

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

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

Taxpayer identification number

Caring for Colorado Foundation

84-1477197

Name and title of officer or person subject to tax

**Linda Reiner
President & CEO**

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>4,498,097.</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 Kundinger, Corder & Engle, P.C. to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

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 ▶ Kundinger, Corder & Engle P.C. Date ▶ 02/07/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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 <p align="center">Caring for Colorado Foundation</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1635 W 13th Ave 303</p> City or town, state or province, country, and ZIP or foreign postal code <p>Denver, CO 80204</p>	D Employer identification number <p align="center">84-1477197</p>
F Name and address of principal officer: Linda Reiner same as C above		E Telephone number <p align="center">(720)-524-0770</p>
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 4,498,097.
J Website: ▶ www.caringforcolorado.org		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
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: 1998 M State of legal domicile: CO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: To create equity in health, well-being and opportunity for Colorado's children and families.		
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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-156,815.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	814,641.	32,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,337.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,756,314.	4,463,212.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-8,220.	2,885.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,612,072.	4,498,097.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,641,748.	13,759,760.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,632,103.	1,354,992.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,398,737.	1,177,318.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,672,588.	16,292,070.
19 Revenue less expenses. Subtract line 18 from line 12	-7,060,516.	-11,793,973.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	234,429,846.	274,860,758.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,331,592.	32,709,353.

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 <p align="center">Linda Reiner, President & CEO</p> 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 ▶ Kundinger, Corder & Engle, P.C.	Firm's EIN ▶ _____		Phone no. 303-534-5953	
	Firm's address ▶ 475 Lincoln Street, Suite 200 Denver, CO 80203				

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 [X]

1 Briefly describe the organization's mission: With optimism and dedication, we work to improve the lives of children and families in Colorado through collaboration, partnership, shared knowledge and grantmaking. We take a long-term view of our work as we seek to address root causes, promote prevention, improve systems and

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,467,168. including grants of \$ 13,759,760.) (Revenue \$) The Foundation provides grants and develops programs that help meet and serve the health care needs of the citizens of Colorado.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 15,467,168.

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>		
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)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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 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	35.00 5.00			X				243,551.	36,393.	44,505.
(2) Chris J. Wiant Former President/CEO thru 3/31/2020	40.00 0.00					X		229,963.	0.	10,236.
(3) Heidi Van Law VP Operations and CFO	36.00 4.00			X				156,457.	17,384.	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	12.00 28.00			X				32,641.	79,914.	15,096.
(6) David Henninger Chair	1.00 1.00	X		X				0.	0.	0.
(7) Ryan Sells Treasurer	1.00 1.00	X		X				0.	0.	0.
(8) Carl Clark Secretary	1.00 0.00	X		X				0.	0.	0.
(9) Connie Rule Vice Chair	1.00 0.00	X		X				0.	0.	0.
(10) Patricia Braun Director	1.00 0.00	X						0.	0.	0.
(11) Karen Loyd Director	1.00 1.00	X						0.	0.	0.
(12) Paul Major Director	1.00 0.00	X						0.	0.	0.
(13) An T.H. Nguyen Director	1.00 0.00	X						0.	0.	0.
(14) Phyllis Kay Sanchez Director	1.00 1.00	X						0.	0.	0.
(15) Edward J Casias, JD Director	1.00 0.00	X						0.	0.	0.
(16) Kristina Daniel Director	1.00 0.00	X						0.	0.	0.
(17) Brenda Holland 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			
(18) Mardi Moore Director	1.00 0.00	X						0.	0.	0.
(19) Christian Thurstone Director	1.00 0.00	X						0.	0.	0.
(20) Monica Martinez Director	1.00 0.00	X						0.	0.	0.
1b Subtotal								750,796.	221,875.	127,866.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								750,796.	221,875.	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 **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
Colorado Education Initiative 3000 Lawrence St. #135, Denver, CO 80205	Implementation partner for Youth Co	117,500.

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						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	32,000.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			32,000.				
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)			941,800.		-217,791.	1,159,591.	
	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	3,521,412.			
	d Net gain or (loss)			3,521,412.		60,976.	3,460,436.	
	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 Class action proceeds	Business Code		900099	2,885.		2,885.	
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d				2,885.			
12 Total revenue. See instructions				4,498,097.	0.	-156,815.	4,622,912.	

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	13,759,760.	13,759,760.		
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	619,647.	402,770.	216,877.	
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	586,002.	380,901.	205,101.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,138.	9,190.	4,948.	
9 Other employee benefits	58,203.	37,832.	20,371.	
10 Payroll taxes	77,002.	50,051.	26,951.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,408.		2,408.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	135,000.		135,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	157,342.	103,838.	53,504.	
12 Advertising and promotion				
13 Office expenses	54,811.	36,086.	18,725.	
14 Information technology	115,179.	75,646.	39,533.	
15 Royalties				
16 Occupancy	230,381.	149,747.	80,634.	
17 Travel	18,780.	12,208.	6,572.	
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	26,005.	16,903.	9,102.	
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	422,627.	422,627.		
b Communications	9,378.	6,095.	3,283.	
c Other	5,407.	3,514.	1,893.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,292,070.	15,467,168.	824,902.	0.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,073.	1	84,700.
	2 Savings and temporary cash investments	77,034.	2	392,611.
	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	59,998.	9	30,467.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 368,414.		
	b Less: accumulated depreciation	10b 64,286.		
	11 Investments - publicly traded securities	245,836.	10c	304,128.
	12 Investments - other securities. See Part IV, line 11	59,652,496.	11	64,074,348.
	13 Investments - program-related. See Part IV, line 11	172,049,704.	12	207,728,416.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,341,705.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	234,429,846.	15	2,246,088.	
		16	274,860,758.	
Liabilities	17 Accounts payable and accrued expenses	1,242,197.	17	1,164,353.
	18 Grants payable	827,254.	18	455,000.
	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	26,262,141.	25	31,090,000.
	26 Total liabilities. Add lines 17 through 25	28,331,592.	26	32,709,353.
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	206,098,254.	27	242,151,405.
	28 Net assets with donor restrictions		28	
	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	206,098,254.	32	242,151,405.
33 Total liabilities and net assets/fund balances	234,429,846.	33	274,860,758.	

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	4,498,097.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,292,070.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,793,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	206,098,254.
5	Net unrealized gains (losses) on investments	5	47,847,124.
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	242,151,405.

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 _____		

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 Foundation

Employer identification number

84-1477197

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (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 Foundation	Employer identification number 84-1477197
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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	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Caring for Colorado Foundation	Employer identification number 84-1477197
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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 Foundation	Employer identification number 84-1477197
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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 Foundation; Employer identification number: 84-1477197

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenue and asset amounts.

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		73,251.	1,031.	72,220.
d Equipment		295,163.	63,255.	231,908.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				304,128.

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) Alternative Investments	207,728,416.	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.)	207,728,416.	

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) Funds held in trust	48,029.
(3) Investments held for the	
(4) Centennial Fund	28,843,914.
(5) Lease obligation	2,198,057.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	31,090,000.

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 IV Foreign Forms

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

**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 Foundation** Employer identification number **84-1477197**

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
9to5 Colorado 1634 Downing St. Unit A Denver, CO 80218	34-1246311	501c(3)	50,000.	0.			Economic Security for Women and Families
Alamosa School District 209 Victoria Avenue Alamosa, CO 81101	84-6011793	Other	217,500.	0.			Youth Connections Implementation Plan for Alamosa School District
All American FAMILIES PLUS 115 Grand Ave Ste. # 2 Delta, CO 81416	37-1494672	501c(3)	40,000.	0.			Supporting and Strengthening Delta County Youth and Families
American Indian Academy of Denver 1865 W. Mississippi Ave. Denver, CO 80223	81-3993890	501c(3)	25,000.	0.			Academic and Social-Emotional Support to Students
Apprentice of Peace Youth Organization - 1385 S. Colorado Blvd. Suite 622 - Denver, CO 80222	84-1267213	501c(3)	25,000.	0.			Value of Life Youth Program
Apprentice of Peace Youth Organization - 1385 S. Colorado Blvd. Suite 622 - Denver, CO 80222	84-1267213	501c(3)	44,000.	0.			AOPYO Youth Advisory Council's "Value of Life Campaign"

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **229.**

3 Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) 2020

See Part IV for Column (h) descriptions

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
ASSET Education 1644 Platte Street Denver, CO 80302	47-2990914	501c(3)	65,000.	0.			Tier 1 Mental Health Supports for Students & Staff
Aurora Community Connection Family Resource Center - 9801 E. Colfax Ave. Suite 200 - Aurora, CO 80010	26-2222571	501c(3)	25,000.	0.			Expanded In-Person Learning & Mental Health Support for Latinx Children
Aurora Community Connection Family Resource Center - 9801 E. Colfax Ave. Suite 200 - Aurora, CO 80010	26-2222571	501c(3)	60,000.	0.			Working Together with Latino Immigrant Families to Promote Strength and Resilience
Axis Health System 185 Suttle Street Durango, CO 81303-8276	84-0506701	501c(3)	30,000.	0.			Contraceptive Access Change Project Implementation Plan
Baby Bear Hugs 201 S. Main Street Yuma, CO 80759	84-1311396	501c(3)	50,000.	0.			Strengthen Parenting Support and Improve Mental Health for Families
Bayaud Enterprises 333 West Bayaud Avenue Denver, CO 80223	84-0616970	501c(3)	75,000.	0.			Community Resource Navigation Program
Bell Policy Center 303 E. 17th Avenue, Suite 400 Denver, CO 80203	84-1550841	501c(3)	50,000.	0.			Economic Mobility and Equity
BeyondHome P.O. Box 740130 Arvada, CO 80006	84-1049318	501c(3)	20,000.	0.			BeyondHome Youth Program
Black Canyon Boys & Girls Club PO Box 1907 Montrose, CO 81402	84-1508048	501c(3)	17,000.	0.			Behavioral Health Program for Youth on the Western Slope

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
Boys & Girls Club of La Plata County - 2750 Main Avenue - Durango (La Plata), CO 81301	20-5112759	501c(3)	75,000.	0.			Youth Wellness Program
Boys & Girls Clubs in Colorado 2017 W 9th Ave Denver, CO 80204	47-1955928	501c(3)	35,000.	0.			Amplifying Youth Advocacy for Boys & Girls Clubs in Colorado
Boys & Girls Clubs of Larimer County - 103 Smokey St - Fort Collins, CO 80525	74-2425914	501c(3)	20,000.	0.			Harmony Village Remote Learning Center
Boys & Girls Clubs of Metro Denver 2017 W. 9th Ave. Denver, CO 80204	84-0510404	501c(3)	55,120.	0.			Mental Health Services for Youth
Boys & Girls Clubs of Metro Denver 2017 W. 9th Ave. Denver, CO 80204	84-0510404	501c(3)	25,000.	0.			Academic, Social-Emotional, and Health Supports for Metro Denver Youth
Boys & Girls Clubs of the San Luis Valley - 1110 10th St PO Box 1032 - Alamosa, CO 81101	84-1215393	501c(3)	20,000.	0.			Virtual Youth Engagement and Support
Boys & Girls Clubs of the San Luis Valley - 1110 10th St PO Box 1032 - Alamosa, CO 81101	84-1215393	501c(3)	55,000.	0.			Social and Emotional Learning Capacity in the San Luis Valley
Boys and Girls Clubs of Pueblo County - 635 W Corona Ave., Suite 201 - Pueblo, CO 81004	23-7307508	501c(3)	50,000.	0.			Social and Emotional Wellness for Pueblo Teens
Boys and Girls Clubs of Pueblo County - 635 W Corona Ave., Suite 201 - Pueblo, CO 81004	23-7307508	501c(3)	25,000.	0.			Removing Barriers to Health and Wellness While Creating Opportunities in Pueblo

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
Boys and Girls Clubs of Pueblo County - 635 W Corona Ave., Suite 201 - Pueblo, CO 81004	23-7307508	501c(3)	57,000.	0.			Supporting Youth Well-Being
Boys and Girls Clubs of the High Rockies - 360 9th St. PO Box 2167 - Fairplay, CO 80440	68-0538363	501c(3)	25,000.	0.			Emotional Resilience for Youth
Boys and Girls Clubs of the High Rockies - 360 9th St. PO Box 2167 - Fairplay, CO 80440	68-0538363	501c(3)	15,000.	0.			Staff and Member Well-Being
Boys and Girls Clubs of Weld County - P.O. Box 812 - Greeley, CO 80632	84-0529902	501c(3)	20,000.	0.			Family & Staff Support Services
Bright Futures P.O. Box 4216 Telluride, CO 81435	20-2169766	501c(3)	50,000.	0.			Family Strengthening Support
Building Bridges 3327 Brighton Blvd Denver, CO 80216	84-1387769	501c(3)	40,000.	0.			Transforming Youth Development Programs
Caon City School District 101 North 14th Street Canon City, CO 81212	84-6013945	Other	165,000.	0.			Youth Connections Implementation Plan for Caon City School District
Caring for Colorado Centennial Fund - 1635 W. 13th Avenue, Suite 303 - Denver, CO 80204	83-2742375	501c(3)	2,750,000.	0.			TWP Centennial Fund
CASA of the 7th Judicial District 147 N. Townsend PO Box 1708, Montrose, CO, 81402 - Montrose, CO 81401	84-1546403	501c(3)	20,000.	0.			Supporting Youth At-Risk in Montrose

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
Catholic Charities, Diocese of Pueblo - 429 West 10th Street - Pueblo, CO 81003	84-0471001	501c(3)	75,000.	0.			Elevating Families to Build a Resilient Community
Centennial Mental Health Center 211 West Main Street Sterling, CO 80751	84-0781098	501c(3)	75,000.	0.			Early Childhood Mental Health Consultation (ECMHC) and Maternal Mental Health and
Center for African American Health 3350 Hudson Street Denver, CO 80207	84-1477546	501c(3)	75,000.	0.			Building Strong & Resilient Families in the Black Community
Center for Rural Outreach and Public Services - 485 Sunset Blvd. - Towaoc, CO 81334	36-4563009	501c(3)	25,000.	0.			Growing Ute Online Student Navigation and Supports
Center Viking Youth Club P.O. Box 883 Center, CO 81125	47-2117199	501c(3)	20,000.	0.			Center Viking Youth Club-School Age Engagement & Care
Centro de la Familia 1645 S. Murray Boulevard Colorado Springs, CO 80916	84-1435999	501c(3)	50,000.	0.			Mental Health Services for Latino Families
Children's Hospital Colorado Foundation - 13123 E. 16th Ave. Box 045 - Aurora, CO 80045	84-0813462	Hospital	48,000.	0.			Increase Perinatal Mental Health Access and Care through Culturally Responsive Facilitated
Children's Hospital Colorado Foundation - 13123 E. 16th Ave. Box 045 - Aurora, CO 80045	84-0813462	Hospital	55,000.	0.			Meeting Kids Where They Are: The Aurora Teen Pregnancy Prevention Collaborative
Clayton Early Learning 3801 Martin Luther King Blvd. Denver, CO 80205	84-0432238	501c(3)	50,000.	0.			Advocating for Pregnant People, Young Children, and their Families

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
COLOR P.O. Box 40991 Denver, CO 80204	84-1569021	501c(3)	15,000.	0.			Centering Latinx Youth and Immigrants in Reproductive Health Equity
Colorado Association for Infant Mental Health CoAIMH - PO Box 260134 PO Box 260134 - Lakewood, CO 80249	80-0039604	501c(3)	25,000.	0.			Support the Infant and Early Childhood Mental Health Workforce
Colorado Blueprint to End Hunger 1385 S. Colorado Blvd. Suite 622 Denver, CO 80222	84-1267213	501c(3)	100,000.	0.			Colorado COVID-19 Emergency Hunger Relief Fund
Colorado Center for the Advancement of Patient Safety - 7335 E. Orchard Road - Greenwood Village, CO 80111	84-1228675	501c(3)	66,000.	0.			Pathways for Rural Health to Thrive in a COVID-19 World
Colorado Center on Law and Policy 789 Sherman Street, Suite 300 Denver, CO 80203	84-1264154	501c(3)	75,000.	0.			Supporting the Economic and Physical Health of Colorado Families
Colorado Children's Campaign 1580 Lincoln Street, Suite 420 Denver, CO 80203	74-2374672	501c(3)	65,000.	0.			Every Chance for Every Child
Colorado Consumer Health Initiative - 1420 Ogden Suite A1 - Denver, CO 80218	84-1145452	501c(3)	35,000.	0.			Colorado Health Policy Coalition
Colorado Criminal Justice Reform Coalition - 1212 Mariposa St., #6 - Denver, CO 80204	84-1449882	501c(3)	20,000.	0.			Making Change for Colorado
Colorado Cross Disability Coalition - 1385 S. Colorado Blvd. #610-A - Denver, CO 80222	74-2564419	501c(3)	75,000.	0.			Disability Rights Youth Fellowship Program

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
Colorado Department of Health Care Policy and Financing - 303 E 17th Ave. - Denver, CO 80203	84-0644739	501c(3)	250,000.	0.			Health Care Safety Net - Advanced Payment Fund
Colorado Education Initiative 3000 Lawrence Street Box #135 Denver, CO 80205	26-1597530	501c(3)	25,000.	0.			Summer/Fall Youth Wellness in Communities and Schools
Colorado Families First 1315 S. Clayton St. Denver, CO 80210	61-1954894	501c(4)	25,000.	0.			Colorado Families First Campaign
Colorado Health Institute 1999 Broadway Suite 600 Denver, CO 80202	74-3082235	501c(3)	100,000.	0.			Health Policy Agenda
Colorado Health Institute 1999 Broadway Suite 600 Denver, CO 80202	74-3082235	501c(3)	200,000.	0.			Health Policy Agenda
Colorado Health Network, Inc. 6260 East Colfax Avenue Denver, CO 80220	84-0961159	501c(3)	55,000.	0.			Sustaining The Sexpert School and Expanding Capacity to Provide Direct Services
Colorado I Have A Dream Foundation 1836 Grant Street Denver, CO 80203	74-2497109	501c(3)	25,000.	0.			Expanding Remote Learning Centers
Colorado I Have A Dream Foundation 1836 Grant Street Denver, CO 80203	74-2497109	501c(3)	23,000.	0.			Expanding Social-Emotional and Mental Health Supports
Colorado Nonprofit Association 789 Sherman St, #240 Denver, CO 80203	84-0942908	501c(3)	10,000.	0.			CEO Search for Colorado Nonprofit Association

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
Colorado Statewide Parent Coalition - P.O. Box 11849 - Denver, CO 80221	74-2563848	501c(3)	50,000.	0.			Expanding Providers Advancing School Outcomes (PASO)
Community Partnership Family Resource Center - 701 Gold Hill Place - Woodland Park, CO 80863	84-1157057	501c(3)	35,000.	0.			Strengthening Families through Parents As Teachers and Parent Advisory Committee
Community Partnership for Child Development (CPCD) - 2330 Robinson Street - Colorado Springs, CO 80904	84-1071825	501c(3)	50,000.	0.			Supporting Mental Health across Child Care Settings
Community Resource Center 789 Sherman St. #210 Denver, CO 80203	84-0838406	501c(3)	25,000.	0.			2021 Rural Action Network
Compaeros: Four Corners Immigrant Resource Center - 701 Camino Del Rio, Suite 319 - Durango, CO 81301	37-1640345	501c(3)	40,000.	0.			Support Rural Immigrant Families to Remain Strong and Resilient
Cultivando 7190 Colorado Blvd., Suite 300 Commerce City, CO 80022	84-1499624	501c(3)	50,000.	0.			Strengthening and Supporting Latinx Families and Communities
Denver Children's Advocacy Center 2149 Federal Boulevard Denver, CO 80211	84-1155873	501c(3)	60,000.	0.			Early Childhood Mental Health Consultation and Supports
Denver Children's Advocacy Center 2149 Federal Boulevard Denver, CO 80211	84-1155873	501c(3)	53,630.	0.			Staff Wellbeing and Mental Health Access for Teen Mothers
Denver Health Foundation 601 Broadway, MC0111 Denver, CO 80203	84-1085196	501c(3)	75,000.	0.			Denver Early Childhood Mental Health Consultation Program

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
Denver Indian Center Inc. 4407 Morrison Rd. Denver, CO 80219	84-0922797	501c(3)	50,000.	0.			Increasing Food Access
Denver Indian Family Resource Center - 1633 Fillmore St. GL2 - Denver, CO 80206	84-1568837	501c(3)	50,000.	0.			Supporting Basic Needs
Denver Indian Family Resource Center - 1633 Fillmore St. GL2 - Denver, CO 80206	84-1568837	501c(3)	50,000.	0.			Prevention Programs for Children, Youth and Families
Denver Indian Health and Family Services - 2880 W. Holden Place - Denver, CO 80204	84-0724261	501c(3)	100,000.	0.			COVID-19 Vaccine Education Campaign for the AI/AN Community
Denver Inner City Parish 1212 Mariposa Street Denver, CO 80204	84-0525768	501c(3)	20,000.	0.			COVID-19 Student Support Center
Denver Public Schools Foundation 1860 Lincoln St. 10th Floor Denver, CO 80203	84-1224325	501c(3)	75,000.	0.			Opportunity Centers
Denver Rescue Mission PO Box 5206 Denver, CO 80217	84-6038762	501c(3)	50,000.	0.			Youth Mental Health & Resilience Support
Early Childhood Partners PO Box 8545 Avon, CO 81620	20-5352983	501c(3)	50,000.	0.			Promoting Early Relational Health
Early Childhood Partnership of Adams County - 8859 Fox Drive, Suite 205 - Thornton, CO 80260	81-4513934	501c(3)	61,000.	0.			Community Family Resource Center Hubs

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
Early Connections Learning Centers 104 E. Rio Grande Colorado Springs, CO 80903	84-0632406	501c(3)	25,000.	0.			Remote Learning Support for School Age Children
Early Learning Ventures 18 Inverness Place East Englewood, CO 80112	26-4053609	501c(3)	50,000.	0.			Infant and Toddler Screening and Family Engagement Project
Early Milestones Colorado 1600 N Downing Street, Suite 750 Denver, CO 80218	47-1929974	501c(3)	50,000.	0.			Creating Equitable Policy and Practice in Early Childhood
El Centro Amistad 2222 14th St. Boulder, CO 80302	47-0864016	501c(3)	30,000.	0.			Increasing Health & Wellness
Elephant Circle 8930 W 80th Dr Arvada, CO 80005	47-1648218	501c(3)	40,000.	0.			Community-Based Perinatal Support for Families in Three Colorado Counties
Empower Community High School 450 S. Chambers Rd. Aurora, CO 80017	83-1283419	501c(3)	25,000.	0.			School Engagement through Academic and Mental Health Supports
Every Child Pediatrics 9197 Grant Street, Suite 100 Thornton, CO 80229	84-1321485	501c(3)	64,000.	0.			Advancing Youth and Staff Well-Being
Families Forward Resource Center 789 Sherman Street, Suite 250 Denver, CO 80203	84-1493585	501c(4)	25,000.	0.			Engaging Parents as Leaders Through a Parent Advisory Committee
Family & Intercultural Resource Center - PO Box 1636 251 West 4th - Silverthorne, CO 80498	84-1252900	501c(3)	35,000.	0.			Peer Mental Health Support

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
Family Resource Center 120 Main Street Sterling, CO 80751	20-5089275	501c(3)	50,000.	0.			Building Healthy Children and Strong Families in Northeastern Colorado
Family Resource Center 120 Main Street Sterling, CO 80751	20-5089275	501c(3)	75,000.	0.			Supporting Youth Well-Being in Logan County
Family Resource Center of the Roaring Fork Schools - 400 Sopris Avenue - Carbondale, CO 81623	84-6012220	Other	20,000.	0.			Engagement & Care Support for Distance Learners
Family Visitor Programs P.O. Box 1845 Glenwood Springs, CO 81602	84-1001484	501c(3)	40,000.	0.			Healthy Families America & Executive Director Transition
Family Voices CO 6700 W Dorado Dr #16 Littleton, CO 80123	84-4273461	501c(3)	30,000.	0.			Supporting Families to Improve Systems
Florence Crittenton Services of Colorado - 96 South Zuni St. - Denver, CO 80223	84-0429686	501c(3)	20,000.	0.			Social Emotional Engagement with Teen Families
Florence Crittenton Services of Colorado - 96 South Zuni St. - Denver, CO 80223	84-0429686	501c(3)	40,000.	0.			Two-Generation Support for Parenting Teens
Focus Points Family Resource Center - 2501 East 48th Ave. - Denver, CO 80216	84-1353944	501c(3)	50,000.	0.			Strengthening Families for a Resilient Future
Fortaleza Familiar 7190 Colorado Blvd., Suite 300 Commerce City, CO 80022	84-1499624	501c(3)	50,000.	0.			Support for Latinx and Indigenous Youth

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

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Four Corners Rainbow Youth Center 701 Camino del Rio Room 108 Durango, CO 81301	82-1752513	501c(3)	35,000.	0.			Safe and Affirming Spaces for LGBTQ+ Youth and Families in Southwest Colorado
Four Winds American Indian Council 201 W. 5th Ave. Denver, CO 80204	36-4612758	501c(3)	25,000.	0.			Wrap Around Services for AI/AN People Experiencing Homelessness
Friends of Lamar Hope Center 210 West Pearl Lamar, CO 81052	30-0809223	501c(3)	15,000.	0.			Expanded Programming at Lamar Hope Center
Friends of the Haven 3610 W. Princeton Avenue Denver, CO 80236	20-5634004	501c(3)	50,000.	0.			Support for Haven and Baby Haven
Full Circle Of Lake County 109 E. 5th St. PO Box 622 Leadville, CO 80461	84-1386727	501c(3)	20,000.	0.			Social Emotional Learning Supports for Lake County Students
Full Circle Restorative Justice 104 Crestone Ave. PO Box 699 Salida, CO 81201-0699	26-1418606	501c(3)	20,000.	0.			Restorative Justice Practices and Service Enhancements for Youth and Schools
Girls Inc. of Metro Denver 1499 Julian St. Denver, CO 80204	74-2277668	501c(3)	50,000.	0.			Healthy Youth Programming for Girls of Color in Denver
Girls Inc. of Metro Denver 1499 Julian St. Denver, CO 80204	74-2277668	501c(3)	26,000.	0.			Youth and Staff Wellbeing Programming
Gold Crown Foundation 1743 Wazee St. #300 Greenwood Village, CO 80202	74-2422126	501c(3)	15,000.	0.			Remote Learning at the Gold Crown Clubhouses

Schedule I (Form 990)

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

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Grand Foundation P.O. Box 1342 Winter Park, CO 80482	84-1374928	501c(3)	10,000.	0.			Grand County Wildfire Emergency Fund
Groundwork Denver 3280 North Downing Street, Unit E Denver, CO 80205	71-0909556	501c(3)	25,000.	0.			Investments in Social Emotional Support for Youth and Staff Well-Being
Growing Home 3489 W. 72nd Ave., Suite 112 Westminster, CO 80030	84-1461503	501c(3)	50,000.	0.			Strengthening Families, Nurturing Children, Connecting Community
Haven House of Montrose 4806 North River Road Olathe, CO 81425	27-3747144	501c(3)	15,000.	0.			Remote Learning Program for Children of Homeless Families
Healthy Child Care Colorado 1525 Raleigh Street 5th Floor Denver, CO 80204	84-0685056	501c(3)	100,000.	0.			Infant and Early Childhood Mental Health Consultation Network Hub
Heart & Hand Center 2736 Welton Street, Ste 204 Denver, CO 80205	45-4251869	501c(3)	30,000.	0.			Out-of-School Time Programming and Supports for Students and Families
Heart & Hand Center 2736 Welton Street, Ste 204 Denver, CO 80205	45-4251869	501c(3)	20,000.	0.			Remote Learning Support for Students in Northeast Denver
Heart & Hand Center 2736 Welton Street, Ste 204 Denver, CO 80205	45-4251869	501c(3)	75,000.	0.			Expanding Social Emotional Learning, Supporting Staff Well-Being, and
High Valley Community Center, Inc. 595 Grand Ave. Del Norte, CO 81132	84-1599061	501c(3)	45,000.	0.			Out-of-School Time Programming in Rio Grande County

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

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High Valley Community Center, Inc. 595 Grand Ave. Del Norte, CO 81132	84-1599061	501c(3)	17,500.	0.			Youth Well Being
Highline Academy 2170 S. Dahlia St. Denver, CO 80222	56-2375843	501c(3)	20,000.	0.			Student Care Partnership with Rocky Mountain Kids
Hilltop Community Resources, Inc. 1331 Hermosa Ave Grand Junction, CO 81506	74-2321009	501c(3)	50,000.	0.			Family Resource Center Services in Western Colorado
Immunize Colorado 13123 E. 16th Ave. B281 Aurora, CO 80045	84-1479975	501c(3)	150,000.	0.			COVID-19 Vaccine Equity Project
Impact Charitable 1536 Wynkoop St. Ste. 223 Denver, CO 80202	47-1180598	501c(3)	50,000.	0.			Left Behind Workers Fund
Impact Charitable 1536 Wynkoop St. Ste. 223 Denver, CO 80202	47-1180598	501c(3)	10,000.	0.			Direct Cash Assistance Pilot Planning
Inside Out Youth Services 223 North Wahsatch Avenue Suite 101 Colorado Springs, CO 80903	84-1407299	501c(3)	30,000.	0.			Support for LGBTQ+ Youth in Southern Colorado
Inside Out Youth Services 223 North Wahsatch Avenue Suite 101 Colorado Springs, CO 80903	84-1407299	501c(3)	20,000.	0.			Supporting LGBTQ+ Youth Well-Being in the Pikes Peak Region
Integrated Community 443 Oak Street P.O. Box 880587 Steamboat Springs, CO 80488	46-1325467	501c(3)	25,000.	0.			Early Childhood and Parenting Support

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International Rescue Committee, Inc. - 1873 S. Bellaire St. Suite 500 - Denver, CO 80222	13-5660870	501c(3)	20,000.	0.			Academic Engagement and Wellness for Refugee Youth
Invest in Kids 1775 Sherman St., Suite 1445 Denver, CO 80203	84-1455282	501c(3)	100,000.	0.			Child First Implementation
Invest in Kids 1775 Sherman St., Suite 1445 Denver, CO 80203	84-1455282	501c(3)	50,000.	0.			General Operating for State Intermediary for Evidence-Based Child and Family Programs
Jewish Family Service of Colorado 3201 S. Tamarac Drive Denver, CO 80231	84-0402701	501c(3)	60,000.	0.			KidSuccess: In-School Mental Health Services for Denvers Students.
Jewish Family Service of Colorado 3201 S. Tamarac Drive Denver, CO 80231	84-0402701	501c(3)	50,000.	0.			Facilitating access to Mental Health Care for Students in Denver Public Schools
Joint Initiatives for Youth & Families - 6385 Corporate Drive Suite 201 - Colorado Springs, CO 80919	84-1317347	501c(3)	25,000.	0.			Response to COVID to Enhance Student Engagement
Joint Initiatives for Youth & Families - 6385 Corporate Drive Suite 201 - Colorado Springs, CO 80919	84-1317347	501c(3)	75,000.	0.			Pathways for Youth
Karis P.O. Box 2837 Grand Junction, CO 81502	26-4600743	501c(3)	67,432.	0.			Supporting Well-Being of Homeless Youth and Staff in Mesa County
Kids Above Everything PO Box 371975 DENVER, CO 80237	81-3757873	501c(3)	20,000.	0.			Enhanced Support Services

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

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Kids At Their Best PO Box 382 Fort Morgan, CO 80701	43-2091884	501c(3)	40,000.	0.			Building Capacity to Provide Youth Development Programming
Kids First Health Care 4675 East 69th Avenue Commerce City, CO 80022	84-0799374	501c(3)	75,000.	0.			Pediatric Clinic Relocation and Expansion
Kids First Health Care 4675 East 69th Avenue Commerce City, CO 80022	84-0799374	501c(3)	75,000.	0.			Facilitating Youth Access to Mental Health Care
Kindred Kids Child Advocacy Center 1145 Ohio Ave, Suite A Canon City, CO 81212	84-2512469	501c(3)	23,000.	0.			Rural Child Advocacy Center Services
La Puente Home P.O. Box 1235 911 State Avenue Alamosa, CO 81101	74-2224631	501c(3)	60,000.	0.			Adelante Family Resource Center Programming
La Puente Home P.O. Box 1235 911 State Avenue Alamosa, CO 81101	74-2224631	501c(3)	8,000.	0.			Coalition Building to Support Funding for People Experiencing Homelessness
Latino Community Foundation of Colorado - 2250 S. Oneida Street, Suite 102 - Denver, CO 80224	83-0718126	501c(3)	150,000.	0.			Ayuda Colorado Fund
Lifespan Local 4407 Morrison Rd Denver, CO 80219	83-4295300	501c(3)	20,000.	0.			Cultivate Community Well-Being in Southwest Denver
Lifespan Local 4407 Morrison Rd Denver, CO 80219	83-4295300	501c(3)	140,000.	0.			Public Health Educator Team

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Make a Chess Move MACM 2015 E 26th Avenue Ste B Denver, CO 80205	82-2514307	501c(3)	20,000.	0.			Make a Chess Move Move-MACM
Maria Droste Counseling Center 1355 S. Colorado Blvd. Suite C-100 Denver, CO 80222	84-1182130	501c(3)	60,000.	0.			Accessible Behavioral Health Support to Help Colorado Children, Youth, and Families Thrive
Maria Droste Counseling Center 1355 S. Colorado Blvd. Suite C-100 Denver, CO 80222	84-1182130	501c(3)	15,000.	0.			Affordable Behavioral Health Therapy for Youth-Serving Professionals in Denver
Marillac Health 2333 North 6th Street Grand Junction, CO 81501-2001	84-1085822	501c(3)	34,960.	0.			Warrior Wellness Center
Mercy Housing Mountain Plains 1600 Broadway, Suite 2000 Denver, CO 80202	20-1583332	501c(3)	50,000.	0.			Resident Services and Health Navigation Program
Mesa County Valley SD #51 2115 Grand Avenue Grand Junction, CO 81501	84-6002839	Other	150,000.	0.			Youth Connections Implementation Plan for Mesa County Valley SD #51
Mile High 360 998 Navajo Street Denver, CO 80204	26-1598336	501c(3)	40,000.	0.			Supporting Youth Development for Latinx Youth in Denver
Mile High 360 998 Navajo Street Denver, CO 80204	26-1598336	501c(3)	15,000.	0.			Enhanced Programming for Students During COVID-19 Pandemic
Mile High United Way 711 Park Avenue West Denver, CO 80205	84-0404235	501c(3)	20,000.	0.			United for Schools

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Mile High United Way 711 Park Avenue West Denver, CO 80205	84-0404235	501c(3)	100,000.	0.			Keep the Lights on Fund Colorado
Mile High United Way 711 Park Avenue West Denver, CO 80205	84-0404235	501c(3)	50,000.	0.			Bridging the Gap
Mirror Image Arts 3327 Brighton Blvd Denver, CO 80216	71-1050517	501c(3)	30,000.	0.			Social and Emotional Learning and Skills for Incarcerated Youth
Montbello Organizing Committee 12000 East 47th Ave. Ste. 110E Denver, CO 80239	81-4339690	501c(3)	50,000.	0.			Reimagining Montbello Through Community-Driven Change
Morgan County Family Center 411 Main Street Suite 100 Fort Morgan, CO 80701	84-1319815	501c(3)	60,000.	0.			Elevating Services to Morgan County Residents by Centering Family Voice and Developing Policies
Muslim Youth for Positive Impact 1880 Golden Eagle Court Broomfield, CO 80020	83-0998674	501c(3)	50,000.	0.			Youth Mental Wellness Program
Muslim Youth for Positive Impact 1880 Golden Eagle Court Broomfield, CO 80020	83-0998674	501c(3)	35,000.	0.			Holistic Support Systems for Youth
New Legacy Charter School 2091 Dayton St. Aurora, CO 80010	46-3841363	501c(3)	42,000.	0.			Education for Parenting Teens
Northwest Colorado Center for Independence - 1855 Shield Drive, Unit #300 - Steamboat Springs, CO 80487	84-1473968	501c(3)	50,000.	0.			Support Services for Youth with Disabilities in Northwest Colorado

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

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One Colorado P.O. Box 181190 Denver, CO 80218	27-1332464	501c(4)	50,000.	0.			Advancing LGBTQ Equality Through Public Policy
Out Boulder County 1443 Spruce St. PO Box 1018 Boulder, CO 80302	84-1467134	501c(3)	50,000.	0.			Supporting LGBTQ+ Youth in Boulder County
Out Boulder County 1443 Spruce St. PO Box 1018 Boulder, CO 80302	84-1467134	501c(3)	20,000.	0.			Supporting Youth Well-Being
Parent Possible 800 Grant Street Ste. 200 Denver, CO 80203	84-1169805	501c(3)	78,468.	0.			Enhanced Home Visiting Services
Planned Parenthood of the Rocky Mountains - 7155 East 38th Ave - Denver, 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)	30,000.	0.			Supporting Pueblo Residents through COVID-19
Project VOYCE 3455 Ringsby Court Suite 96 Denver, CO 80216	81-4091419	501c(3)	20,000.	0.			Maintain Resilience and Learning
Protect Colorado's Recovery 656 Rock Ridge Drive Lafayette, CO 80026	85-2837011	Other	10,000.	0.			Protect Colorado's Recovery
Pueblo Child Advocacy Center 301 W. 13th Street Pueblo, CO 81003	84-1071784	501c(3)	67,000.	0.			Supporting Youth Well-Being

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Pueblo Rescue Mission PO Box 9167 728 West 4th Street Pueblo, CO 81003	51-0172426	501c(3)	15,000.	0.			Services for People Experiencing Homelessness
Raise the Future 1325 S Colorado Blvd, Suite B700 Denver, CO 80222	84-0793576	501c(3)	20,000.	0.			CHOICE Youth Program
Respite Care Inc 6203 S. Lemay Ave. Fort Collins, CO 80525	84-0840653	501c(3)	20,000.	0.			Education and Social Engagement for Children with Developmental Disabilities
Ricardo Flores Magon Academy 5330 Meade St Denver, CO 80221	20-4199340	501c(3)	20,000.	0.			COVID 19 Support for Students
Riverside Educational Center P.O. Box 4367 Grand Junction, CO 81502	20-5451495	501c(3)	20,000.	0.			REC Online Student Support
Riverside Educational Center P.O. Box 4367 Grand Junction, CO 81502	20-5451495	501c(3)	30,200.	0.			Supporting Staff Well-Being and Building Capacity in Social and Emotional Learning
Rocky Mountain Children's Law Center - 1325 S. Colorado Blvd. Suite 701 - Denver, CO 80222	74-2406045	501c(3)	75,000.	0.			Safe Babies Court Teams (SBCT)
Rocky Mountain Human Services 9900 E. Iliff Ave. Denver, CO 80231	84-1182143	501c(3)	75,000.	0.			Denver Early Childhood Family Navigation
Rose Andom Center 1330 Fox Street Denver, CO 80204	90-0990929	501c(3)	30,000.	0.			Helping Parents and Children During and After Domestic Violence Experience

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

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Rural Communities Resource Center 204 S. Main Street Yuma, CO 80759	84-0959903	501c(3)	20,000.	0.			Capacity Building and Core Support for Rural Safety Net Organization
Rural Communities Resource Center 204 S. Main Street Yuma, CO 80759	84-0959903	501c(3)	40,000.	0.			Strong Rural Families
SafeHouse Denver 1649 Downing Street Denver, CO 80218	84-0745911	501c(3)	40,000.	0.			Family Services for Survivors of Domestic Violence
Safehouse Progressive Alliance for Nonviolence - 835 North Street - Boulder, CO 80304	74-2145368	501c(3)	25,000.	0.			Support for Children & Youth Impacted by Violence
Salud Family Health Centers 203 S. Rollie Ave. Fort Lupton, CO 80621	84-0613540	501c(3)	65,000.	0.			SMILES Year 4
San Luis Valley Immigrant Resource Center - 225 6th Street, Suite B - Alamosa, CO 81101	74-3064080	501c(3)	50,000.	0.			Supporting Immigrant Families in Southern Colorado
Savio 325 King Street Denver, CO 80219	84-0570279	501c(3)	35,000.	0.			Expanding Family-Centered Treatment in Central Colorado
Scholars Unlimited 3705 E. 40th Avenue Denver, CO 80205	84-1314292	501c(3)	44,000.	0.			Social and Emotional Support for Middle School Scholars
Second Chance Center, Inc. 224 Potomac Street Aurora, CO 80011	90-0794239	501c(3)	60,000.	0.			Child & Family Advocate

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Servicios de La Raza 3131 W. 14th Avenue Denver, CO 80204	84-0625478	501c(3)	75,000.	0.			Building Capacity for Culturally Responsive Services
Servicios de La Raza 3131 W. 14th Avenue Denver, CO 80204	84-0625478	501c(3)	65,000.	0.			Cutura Cura
Sheridan School District PO BOX 1198 Englewood, CO 80150	84-0521403	Other	174,450.	0.			Youth Connections Implementation Plan for Sheridan School District
Sims Fayola Foundation 3600 S. Yosemite Street, Suite 700 Denver, CO 80237	47-5349323	501c(3)	50,000.	0.			Empowered Ambition Youth Development Program
Soul 2 Soul Sisters P. O. Box 7632 Denver, CO 80207	81-1006094	501c(3)	75,000.	0.			Promoting Healing and Health for Black Womxn and Their Children
Southwest Center for Independence 3473 Main Ave., #23 Durango, CO 81301	84-1144621	501c(3)	50,000.	0.			Social Justice Organizing for Youth Inclusion and Equity
Spark Community Foundation 1766 S. Franklin St. Denver, CO 80210	27-4374456	501c(3)	40,000.	0.			Colorado Rural Collaborative for Runaway and Homeless Youth
Spirit of the Sun 1290 N Williams St #9 Denver, CO 80218	03-0442292	501c(3)	25,000.	0.			Social Support to Reduce Isolation for Youth and Elders
Spring Institute for Intercultural Learning - 1373 Grant Street - Denver, CO 80203	84-0788093	501c(3)	50,000.	0.			Parents to Advocates Leadership Program

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Stepping Stones of the Roaring Fork Valley - 1010 Garfield Ave. - Carbondale, CO 81623	46-4740539	501c(3)	20,000.	0.			Expanded Daily Support for Older Youth
STRIDE Community Health Center 2255 South Oneida Denver, CO 80230	74-2477108	501c(3)	50,000.	0.			Maternal-Child Health Program
Struggle Of Love Foundation 12000 East 47th Ave. Suite 403 Denver, CO 80239	84-1566888	501c(3)	20,000.	0.			School Age Engagement and Care Spreading Our Love Mentor and Leadership Program
Su Teatro 721 Santa Fe Dr. Denver, CO 80204	74-2440659	501c(3)	15,000.	0.			Covid-19 Recovery
Summit County Youth and Family Services - 360 Peak One Dr. Ste 210 Box 4326 - Frisco, CO 80443	84-6000808	Other	20,000.	0.			The Drop-In Teen Center
Sun Valley Youth Center 1230 Decatur Street Denver, CO 80204	84-1471356	501c(3)	50,000.	0.			Promoting the Social, Emotional and Mental Well-Being of Children & Youth in Sun Valley
Sun Valley Youth Center 1230 Decatur Street Denver, CO 80204	84-1471356	501c(3)	20,000.	0.			Academic, Mental Health and Social Emotional Supports to Low Income Students
Sun Valley Youth Center 1230 Decatur Street Denver, CO 80204	84-1471356	501c(3)	50,000.	0.			Enhancing Social, Emotional and Mental Well-Being
Tennyson Center for Children at Colorado Christian Home - 2950 Tennyson Street - Denver, CO 80212	61-1458290	501c(3)	65,000.	0.			Rewiring Towards Early Intervention

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Tepeyac Community Health Center 4725 High Street Denver, CO 80216	84-1285505	501c(3)	50,000.	0.			Enhancing Integrated Perinatal and Pediatric Care
TGTHR, formerly Attention Homes 1440 Pine Street, Suite B Boulder, CO 80302	84-0571145	501c(3)	35,000.	0.			Development Program for Youth Experiencing Homelessness
The Center on Colfax 1301 E Colfax Ave Denver, CO 80218	84-0738879	501c(3)	45,000.	0.			Rainbow Alley Youth Leadership Program
The COVID-19 Eviction Defense Project - 410 Acoma Unit #311 - Denver, CO 80204	84-4867019	501c(3)	100,000.	0.			Colorado Partnership
The Denver Foundation 1009 N. Grant St. Denver, CO 80203	84-6048381	501c(3)	50,000.	0.			Black Resilience in Colorado
The Family Learning Center 3164 34th Street Boulder, CO 80301-2166	74-2240341	501c(3)	25,000.	0.			Support to Keep Low-income Students Engaged and Thriving
The Gathering Place 1535 High Street Denver, CO 80218	84-1021059	501c(3)	30,000.	0.			Strengthening Supports for Children of Families Experiencing Poverty & Homelessness
The Lafayette Empowerment Center 104 1/2 East Simpson Rd. Lafayette, CO 80026	84-1348786	501c(3)	16,000.	0.			Support for Youth and Staff Well-Being
The Matthews House 415 Mason Court #1 Fort Collins, CO 80524	20-2894339	501c(3)	20,000.	0.			Homework Helpers and Learning Labs at The Matthews House

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 Resource Exchange 6385 Corporate Drive Suite 100 Colorado Springs, CO 80919	84-0532684	501c(3)	35,000.	0.			Promoting Early Childhood Mental Health
The Rocky Mountain Partnership 1500 E. 128th Avenue Thornton, CO 80241	45-3139024	501c(3)	30,000.	0.			Social and Economic Mobility for Families
The Women's Foundation of Colorado 1901 East Asbury Avenue Denver, CO 80208	84-1039305	501c(3)	50,000.	0.			Creating Pathways for Economic Security
Therapist of Color Collaborative 1210 S. Parker Road Denver, CO 80231	81-0952287	Other	75,000.	0.			Expanding Youth Well-Being & Mental Health in Communities of Color
Thriving Families 1330 Fox St Denver, CO 80204	84-1993572	501c(3)	60,000.	0.			Support for Families During Pregnancy and Postpartum
United Way of Larimer County 525 W. Oak Street Suite 101 Fort Collins, CO 80521	84-6031503	501c(3)	10,000.	0.			Larimer County Fire Response Fund
University of Colorado Anschutz Medical Campus - 1800 Grant Street, Suite 725 - Denver, CO 80203	84-6049811	501c(3)	49,500.	0.			Launching Youth Voices: Dynamic Integration in Primary Care
University of Colorado Anschutz Medical Campus - 1800 Grant Street, Suite 725 - Denver, CO 80203	84-6049811	501c(3)	50,000.	0.			Launching Youth Voices: Dynamic Integration in Primary Care
Urban Peak Denver 2100 Stout Street Denver, CO 80205	84-1212246	501c(3)	20,000.	0.			Education & Employment Classroom Updates

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
Urban Peak Denver 2100 Stout Street Denver, CO 80205	84-1212246	501c(3)	50,000.	0.			Promoting Health and Well-being Among Youth Experiencing Homelessness
Urban Peak Denver 2100 Stout Street Denver, CO 80205	84-1212246	501c(3)	10,000.	0.			Urban Peak Staff Well-being
Valley Settlement 1901 Grand Avenue, Suite 206 Glenwood Springs, CO 81601	81-2401368	501c(3)	50,000.	0.			Early Childhood Education and Mental Health Programs
Vega Collegiate Academy 1345 Macon St. Aurora, CO 80010	47-2103502	501c(3)	20,000.	0.			Support Student Engagement & Care in Northwest Aurora
Village Exchange Center 1609 Havana St. Aurora, CO 80010	81-5174986	501c(3)	40,000.	0.			Advocacy and Coalition-Building
Violence Free Colorado 1330 Fox St., Ste. 2 PO Box 40328 Denver, CO 80204	84-0742604	501c(3)	50,000.	0.			Strengthening Families through Systems Change
Voces Unidas de las Montañas P. O. Box 3157 Glenwood Springs, CO 81601	85-0993139	501c(3)	40,000.	0.			Building Latino Equity, Health and Well-Being in the Roaring Fork and Colorado River Valleys
Warren Village 1323 Gilpin Street Denver, CO 80218	84-0644270	501c(3)	50,000.	0.			Housing and Support for Families Led by Single Parents
Weld County RE 1 - Gilcrest 14827 WCR 42 Gilcrest, CO 80623	84-6013393	Other	60,000.	0.			Weld RE-1 Youth Connections

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
Youth Club of Trinidad, Inc. 204 E. Kansas Trinidad, CO 81082	81-3555503	501c(3)	10,000.	0.			Operation Remote Learning Support
YouthPower365 PO Box 6550 Avon, CO 81620	84-1442909	501c(3)	15,000.	0.			Gender-Specific Programming for Youth
YWCA Pueblo 801 N. Santa Fe Ave. Pueblo, CO 81003	84-0402720	501c(3)	50,000.	0.			Shelter and Comprehensive Support for Children, Youth and Families

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 II, line 1, Column (h):

Name of Organization or Government: Centennial Mental Health Center

(h) Purpose of Grant or Assistance: Early Childhood Mental Health

Consultation (ECMHC) and Maternal Mental Health and Well-Being

Name of Organization or Government:

Children's Hospital Colorado Foundation

(h) Purpose of Grant or Assistance: Increase Perinatal Mental Health

Access and Care through Culturally Responsive Facilitated Peer Support

Part IV Supplemental Information

for Black Mothers and Babies

Name of Organization or Government: Heart & Hand Center

(h) Purpose of Grant or Assistance: Expanding Social Emotional Learning, Supporting Staff Well-Being, and Facilitating Access to Mental Health Care

Name of Organization or Government: Morgan County Family Center

(h) Purpose of Grant or Assistance: Elevating Services to Morgan County Residents by Centering Family Voice and Developing Policies and Procedures Grounded in Equity, Diversity and Inclusion

**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 Foundation**
 Employer identification number: **84-1477197**

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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)	231,545.	12,006.	0.	8,689.	30,031.	282,271.	0.
	(ii)	34,599.	1,794.	0.	1,298.	4,487.	42,178.	0.
(2) Chris J. Wiant Former President/CEO thru 3/31/2020	(i)	229,963.	0.	0.	9,672.	564.	240,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Heidi Van Law VP Operations and CFO	(i)	147,277.	9,180.	0.	7,260.	34,328.	198,045.	0.
	(ii)	16,364.	1,020.	0.	807.	3,814.	22,005.	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)							

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 Foundation

Employer identification number

84-1477197

Form 990, Part III, Line 1, Description of Organization Mission:

advance policy change.

Form 990, Part VI, Section A, line 4:

Effective May 31, 2021, the Foundation received approval from the Governor of the State of Colorado to change the bylaws wherein board members are no longer appointed by the Governor, but are instead elected by the Foundation board of directors.

Form 990, Part VI, Section A, line 7b:

The Foundation must provide written notification of changes to the articles of incorporation to the Colorado State Attorney General who will have 30 days from the date of such notification to object to the changes.

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

The independent auditors prepare the Form 990 then submit the return to staff (CEO & CFO) for review. Upon approval, staff presents the Form 990 to the Audit/Finance Committee for review and approval. The final draft is presented to the full Board of Directors prior to filing.

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

Once a year, the Board of Directors and the Foundation's staff 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

Name of the organization

Caring for Colorado Foundation

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deliberations process. The Foundation's staff and other board members are expected to monitor this process throughout the year.

Form 990, Part VI, Section B, Line 15:

Annually the CFO creates a compensation evaluation based on independently prepared, industry specific, compensation surveys. The CEO (Executive Committee in the case of CEO's salary review) uses survey data to assess the reasonableness of staff compensation and uses this data during the annual performance review/salary appraisal. CEO and staff salary adjustments are evaluated and approved by the Audit/Finance Committee as part of the annual budget review and approval process. Upon Committee approval, the annual budget (including staff compensation) is presented to the Board of Directors for final approval. In addition, the Foundation benefits package is periodically compared to that of other similar organizations in the Denver area.

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

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

Form 990, Part XII, Line 2c

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

Form 990, Part IV, Line 28c:

It is not uncommon for the members of the Foundation's board of

Name of the organization

Caring for Colorado Foundation

Employer identification number

84-1477197

directors to be associated with potential grantees either as board members or paid staff of these organizations. In these instances, the Foundation's Board member discloses the conflict of interest and recuses him/herself from grant award deliberations. Per the Form 990 instructions, no additional disclosure is required regarding these grant transactions since they are directly with the tax exempt grantee organizations, not with the particular Foundation Board member.

Form 990, Part IX, Column D

Contributions received by the Foundation were unsolicited. As such, no fundraising expenses were incurred.

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.

Name of the organization **Caring for Colorado Foundation** Employer identification number **84-1477197**

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 Centennial Fund - 83-2742375, 1635 W 13th Ave., Ste. 303, Denver, CO 80204	Charitable and educational activities	Colorado	501(c)(3)	Line 7	Caring for Colorado Foundation		X

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.

	Yes	No
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?		
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)			

