

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

2021

Open to Public Inspection

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.

A For the 2021 calendar year, or tax year beginning 10/01/21 , **and ending** 09/30/22

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 <div align="center">CARING FOR COLORADO FOUNDATION</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1635 W 13TH AVE, SUITE 303 City or town, state or province, country, and ZIP or foreign postal code DENVER CO 80204	D Employer identification number 84-1477197 E Telephone number 720-524-0770 G Gross receipts\$ 2,890,743
F Name and address of principal officer: LINDA REINER		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

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	H(c) Group exemption number ▶
J Website: ▶ WWW.CARINGFORCOLORADO.ORG	L Year of formation: 1998
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	M State of legal domicile: CO

Part I Summary

Activities & Governance	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	13		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	14		
	6 Total number of volunteers (estimate if necessary)	6	15		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	213,955		
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0		
Revenue		Prior Year		Current Year	
	8 Contributions and grants (Part VIII, line 1h)	32,000		500	
	9 Program service revenue (Part VIII, line 2g)			0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,463,212		2,974,869	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,885		-84,626	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,498,097		2,890,743	
Expenses		13,759,760		20,781,187	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,354,992		1,597,619	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,177,318		1,310,190	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,292,070		23,688,996	
	19 Revenue less expenses. Subtract line 18 from line 12	-11,793,973		-20,798,253	
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	274,860,758		220,943,329	
	21 Total liabilities (Part X, line 26)	32,709,353		35,982,485	
	22 Net assets or fund balances. Subtract line 21 from line 20	242,151,405		184,960,844	

Part II Signature Block

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

Sign Here	Signature of officer LINDA REINER Type or print name and title	Date PRESIDENT/CEO
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Paid Preparer Use Only	Print/Type preparer's name MARIA MONTOYA	Preparer's signature 	Date 	Check <input type="checkbox"/> if self-employed	PTIN P01363907
	Firm's name ▶ KUNDINGER, CORDER & MONTOYA, P.C. 475 LINCOLN STREET, SUITE 200 Firm's address ▶ DENVER, CO 80203	Firm's EIN ▶ 	Phone no. 303-534-5953		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE FOUNDATION WORKS TO IMPROVE THE LIVES OF CHILDREN AND FAMILIES IN COLORADO THROUGH COLLABORATION, PARTNERSHIP, SHARED KNOWLEDGE AND GRANT-MAKING.

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 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 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 \$ 22,750,692 including grants of \$ 20,781,187) (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 \$)

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 22,750,692

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> (see instructions)?		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 Rev. Proc. 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. See instructions</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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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 on 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	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		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)?	4a			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?	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
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?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
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	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: 13, 1b: 13. 2: [X] No. 3: [X] No. 4: [X] No. 5: [X] No. 6: [X] No. 7a: [X] No. 7b: [X] Yes. 8a: [X] Yes. 8b: [X] Yes. 9: [X] No.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. 10a: [X] No. 10b: [X] No. 11a: [X] Yes. 11b: [X] No. 12a: [X] Yes. 12b: [X] Yes. 12c: [X] Yes. 13: [X] Yes. 14: [X] Yes. 15a: [X] Yes. 15b: [X] Yes. 16a: [X] No. 16b: [X] No.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

HEIDI VAN LAW
DENVER

1635 W 13TH AVE, SUITE 303

CO 80204

720-524-0770

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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	36.00 4.00			X			287,090	31,899	46,303	
(2) HEIDI VAN LAW VP OPERATIONS AND CF	36.00 4.00			X			168,646	18,738	47,898	
(3) COLLEEN CHURCH CHIEF STRATEGY OFFIC	32.00 8.00			X			147,981	36,996	13,710	
(4) MELANIE BRAVO VP OF PHILANTHROPY	14.00 26.00			X			44,736	83,081	15,601	
(5) PATRICIA BRAUN DIRECTOR	1.00 0.00	X					0	0	0	
(6) KRAIG BURLESON DIRECTOR EFF 1/22	1.00 0.00	X					0	0	0	
(7) CARL CLARK SECRETARY	1.00 1.00	X		X			0	0	0	
(8) KRISTINA DANIEL DIRECTOR	1.00 0.00	X					0	0	0	
(9) ANNE GARCIA TREASURER EFF 1/22	1.00 1.00	X		X			0	0	0	
(10) DAVID HENNINGER CHAIR	1.00 1.00	X		X			0	0	0	
(11) 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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) EDWARD J CASIAS, JD DIRECTOR	1.00 0.00	X						0	0	0
(13) KAREN LOYD DIRECTOR THRU 1/22	1.00 1.00	X						0	0	0
(14) PAUL MAJOR DIRECTOR	1.00 0.00	X						0	0	0
(15) MARDI MOORE DIRECTOR	1.00 0.00	X						0	0	0
(16) AN T.H. NGUYEN DIRECTOR	1.00 0.00	X						0	0	0
(17) CONNIE RULE VICE CHAIR	1.00 1.00	X		X				0	0	0
(18) PHYLLIS KAY SANCHEZ DIRECTOR	1.00 1.00	X						0	0	0
(19) RYAN SELLS TREASURER THRU 1/22	1.00 1.00	X		X				0	0	0
1b Subtotal								648,453	170,714	123,512
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								648,453	170,714	123,512

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 DENVER CO 80205	3000 LAWRENCE ST. #135 IMPLEMENTATION	148,500

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a 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	500			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		500			
Program Service Revenue	2a	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)		1,186,447		1,186,447	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		1,788,422		
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c	1,788,422			
d Net gain or (loss)		1,788,422		299,795	1,488,627	
8a 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						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a 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	11a CLASS ACTION PROCEEDS	Business Code 900099	1,214		1,214	
	b ORDINARY BUSINESS LOSSES	523000	-85,840	-85,840		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		-84,626			
12 Total revenue. See instructions		2,890,743	0	213,955	2,676,288	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	20,781,187	20,781,187		
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	726,679	465,075	261,604	
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	680,342	435,419	244,923	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,726	13,905	7,821	
9 Other employee benefits	76,307	48,836	27,471	
10 Payroll taxes	92,565	59,242	33,323	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,928		3,928	
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 Schedule O.)	74,852	61,219	13,633	
12 Advertising and promotion				
13 Office expenses	74,980	47,987	26,993	
14 Information technology	91,922	58,830	33,092	
15 Royalties				
16 Occupancy	245,239	156,953	88,286	
17 Travel	61,912	39,624	22,288	
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	41,970	26,861	15,109	
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	511,407	511,407		
b COMMUNICATIONS	57,399	36,735	20,664	
c OTHER	11,581	7,412	4,169	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	23,688,996	22,750,692	938,304	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 <input type="checkbox"/> 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	84,700	1	11,080
	2 Savings and temporary cash investments	392,611	2	125,727
	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	30,467	9	30,467
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 398,972		
	b Less: accumulated depreciation	10b 114,114	304,128	10c 284,858
	11 Investments—publicly traded securities	64,074,348	11	46,222,848
	12 Investments—other securities. See Part IV, line 11	207,728,416	12	172,058,805
	13 Investments—program-related. See Part IV, line 11		13	206,186
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,246,088	15	2,003,358
16 Total assets. Add lines 1 through 15 (must equal line 33)	274,860,758	16	220,943,329	
Liabilities	17 Accounts payable and accrued expenses	1,164,353	17	5,485,876
	18 Grants payable	455,000	18	5,597,823
	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	31,090,000	25	24,898,786
	26 Total liabilities. Add lines 17 through 25	32,709,353	26	35,982,485
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	242,151,405	27	184,960,844
	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	242,151,405	32	184,960,844	
33 Total liabilities and net assets/fund balances	274,860,758	33	220,943,329	

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	2,890,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,688,996
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,798,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	242,151,405
5	Net unrealized gains (losses) on investments	5	-36,392,308
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	184,960,844

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 on 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 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

2021

Open to Public Inspection

Name of the organization

Employer identification number

CARING FOR COLORADO FOUNDATION

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Term endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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	13,694	59,557
d Equipment		325,721	100,420	225,301
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				284,858

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 ALTERNATIVE INVESTMENTS	172,058,805	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	172,058,805	

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. (Column (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) INVESTMENTS HELD FOR CENTENNIAL FUND	22,895,428
(3) LEASE OBLIGATION	2,003,358
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	24,898,786

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN - INVESTMENTS					98,764,266
(2) EUROPE INVESTMENTS					4,626,827
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					103,391,093
b Total from continuation sheets to Part I ..					
c Totals (add lines 3a and 3b)					103,391,093

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 F (Form 990) 2021

Part V Supplemental Information

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

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN -	\$ 0	\$ 98,764,266
EUROPE	\$ 0	\$ 4,626,827

**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

2021

**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 non-cash assistance	(h) Purpose of grant or assistance
(1)	9TO5 COLORADO 4130 TEJON ST., SUITE A DENVER CO 80211	34-1246311	501C(3)	50,000				ECONOMIC SECURITY FO
(2)	ADAMS 12 FIVE STAR SCHOOLS 1500 EAST 128TH AVENUE THORNTON CO 80241	84-6000822	GOVERN	552,204				COHORT 2: LEARNING A
(3)	ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVENUE ALAMOSA CO 81101	84-6011793	GOVERN	187,300				COHORT 1: IMPLEMENTA
(4)	AURORA COMMUNITY CONNECTION FAMILY 9801 E. COLFAX AVE. AURORA CO 80010	26-2222571	501C(3)	65,000				WORKING TOGETHER WIT
(5)	AURORA MENTAL HEALTH CENTER 1290 CHAMBERS ROAD AURORA CO 80011	84-0683346	501C(3)	60,000				CHILD FIRST CARE COO
(6)	BABY BEAR HUGS 201 S. MAIN STREET YUMA CO 80759	84-1311396	501C(3)	50,000				STRENGTHENING PREGNA
(7)	BLACK CANYON BOYS & GIRLS CLUB PO BOX 1907 MONTROSE CO 81402	84-1508048	501C(3)	15,000				POSITIVE ACTION" BE
(8)	BOYS & GIRLS CLUBS OF THE SAN LUIS 1115 10TH ST. ALAMOSA CO 81101	84-1215393	501C(3)	60,000				SOCIAL AND EMOTIONAL
(9)	BOYS AND GIRLS CLUBS OF PUEBLO COUN 635 W CORONA AVE., SUITE 201 PUEBLO CO 81004	23-7307508	501C(3)	70,000				INCREASING CAPACITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 148**

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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(1)	BOYS AND GIRLS CLUBS OF THE HIGH RO 360 9TH ST. FAIRPLAY CO 80440	68-0538363	501C(3)	35,000				EMOTIONAL RESILIENCE
(2)	BOYS AND GIRLS CLUBS OF WELD COUNTY P.O. BOX 812 GREELEY CO 80632	84-0529902	501C(3)	30,000				BUILDING TOMORROWS H
(3)	BRIGHT FUTURES P.O. BOX 4216 TELLURIDE CO 81435	20-2169766	501C(3)	50,000				PROMOTING HEALTHY CH
(4)	BUILDING BRIDGES 3327 BRIGHTON BLVD DENVER CO 80216	84-1387769	501C(3)	75,000				TRANSFORM PROGRAM
(5)	CAON CITY SCHOOL DISTRICT 101 NORTH 14TH STREET CANON CITY CO 81212	84-6013945	GOVERN	149,055				COHORT 1: IMPLEMENTA
(6)	CASA OF THE 7TH JUDICIAL DISTRICT 147 N. TOWNSEND AVE. MONTROSE CO 81401	84-1546403	501C(3)	20,000				SUPPORT SERVICES FOR
(7)	CATHOLIC CHARITIES OF SOUTHERN COLO 429 WEST 10TH STREET PUEBLO CO 81003	84-0471001	501C(3)	90,000				STRENGTHENING FAMILI
(8)	CENTER FOR AFRICAN AMERICAN HEALTH 3350 HUDSON STREET DENVER CO 80207	84-1477546	501C(3)	112,500				BUILDING STRONG AND
(9)	CENTER FOR HEALTH PROGRESS P.O. BOX 18877 DENVER CO 80218	43-2007393	501C(3)	75,000				EXPANDING COVERAGE O

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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OMB No. 1545-0047

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(1)	CENTRO DE LA FAMILIA 1645 S. MURRAY BOULEVARD COLORADO SPRINGS CO 80916	84-1435999	501C(3)	75,000				BEHAVIORAL HEALTH SE
(2)	CHAFFEE COUNTY EARLY CHILDHOOD COUN P O BOX 176 SALIDA CO 81201	45-2411953	501C(3)	40,000				CAREGIVER SUPPORT
(3)	CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING JR BLVD. DENVER CO 80205	84-0432238	501C(3)	55,000				BUILDING ADVOCACY CA
(4)	COLORADO P.O. BOX 40991 DENVER CO 80204	84-1569021	501C(3)	75,000				REPRODUCTIVE HEALTH
(5)	COLORADANS FOR AFFORDABLE HOUSING 1600 STOUT ST., SUITE 1400 DENVER CO 80202	88-2183220	OTHER	250,000				COLORADANS FOR AFFOR
(6)	COLORADO CEASEFIRE OUTREACH P.O. 7501 DENVER CO 80207	81-0781088	501C(3)	10,000				RICH MALE MEMORIAL
(7)	COLORADO CENTER ON LAW AND POLICY 789 SHERMAN STREET, SUITE 300 DENVER CO 80203	84-1264154	501C(3)	105,000				CREATING ECONOMIC OP
(8)	COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN STREET, SUITE 420 DENVER CO 80203	74-2374672	501C(3)	70,000				EVERY CHANCE FOR EVE
(9)	COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN STREET, SUITE 420 DENVER CO 80203	74-2374672	501C(3)	20,000				HEALTH EMOM'S SURVEI

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2021

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Employer identification number

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(1)	COLORADO COMMUNITY HEALTH NETWORK 600 GRANT ST., STE. 800 DENVER CO 80203	84-0910590	501C(3)	30,000				INCREASING ACCESS AN
(2)	COLORADO CONSUMER HEALTH INITIATIVE 1420 OGDEN SUITE A1 DENVER CO 80218	84-1145452	501C(3)	30,000				COLORADO HEALTH POLI
(3)	COLORADO CROSS DISABILITY COALITION 1385 S. COLORADO BLVD. #610-A DENVER CO 80222	74-2564419	501C(3)	60,000				DISABILITY RIGHTS YO
(4)	COLORADO HEALTH INSTITUTE 1999 BROADWAY DENVER CO 80202	74-3082235	501C(3)	150,000				ADVANCING BEHAVIORAL
(5)	COLORADO IMMIGRANT RIGHTS COALITION 2525 W. ALAMEDA AVE DENVER CO 80219	73-1675486	501C(3)	65,000				EXPANDING ACCESS TO
(6)	COLORADO STATEWIDE PARENT COALITION P.O. BOX 11849 DENVER CO 80221	74-2563848	501C(3)	90,000				INCREASING ACCESS TO
(7)	COLORADO YOUTH CONGRESS P.O. BOX 9473 LAKEWOOD CO 80214	82-4121769	501C(3)	45,000				COLORADO YOUTH CONGR
(8)	COMMUNITY PARTNERSHIP FOR CHILD DEV 2330 ROBINSON STREET COLORADO SPRINGS CO 80904	84-1071825	501C(3)	50,000				SUPPORTING EARLY CHI
(9)	COMMUNITY RESOURCE CENTER 789 SHERMAN ST. #210 DENVER CO 80203	84-0838406	501C(3)	25,000				RURAL ACTION NETWORK

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Schedule I (Form 990) (2021)

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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	COMPAEROS: FOUR CORNERS IMMIGRANT 1099 MAIN AVE #215 DURANGO CO 81301	R 37-1640345	501C(3)	50,000				SUPPORT FOR RURAL GR
(2)	CULTIVANDO 7190 COLORADO BLVD., SUITE 300 COMMERCE CITY CO 80022	84-1499624	501C(3)	55,000				CULTIVATING THE HEAL
(3)	DELTA COUNTY SCHOOL DISTRICT 50J 145 W 4TH ST DELTA CO 81416	84-6002820	PUBLIC	65,000				STRENGTHS-BASED SUPP
(4)	DELTA COUNTY SCHOOL DISTRICT 50J 145 W 4TH ST DELTA CO 81416	84-6002820	PUBLIC	553,852				COHORT 2: LEARNING F
(5)	DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BOULEVARD DENVER CO 80211	84-1155873	501C(3)	65,000				EARLY CHILDHOOD MENT
(6)	DENVER HEALTH FOUNDATION 601 BROADWAY, MC0111 DENVER CO 80203	84-1085196	501C(3)	50,000				SCHOOL-BASED HEALTH
(7)	EARLY CHILDHOOD PARTNERS PO BOX 8545 AVON CO 81620	20-5352983	501C(3)	75,000				EARLY RELATIONAL HEA
(8)	EARLY CHILDHOOD PARTNERSHIP OF ADAM 8859 FOX DRIVE, SUITE 205 THORNTON CO 80260	81-4513934	501C(3)	90,000				PROMOTING STRONG AND
(9)	EARLY LEARNING VENTURES 18 INVERNESS PLACE EAST ENGLEWOOD CO 80112	26-4053609	501C(3)	40,000				EARLY CHILDHOOD CARE

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Schedule I (Form 990) (2021)

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Internal Revenue Service

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(1)	EL CENTRO AMISTAD 2222 14TH ST. BOULDER CO 80302	47-0864016	501C(3)	50,000				EMPOWERING THRIVING
(2)	EL COMIT DE LONGMONT 455 KIMBARK ST. LONGMONT CO 80501	84-0867626	501C(3)	30,000				SUPPORTING LATINX FA
(3)	ELEPHANT CIRCLE 3548 G ROAD PALISADE CO 81526	47-1648218	501C(3)	40,000				ADVOCATE AND BUILD C
(4)	ENVISION: YOU 3100 N. DOWNING ST. DENVER CO 80205	84-4304062	501C(3)	45,000				Q IS FOR QUESTIONING
(5)	EVERY CHILD PEDIATRICS 9197 GRANT STREET, SUITE 100 THORNTON CO 80229	84-1321485	501C(3)	50,000				EXPANDED SCHOOL-BASE
(6)	FAMILIES PLUS 115 GRAND AVE STE. 2 DELTA CO 81416	37-1494672	501C(3)	50,000				WRAPAROUND PROGRAMMI
(7)	FAMILY RESOURCE CENTER 120 MAIN STREET STERLING CO 80751	20-5089275	501C(3)	55,000				BUILDING HEALTHY CHI
(8)	FAMILY VISITOR PROGRAMS 401 23RD STREET, #204 GLENWOOD SPRINGS CO 81602	84-1001484	501C(3)	40,000				HEALTHY FAMILIES AME
(9)	FAMILY VOICES CO 6700 W. DORADO DR. #16 LITTLETON CO 80123	84-4273461	501C(3)	50,000				SUPPORTING AND ENGAG

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(1)	FLORENCE CRITTENTON SERVICES OF COL 96 SOUTH ZUNI ST. DENVER CO 80223	84-0429686	501C(3)	40,000				TWO-GENERATION SUPPO
(2)	FOCUS POINTS FAMILY RESOURCE CENTER 2501 EAST 48TH AVE. DENVER CO 80216	84-1353944	501C(3)	55,000				STRENGTHENING FAMILI
(3)	FOUR CORNERS RAINBOW YOUTH CENTER 701 CAMINO DEL RIO DURANGO CO 81301	82-1752513	501C(3)	75,000				RAINBOW YOUTH CENTER
(4)	FULL CIRCLE OF LAKE COUNTY 115 E. 7TH STREET LEADVILLE CO 80461	84-1386727	501C(3)	40,000				INCREASING YOUTH AND
(5)	GIRLS INC. OF METRO DENVER 1499 JULIAN ST. DENVER CO 80204	74-2277668	501C(3)	50,000				HEALTHY YOUTH PROGRA
(6)	GROWING HOME 3489 W. 72ND AVE., SUITE 112 WESTMINSTER CO 80030	84-1461503	501C(3)	40,000				COMMUNITY-BASED CONT
(7)	HEALTHY CHILD CARE COLORADO 2246 IRVING STREET DENVER CO 80211	84-0685056	501C(3)	100,000				EARLY CHILDHOOD MENT
(8)	HEALTHY SCHOOL MEALS FOR ALL COLORA 7900 E. UNION AVE. DENVER CO 80237	87-4734248	501C(4)	50,000				HEALTHY SCHOOL MEALS
(9)	HEART & HAND CENTER 2736 WELTON STREET, STE 204 DENVER CO 80205	45-4251869	501C(3)	45,000				OUT-OF-SCHOOL TIME P

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(1)	HIGH VALLEY COMMUNITY CENTER, INC. 595 GRAND AVE. DEL NORTE CO 81132	84-1599061	501C(3)	50,000				CULTURALLY RESPONSIV
(2)	HOMeward PIKES PEAK 2010 EAST BIJOU STREET COLORADO SPRINGS CO 80909	13-4242773	501C(3)	112,500				BLOOM HOUSE RESIDENT
(3)	HOMewardBOUND OF THE GRAND VALLEY 562 29 ROAD GRAND JUNCTION CO 81504	26-0052916	501C(3)	50,000				HEALTH AND WELLNESS
(4)	HOPE COMMUNITIES 2543 CALIFORNIA ST. DENVER CO 80205	84-0829068	501C(3)	60,000				SUPPORT FOR FAMILY S
(5)	ILLUMINATE COLORADO 951 20TH STREET DENVER CO 80201	57-1185029	501C(3)	97,500				CENTERING FAMILY EXP
(6)	IMPACT CHARITABLE 1536 WYNKOOP ST., STE. 223 DENVER CO 80202	47-1180598	501C(3)	100,000				THRIVING PROVIDERS P
(7)	INSIDE OUT YOUTH SERVICES 223 NORTH WAHSATCH AVENUE COLORADO SPRINGS CO 80903	84-1407299	501C(3)	75,000				LGBTQ+ YOUTH HEALTH
(8)	INVEST IN KIDS 1775 SHERMAN ST., SUITE 1445 DENVER CO 80203	84-1455282	501C(3)	60,000				IMPROVING SOCIAL EMO
(9)	INVEST IN KIDS 1775 SHERMAN ST., SUITE 1445 DENVER CO 80203	84-1455282	501C(3)	100,000				CHILD FIRST IMPLEMEN

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(1)	KARIS INC. P.O. BOX 2837 GRAND JUNCTION CO 81502	26-4600743	501C(3)	75,000				WILDLY INTEGRATED ME
(2)	KIDS AT THEIR BEST P.O. BOX 382 FORT MORGAN CO 80701	43-2091884	501C(3)	60,000				SUSTAINING CAPACITY
(3)	KIDS FIRST HEALTH CARE 4675 EAST 69TH AVENUE COMMERCE CITY CO 80022	84-0799374	501C(3)	50,000				COMPREHENSIVE HEALTH
(4)	KINDRED KIDS CHILD ADVOCACY CENTER 1145 OHIO AVE, SUITE A CANON CITY CO 81212	84-2512469	501C(3)	10,000				KINDRED KIDS CHILD A
(5)	LA COCINA 116 EAST OAK STREET FORT COLLINS CO 80524	83-3592629	501C(3)	112,500				LA RED DE LA COCINA:
(6)	LA PLATA YOUTH SERVICES 2490 MAIN AVE DURANGO CO 81301	84-1265550	501C(3)	75,000				THE COMMUNITIES-IN-S
(7)	LA PUENTE HOME P.O. BOX 1235 ALAMOSA CO 81101	74-2224631	501C(3)	50,000				ADELANTE FAMILY RESO
(8)	LATINO COMMUNITY FOUNDATION OF COLO 2250 S. ONEIDA STREET, SUITE 102 DENVER CO 80224	83-0718126	501C(3)	100,000				COVID-19
(9)	LIMON CHILD DEVELOPMENT CENTER 1741 9TH STREET LIMON CO 80828	84-1414532	501C(3)	25,000				EARLY INTERVENTION F

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DAA

Schedule I (Form 990) (2021)

**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

2021

**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
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(1)	MANAUS 520 SOUTH THIRD STREET CARBONDALE CO 81623	20-2710588	501C(3)	40,000				CREATING THE FIRST R
(2)	MARIA DROSTE COUNSELING CENTER 1355 S. COLORADO BLVD. SUITE C-100 DENVER CO 80222	84-1182130	501C(3)	50,000				ACCESSIBLE, COMPASSI
(3)	MASLOW ACADEMY OF APPLIED LEARNING 121 N. HILLCREST DRIVE MONTROSE CO 81401	45-2405358	501C(3)	50,000				SATELLITE EARLY CHIL
(4)	MEMORIAL REGIONAL HEALTH 750 HOSPITAL LOOP CRAIG CO 81625	26-2303349	501C(3)	30,000				TRAUMA TO RESILIENCE
(5)	MESA COUNTY PUBLIC HEALTH P.O. BOX 20,000-5033 GRAND JUNCTION CO 81502-5033	84-1121015	GOVERN	50,000				THE EARLY CHILDHOOD
(6)	MESA COUNTY VALLEY SD #51 2115 GRAND AVENUE GRAND JUNCTION CO 81501	84-6002839	GOVERN	179,100				COHORT 1: IMPLEMENTA
(7)	MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER CO 80205	84-0404235	501C(3)	50,000				BRIDGING THE GAP
(8)	MIRROR IMAGE ARTS 6001 WOLFF STREET ARVADA CO 80003	71-1050517	501C(3)	45,000				SUPPORTING SOCIAL-EM
(9)	MOVIMIENTO PODER 4130 TEJON ST. DENVER CO 80211	84-1426652	501C(3)	60,000				HEALTHY, EQUITABLE A

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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OMB No. 1545-0047

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(1)	MUSLIM YOUTH FOR POSITIVE IMPACT 1880 GOLDEN EAGLE COURT BROOMFIELD CO 80020	83-0998674	501C(3)	60,000				ANCHORING EXCELLENCE
(2)	NEW LEGACY CHARTER SCHOOL 2091 DAYTON ST. AURORA CO 80010	46-3841363	501C(3)	55,000				COORDINATED PERINATA
(3)	NORTH COLORADO HEALTH ALLIANCE 2930 11TH AVE. EVANS CO 80620	65-1189617	501C(3)	50,000				PROSPERANDO JUNTOS
(4)	OUT BOULDER COUNTY 3340 MITCHELL LANE BOULDER CO 80301	84-1467134	501C(3)	60,000				FOSTERING HEALTHY LG
(5)	PARENT POSSIBLE 800 GRANT STREET STE. 200 DENVER CO 80203	84-1169805	501C(3)	97,500				PROMOTING EXCELLENCE
(6)	PARTNERS IN HOUSING 455 GOLD PASS HEIGHTS COLORADO SPRINGS CO 80906	84-1188208	501C(3)	37,500				FAMILY SELF-SUFFICIE
(7)	PROJECT WORTHMORE 1666 ELMIRA STREET AURORA CO 80010	45-0933835	501C(3)	75,000				COMPREHENSIVE SERVIC
(8)	PUEBLO SCHOOL DISTRICT 60 315 W. 11TH ST PUEBLO CO 81003	84-1165898	PUBLIC	541,002				COHORT 2: LEARNING A
(9)	RIVERSIDE EDUCATIONAL CENTER 1101 WINTERS AVE., UNIT C GRAND JUNCTION CO 81502	20-5451495	501C(3)	40,000				OUT-OF-SCHOOL TIME P

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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OMB No. 1545-0047

2021

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(1)	ROCKY MOUNTAIN CHILDREN'S LAW CENTER 1325 S. COLORADO BLVD. DENVER CO 80222	74-2406045	501C(3)	112,500				SAFE BABIES COURT TE
(2)	ROOTS FAMILY CENTER 4200 MORRISON RD UNIT 7 DENVER CO 80219	81-4625101	501C(3)	52,500				HEALTHY BEGINNINGS T
(3)	ROSE ANDOM CENTER 1330 FOX STREET DENVER CO 80204	90-0990929	501C(3)	25,000				HOPE AND HEALING FRO
(4)	RURAL COMMUNITIES RESOURCE CENTER 204 S. MAIN STREET YUMA CO 80759	84-0959903	501C(3)	45,000				STRONG RURAL FAMILIE
(5)	SAN LUIS VALLEY AREA HEALTH EDUCATI P.O. BOX 1657 ALAMOSA CO 81101	84-0775551	501C(3)	82,500				HOME INSTRUCTION FOR
(6)	SAN LUIS VALLEY IMMIGRANT RESOURCE 225 6TH STREET, SUITE B ALAMOSA CO 81101	74-3064080	501C(3)	50,000				SUPPORTING IMMIGRANT
(7)	SAN MIGUEL RESOURCE CENTER P.O. BOX 3243 TELLURIDE CO 81435	84-1248457	501C(3)	37,500				CAPACITY BUILDING TO
(8)	SAVIO 325 KING STREET DENVER CO 80219	84-0570279	501C(3)	50,000				EXPANDING MULTISYSSTE
(9)	SECOND CHANCE CENTER, INC. 224 POTOMAC STREET AURORA CO 80011	90-0794239	501C(3)	60,000				CHILD AND FAMILY ADV

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2021

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Employer identification number

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(1)	SERVICIOS DE LA RAZA 3131 W. 14TH AVENUE DENVER CO 80204	84-0625478	501C(3)	75,000				BEHAVIORAL HEALTH CA
(2)	SEWALL CHILD DEVELOPMENT CENTER 940 FILLMORE STREET DENVER CO 80206	84-0413241	501C(3)	81,053				EXPANDING SUPPORT FO
(3)	SHERIDAN SCHOOL DISTRICT PO BOX 1198 ENGLEWOOD CO 80150	84-0521403	GOVERN	154,745				COHORT 1: IMPLEMENTA
(4)	SOUL 2 SOUL SISTERS P. O. BOX 7632 DENVER CO 80207	81-1006094	501C(3)	50,000				REPRODUCTIVE JUSTICE
(5)	STREET FRATERNITY 8720 E. COLFAX AVE. DENVER CO 80220	46-0667062	501C(3)	75,000				STREET FRATERNITY'S
(6)	STRIDE COMMUNITY HEALTH CENTER 2255 SOUTH ONEIDA DENVER CO 80230	74-2477108	501C(3)	80,000				MATERNAL-CHILD HEALT
(7)	STRUGGLE OF LOVE FOUNDATION 12000 EAST 47TH AVE. DENVER CO 80239	84-1566888	501C(3)	82,500				MONTBELLO -- CARING
(8)	SUMMIT COUNTY YOUTH AND FAMILY SERV 208 EAST LINCOLN AVE. BRECKENRIDGE CO 80424	84-6000808	GOVERN	30,000				POSITIVE YOUTH DEVEL
(9)	SUN VALLEY YOUTH CENTER 2728 W. HOLDEN PLACE DENVER CO 80204	84-1471356	501C(3)	75,000				PROMOTING THE SOCIAL

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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	TEPEYAC COMMUNITY HEALTH CENTER 4725 HIGH STREET DENVER CO 80216	84-1285505	501C(3)	97,500				ENHANCING INTEGRATED
(2)	THE ALLIANCE 1055 E HIGHWAY 50 SALIDA CO 81201	84-0927490	501C(3)	20,000				EMPOWERING SURVIVORS
(3)	THE CORNERSTONE RESOURCE CENTER 111 W PARMENTER ST LAWAR CO 81052	85-0997964	501C(3)	55,000				SUPPORTING FAMILIES
(4)	THE GATHERING PLACE 1535 HIGH STREET DENVER CO 80218	84-1021059	501C(3)	60,000				STRENGTHENING FAMILI
(5)	THE LEARNING COUNCIL 318 ORCHARD AVE. PAONIA CO 81428	84-1377794	501C(3)	20,000				EQUITY FOR DELTA COU
(6)	THE PINON PROJECT FAMILY RESOURCE C 210 E. MAIN STREET CORTEZ CO 81321	84-1284735	501C(3)	25,000				YOUTH EMPOWERMENT PR
(7)	THE PLACE 423 EAST CUCHARRAS STREET COLORADO SPRINGS CO 80903	84-1549702	501C(3)	30,000				COMPREHENSIVE HEALTH
(8)	THE REFUGE 11600 QUAY ST. BROOMFIELD CO 80020	20-8442359	501C(3)	15,000				SINGLE MOMS EMPOWERM
(9)	THE RESOURCE EXCHANGE 6385 CORPORATE DRIVE COLORADO SPRINGS CO 80919	84-0532684	501C(3)	52,500				PROMOTING EARLY CHIL

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Schedule I (Form 990) (2021)

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(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	THE ROCKY MOUNTAIN PARTNERSHIP 1500 E. 128TH AVENUE THORNTON CO 80241	45-3139024	501C(3)	45,000				SUPPORTING THE BACKB
(2)	THE WOMEN'S FOUNDATION OF COLORADO 1901 EAST ASBURY AVENUE DENVER CO 80208	84-1039305	501C(3)	100,000				GENERAL OPERATING SU
(3)	THE WOMEN'S FOUNDATION OF COLORADO 1901 EAST ASBURY AVENUE DENVER CO 80208	84-1039305	501C(3)	100,000				SUPPORT FOR WINCOME
(4)	THRIVING FAMILIES 1330 FOX ST DENVER CO 80204	84-1993572	501C(3)	60,000				SUPPORT FOR FAMILIES
(5)	UNIVERSITY OF COLORADO ANSCHUTZ MED 1800 GRANT STREET, SUITE 725 DENVER CO 80203	84-6049811	501C(3)	75,000				FOSTERING RESILIENCE
(6)	UNIVERSITY OF COLORADO ANSCHUTZ MED 1800 GRANT STREET, SUITE 725 DENVER CO 80203	84-6049811	501C(3)	36,038				STRENGTHENING THE P3
(7)	UNIVERSITY OF COLORADO ANSCHUTZ MED 1800 GRANT STREET, SUITE 725 DENVER CO 80203	84-6049811	501C(3)	151,000				HARRIS PROGRAM IN IN
(8)	UNIVERSITY OF DENVER 2199 S. UNIVERSITY BLVD, MARY REED DENVER CO 80210	84-0404231	501C(3)	3,345,400				PROMOTING MENTAL HEA
(9)	UNIVERSITY OF DENVER 2199 S. UNIVERSITY BLVD, MARY REED DENVER CO 80210	84-0404231	501C(3)	67,500				YOUR FAMILY, YOUR NE

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(1)	URBAN PEAK DENVER 2100 STOUT STREET DENVER CO 80205	84-1212246	501C(3)	97,500				INDEPENDENCE AND SEL
(2)	UTE MOUNTAIN UTE TRIBE 125 MIKE WASH RD TOWAOC CO 81334	84-0404385	GOVERN	30,000				CAPACITY BUILDING FO
(3)	VALLEY SETTLEMENT 1901 GRAND AVENUE, SUITE 206 GLENWOOD SPRINGS CO 81601	81-2401368	501C(3)	55,000				WORKING TOGETHER WIT
(4)	VIOLENCE FREE COLORADO 1330 FOX ST., STE. 2 DENVER CO 80204	84-0742604	501C(3)	75,000				PUBLIC POLICY ADVOCA
(5)	VOCES UNIDAS DE LAS MONTAAS 214 8TH STREET, SUITE 210 GLENWOOD SPRINGS CO 81601	85-0993139	501C(3)	50,000				BUILDING LATINO EQUI
(6)	VUELA FOR HEALTH 3532 FRANKLIN ST. DENVER CO 80205	84-1444277	501C(3)	133,886				FAMILIAS FUERTES CON
(7)	WARREN VILLAGE 1323 GILPIN STREET DENVER CO 80218	84-0644270	501C(3)	75,000				TRANSFORMING PARENTS
(8)	WELD COUNTY REL-GILCREST 14827 WCR 42 GILCREST CO 80623	84-6013393	GOVERN	553,442				COHORT 2: IMPLEMENTA
(9)	YOUNG ASPIRING AMERICANS FOR SOCIAL P.O. BOX 202092 DENVER CO 80220	27-1970080	501C(3)	35,000				CENTERING THE NEXUS

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(1)	YOUTHPOWER365 PO BOX 6550 AVON CO 81620	84-1442909	501C(3)	22,500				GENDER SPECIFIC PROG
(2)	CARING FOR COLORADO CENTENNIAL FUND 1635 W. 13TH AVENUE, SUITE 303 DENVER CO 80204	83-2742375	501C(3)	4,000,000				COLORADO COLLABORATI
(3)	CARING FOR COLORADO CENTENNIAL FUND 1635 W. 13TH AVENUE, SUITE 303 DENVER CO 80204	83-2742375	501C(3)	1,679,500				YOUTH CONNECTIONS
(4)	CARING FOR COLORADO CENTENNIAL FUND 1635 W. 13TH AVENUE, SUITE 303 DENVER CO 80204	83-2742375	501C(3)	277,947				TOGETHER WE PROTECT
(5)	CARING FOR COLORADO CENTENNIAL FUND 1635 W. 13TH AVENUE, SUITE 303 DENVER CO 80204	83-2742375	501C(3)	350,663				COLORADO COLLABORATI
(6)								
(7)								
(8)								
(9)								

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**SCHEDULE I
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Supplemental Information

2021

For calendar year 2021, or tax year beginning 10/01/21, and ending 09/30/22

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
CARING FOR COLORADO FOUNDATION (CFC) REQUIRES PROGRESS REPORTS
APPROXIMATELY EVERY SIX MONTHS FROM EVERY GRANTEE. THESE REPORTS ARE BASED
UPON THE APPROVED PROJECT PLAN AND BUDGET. THE PROGRAMMATIC PORTION OF THE
REPORT ASKS FOR A DESCRIPTION OF PROGRESS ON EACH OF THE GRANT OBJECTIVES.
EACH PROGRESS REPORT ALSO REQUIRES AN EXPENDITURE REPORT THAT INCLUDES A
LINE-BY-LINE ACCOUNTING OF EXPENSES FROM THE APPROVED BUDGET. A SIGNED
STATEMENT FROM THE AGENCY EXECUTIVE DIRECTOR, OR OTHER AGENCY
REPRESENTATIVE, VERIFYING THE ACCURACY OF THE INFORMATION IN THE REPORT IS
REQUIRED. EACH GRANT IS ASSIGNED A CFC STAFF CONTACT, WHO MONITORS THE
REPORTS AND, AS NEEDED, MAY SCHEDULE PHONE CONSULTATIONS OR SITE VISITS TO
VERIFY THE INFORMATION PROVIDED.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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 and/or 1099-NEC 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	(0) 268,190 (00) 29,799	18,900 2,100	0 0	8,775 975	32,898 3,655	328,763 36,529	0 0
2 HEIDI VAN LAW VP OPERATIONS AND CF	(0) 157,306 (00) 17,478	11,340 1,260	0 0	7,223 803	35,885 3,987	211,754 23,528	0 0
3 COLLEEN CHURCH CHIEF STRATEGY OFFIC	(0) 134,011 (00) 33,503	7,680 1,920	6,290 1,573	7,883 1,971	3,085 771	158,949 39,738	0 0
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

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

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

FORM 990 - ADDITIONAL INFORMATION

FORM 990, PART IV, LINE 28C: IT IS NOT UNCOMMON FOR THE MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS TO BE ASSOCIATED WITH POTENTIAL GRANTEE'S 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.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS 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, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 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, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

Employer identification number

CARING FOR COLORADO FOUNDATION

84-1477197

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 DELIBERATIONS PROCESS. THE FOUNDATION'S STAFF AND OTHER BOARD MEMBERS ARE EXPECTED TO MONITOR THIS PROCESS THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL 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, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SEE DESCRIPTION FOR LINE 15A ABOVE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL SUCH DOCUMENTS ARE MAINTAINED ON SITE AND MADE AVAILABLE UPON WRITTEN REQUEST.

Name of the organization

Employer identification number

CARING FOR COLORADO FOUNDATION

84-1477197

FORM 990, PART XII - ADDITIONAL INFORMATION

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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
(1)					
(2)					
(3)					
(4)					
(5)					

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
(1)	CARING FOR COLORADO CENTENNIAL FUND 1635 W 13TH AVE., STE. 303 83-2742375 DENVER CO 80204	CHARITABLE	CO	501C3	7	CARING FOR		X
(2)							
(3)							
(4)							
(5)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

