurity Among Families
Pueblo Hispanic Education 215 S. Victoria Avenue, Suite J Pueblo, CO 81003	74-2498914	501c(3)	5,000.	0.			First generation support services
Pueblo Rape Crisis Services 503 Main St., Suite 526 Pueblo, CO 81003	31-1731020	501c(3)	20,000.	0.			General Operating Support for PRCS
Pueblo Rescue Mission PO Box 9167 728 West 4th Street Pueblo, CO 81003	51-0172426	501c(3)	7,000.	0.			Packard Fundraising Cohort 2021
Pueblo Rescue Mission PO Box 9167 728 West 4th Street Pueblo, CO 81003	51-0172426	501c(3)	25,000.	0.			Empower and Support People Experiencing Homelessness

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Pueblo Triple Aim Corporation PO Box 9623 Pueblo, CO 81008	46-1846770	501c(3)	30,000.	0.			Increasing Access to Safe, Stable & Affordable Housing in Pueblo
Pueblo Triple Aim Corporation PO Box 9623 Pueblo, CO 81008	46-1846770	501c(3)	5,000.	0.			Packard Executive Coaching
Pueblo Zoological Society 3455 Nuckolls Ave. Pueblo, CO 81005	84-0723360	501c(3)	20,000.	0.			Pueblo Zoo Empower. Engage. Conserve.
Raise the Future 1325 S Colorado Blvd, Suite B700 Denver, CO 80222	84-0793576	501c(3)	20,000.	0.			Improving the Future for Youth in Foster Care through Permanency
RISE Colorado 1595 Elmira St. Aurora, CO 80010	47-3566342	501c(3)	50,000.	0.			Promoting Vaccine Education and Access in Aurora
River Valley Family Health Center P.O. Box 529 Olathe, CO 81425-0529	27-3757444	501c(3)	40,000.	0.			Reducing barriers to COVID-19 vaccine access for vulnerable populations in Montrose
Rocky Mountain Children's Law Center - 1325 S. Colorado Blvd. Suite 701 - Denver, CO 80222	74-2406045	501c(3)	20,000.	0.			Fostering Safety, Stability, and Well-Being for Pueblos Children
Rocky Mountain Public Media 1089 Bannock Street Denver, CO 80204	84-0510785	501c(3)	10,000.	0.			Combatting Vaccine Hesitancy through Public Media
Rocky Mountain Welcome Center 1010 S. Joliet Street Suite 205 Aurora, CO 80012	82-2971551	501c(3)	48,224.	0.			Refugee and Immigrant Youth Outreach

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Rocky Mountain Welcome Center 1010 S. Joliet Street Suite 205 Aurora, CO 80012	82-2971551	501c(3)	79,174.	0.			Together We Protect Immigrants and Refugees
San Juan Basin Public Health 281 Sawyer Drive Suite 300 Durango, CO 81303	84-6002563	Governmental Ent	45,969.	0.			Youth Vaccine Equity Project in Southwest Colorado
San Miguel County P.O. Box 486 Norwood, CO 81435	84-6000806	Governmental Ent	68,370.	0.			Spanish and Chuj Vaccine Outreach: San Miguel County
Sangre de Cristo Community Care 1920 Valley Drive Pueblo, CO 81008	74-2336442	501c(3)	20,000.	0.			Grief and Loss Support Services
Sangre de Cristo Community Care 1920 Valley Drive Pueblo, CO 81008	74-2336442	501c(3)	5,000.	0.			Packard Fundraising Cohort 2021
Scholars Unlimited 3705 E. 40th Avenue Denver, CO 80205	84-1314292	501c(3)	11,000.	0.			Don't Wait Vaccinate!
Second Chance Center, Inc. 224 Potomac Street Aurora, CO 80011	90-0794239	501c(3)	38,760.	0.			Second Chance Center Vaccination Clinics
Servicios de La Raza 3131 W. 14th Avenue Denver, CO 80204	84-0625478	501c(3)	99,500.	0.			Achieving Health Equity for Latinos
Servicios de La Raza 3131 W. 14th Avenue Denver, CO 80204	84-0625478	501c(3)	25,000.	0.			the ART of changing minds

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sheridan Health Services MS A065 Building 500, Ste. WG112 13001 E. 17th Pl. - Aurora, CO 80045	84-6049811	501c(3)	69,000.	0.			Sheridan Health Services/CREA Results Vaccine Equity
Shiloh House 6588 W. Ottawa Avenue Littleton, CO 80128	84-0978992	501c(3)	10,000.	0.			Shiloh Academy - Pueblo
Shorter Community AME Church 3100 Richard Allen Court Denver, CO 80205	53-0204696	501c(3)	50,000.	0.			Project S.H.O.T.S. / Shorter Helping Others To Survive
Soul 2 Soul Sisters P. O. Box 7632 Denver, CO 80207	81-1006094	501c(3)	35,000.	0.			General Operating for Reproductive Justice Work in Colorado
Soul 2 Soul Sisters P. O. Box 7632 Denver, CO 80207	81-1006094	501c(3)	75,000.	0.			Increasing COVID-19 Vaccine Access for Black Womxn and their Families
Southern Colorado Harm Reduction Association - 1249 E. Routt Avenue - Pueblo, CO 81004	82-2577843	501c(3)	25,400.	0.			Together We Protect Vaccine Equity Fund
Southern Colorado Harm Reduction Association - 1249 E. Routt Avenue - Pueblo, CO 81004	82-2577843	501c(3)	43,000.	0.			COVID-19 Vaccine Equity for Colorados Youth
Southside Children's Center 2601 Sprague Ave. Pueblo, CO 81004	84-0645787	501c(3)	35,000.	0.			Childcare for low income families
Spark the Change Colorado 789 Sherman Street Suite 220 Denver, CO 80203	84-0782124	501c(3)	25,000.	0.			Pueblo Mental Wellness Program

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Springs Rescue Mission 5 W. Las Vegas Street Colorado Springs, CO 80903	84-1340824	501c(3)	35,000.	0.			Homeless Vaccine Clinic at Springs Rescue Mission
St. Benedict Health and Healing Ministry (SBHMH) - P.O. Box 325 - Louisville, CO 80027	20-8912445	501c(3)	25,000.	0.			Free Mobile Health Clinics Helping to Achieve Vaccine Equity in Colorado
Summit Community Care Clinic 360 Peak One Drive, Suite 100 PO B Frisco, CO 80443	20-1139635	501c(3)	52,500.	0.			Vaccine Outreach in Summit County and at Park and Lake SBHCs
Teach For America 107 W. B Street Pueblo, CO 81003	13-3541913	501c(3)	20,000.	0.			Excellent educators for Pueblo Schools
The Family Center/La Familia 309 Hickory Street #5 Fort Collins, CO 80524	84-1318219	501c(3)	25,500.	0.			3-Pronged Approach to Increase Vaccinations Among Latinx Residents
The Foundation for Sustainable Urban Communities - 7350 E. 29th Avenue Suite 300 - Denver, CO 80238	84-1497067	501c(3)	80,000.	0.			be well Vaccinates
The Gyedi Project 899 Logan St. Suite 600 Denver, CO 80203	84-1307563	501c(3)	50,000.	0.			Engaging and Vaccinating BIPOC Youth through Community Soccer Events
The Gyedi Project 899 Logan St. Suite 600 Denver, CO 80203	84-1307563	501c(3)	75,000.	0.			COVID-19 Community Outreach to Tackle Vaccination Hesitancy in Underserved Communities
The Road Called STRATE 14241 East 4th Ave, Bldg 5 Suite 2 Aurora, CO 80011	71-0889254	501c(3)	25,000.	0.			STRATE Restart Colorado

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Road Called STRATE 14241 East 4th Ave, Bldg 5 Suite 2 Aurora, CO 80011	71-0889254	501c(3)	15,000.	0.			Restart our youth
The Senior Hub 2360 W. 90th Avenue Federal Heights, CO 80260	74-2412032	501c(3)	80,000.	0.			Vaccine Events, Education, and Outreach for Older Adults
Thriving Families 1330 Fox St Denver, CO 80204	84-1993572	501c(3)	18,500.	0.			Vaccine Equity for Low-Income Pregnant and Postpartum Women
Trailhead Institute 1385 S. Colorado Blvd. Suite 622 Denver, CO 80222	84-1267213	501c(3)	150,000.	0.			Anti-Oppressive Practices in Youth Sexual Health Programming
Tri-County Health Network P.O. Box 4178 238 E Colorado Ave S Telluride, CO 81435	27-4743848	501c(3)	36,661.	0.			Demystifying Vaccinations
Una Mano Una Esperanza 3522 York St Denver, CO 80219	81-2230544	501c(3)	40,000.	0.			Vacunemosnos todos
United Way of Pueblo Cty 310 E. Abriendo Avenue, Suite 300 Pueblo, CO 81001	84-0404917	501c(3)	25,000.	0.			Middle School mentoring program
Venezia Innovative Services 16762 E. Iliff Ave. Aurora, CO 80013	46-3892794	501c(3)	35,000.	0.			Beyond the Barrier for COVID Vaccine
Village Exchange Center 1609 Havana St. Aurora, CO 80010	81-5174986	501c(3)	50,000.	0.			Connecting With Immigrants and Refugees

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Village Exchange Center 1609 Havana St. Aurora, CO 80010	81-5174986	501c(3)	25,000.	0.			Immigrant youth vaccine
ViVe Wellness P.O. Box 11003 3532 Franklin Stree Denver, CO 80205	81-4059452	501c(3)	50,000.	0.			Vacunas, Ciencia y Movimiento
ViVe Wellness P.O. Box 11003 3532 Franklin Stree Denver, CO 80205	81-4059452	501c(3)	54,520.	0.			ViVe Con Salud
Voces Unidas de las Montaas P. O. Box 3157 Glenwood Springs, CO 81601	85-0993139	501c(3)	85,500.	0.			Vaccine Equity for Latinos in the Mountain Region
Voces Unidas for Justice 2519 Airport Road Colorado Springs, CO 80910	27-1888868	501c(3)	30,000.	0.			Back to the Basics Community Care and Engagement
Vuela for Health 3532 Franklin St. Suite J Denver, CO 80205	84-1444277	501c(3)	91,250.	0.			Protecting Communities of Color
Westwood Unidos 3790 Morrison Rd. Denver, CO 80219	47-4697604	501c(3)	22,300.	0.			Addressing COVID-19 Inequities Among Latinx Population in Southwest Denver
YWCA Pueblo 801 N. Santa Fe Ave. Pueblo, CO 81003	84-0402720	501c(3)	35,000.	0.			YWCA of Pueblo General Operating for Victims of Domestic Violence
Zion Senior Center 5151 E. 33rd Denver, CO 80207	84-0508775	501c(3)	25,250.	0.			Serving All, Vaccines for Everyone (SAVE)

Schedule I (Form 990)

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:

Caring for Colorado Centennial Fund (CCF) requires progress reports approximately every six months from every grantee. These reports are based upon the approved project plan and budget. The programmatic portion of the report asks for a description of progress on each of the grant objectives. Each progress report also requires an expenditure report that includes a line-by-line accounting of expenses from the approved budget. A signed statement from the agency executive director, or other agency representative, verifying the accuracy of the information in the report is

Part IV Supplemental Information

required. Each grant is assigned a CCF staff contact, who monitors the reports and, as needed, may schedule phone consultations or site visits to verify the information provided.

Part II, line 1, Column (h):

Name of Organization or Government: Brother Jeff's Cultural Center

(h) Purpose of Grant or Assistance: Addressing COVID-19 Hesitancy and Increasing Vaccine Acceptance in Colorado's Black Community

Name of Organization or Government: Friendly Harbor

(h) Purpose of Grant or Assistance: Friendly Harbor - Parkview Medical Center (PMC) Collaboration and Group Functioning during COVID-19 Pandemic

Name of Organization or Government: Garfield County Public Health

(h) Purpose of Grant or Assistance: The Vaccine Is For Me: Equitable Access to COVID-19 Vaccines in Garfield County/La vacuna es para m: acceso equitativo a las vacunas COVID-19 en el condado de Garfield

Name of Organization or Government:

Las Animas - Huerfano Counties District Health Department

(h) Purpose of Grant or Assistance: Expanding education, diverse communication and COVID-19 vaccine clinics throughout Las Animas and Huerfano Counties

Name of Organization or Government: Mountain Family Health Centers

(h) Purpose of Grant or Assistance: Mountain Family Health Centers/Valley Settlement/Family Resource Center Vaccine Equity Project

Part IV Supplemental Information

Name of Organization or Government: One Colorado Education Fund

(h) Purpose of Grant or Assistance: Reducing Vaccine Hesitancy and
Increasing Access through a Statewide Public Education Initiative

Name of Organization or Government: River Valley Family Health Center

(h) Purpose of Grant or Assistance: Reducing barriers to COVID-19
vaccine access for vulnerable populations in Montrose and Delta counties

Name of Organization or Government: The Gyedi Project

(h) Purpose of Grant or Assistance: COVID-19 Community Outreach to
Tackle Vaccination Hesitancy in Underserved Communities in the Denver
Metro Area

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: **Caring for Colorado Centennial Fund** Employer identification number: **83-2742375**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 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 related organization:
- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Linda Reiner President & CEO eff 4/1/2020	(i)	34,599.	1,794.	0.	1,298.	4,487.	42,178.	0.
	(ii)	231,545.	12,006.	0.	8,689.	30,031.	282,271.	0.
(2) Chris Wiant Former Pres. thru 3/31/2020	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	229,963.	0.	0.	9,672.	564.	240,199.	0.
(3) Heidi Van Law VP Operations and CFO	(i)	16,364.	1,020.	0.	807.	3,814.	22,005.	0.
	(ii)	147,277.	9,180.	0.	7,260.	34,328.	198,045.	0.
(4) Colleen Church Chief Strategy Officer	(i)	80,698.	3,750.	3,736.	3,974.	1,936.	94,094.	0.
	(ii)	80,698.	3,750.	3,736.	3,974.	1,936.	94,094.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Form 990, Part VII, Section A

Salaries are paid by the Caring for Colorado Foundation, a related organization, who allocates a certain percentage of employee time to the Caring for Colorado Centennial Fund (Fund) for time spent on Fund business.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization Caring for Colorado Centennial Fund	Employer identification number 83-2742375
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Form 990, Part V, Line 2b

Caring for Colorado Foundation acts as a common paymaster for the

Caring for Colorado Centennial Fund (the Fund), thus the Fund does not

submit any W-2 forms; however, the number of W-2s submitted on behalf

of the Fund is included on Form 990, Part V, Line 2a.

Form 990, Part VI, Section A, line 3:

The Fund's books are maintained by the Caring for Colorado Foundation, a

related organization.

Form 990, Part VI, Section B, line 11b:

The Form 990 is presented to the full Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Fund policy stipulates that once a year, the Board of Directors

complete and sign the internal conflict of interest forms. The board

members are required to disclose any conflicts on this form and as they may

arise during the year. If conflicts arise with potential grantees, the

board member with the conflict recuses him/herself from the grant award

deliberations process. The Fund's board members are expected to monitor

this process throughout the year.

Form 990, Part VI, Section C, Line 19:

All such documents are maintained on site and made available upon written

request.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Caring for Colorado Centennial Fund	Employer identification number 83-2742375
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Form 990, Part XII, Line 2c

The Fund's oversight process of the financial statement audit and selection process of an independent accountant did not change during the year.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization Caring for Colorado Centennial Fund Employer identification number 83-2742375

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Caring for Colorado Foundation - 84-1477197 1635 W 13th Ave Denver, CO 80204	Foundation provides grants and develops programs for citizens of Colorado.	Colorado	501(c)(4)				X

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

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

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)			
(3)			
(4)			
(5)			
(6)			

