

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning 10/01, 2022, and ending 9/30, 20 23.

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

2022

Department of the Treasury
Internal Revenue Service
Name of filer

Caring for Colorado Foundation

EIN or SSN
84-1477197

Name and title of officer or person subject to tax Linda Reiner
President & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,418,768</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue , if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 02/09/24

Part III Certification and Authentication

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

84679066536
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 02/09/24

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 10/01/22 , and ending 09/30/23

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Caring for Colorado Foundation
 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\$ 3,428,055

F Name and address of principal officer:
Linda Reiner

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527

J Website: www.caringforcolorado.org **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1998 **M** State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To create equity in health, well-being and opportunity for Colorado's children and families.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>14</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>14</u>
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	<u>19</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>16</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>-174,800</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>500</u>	<u>0</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,974,869</u>	<u>3,670,016</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-84,626</u>	<u>-251,248</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2,890,743</u>	<u>3,418,768</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>20,781,187</u>	<u>8,073,410</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,597,619</u>	<u>1,938,761</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,310,190</u>	<u>1,511,344</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>23,688,996</u>	<u>11,523,515</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-20,798,253</u>	<u>-8,104,747</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>220,943,329</u>	<u>230,893,730</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>35,982,485</u>	<u>35,136,468</u>
		<u>184,960,844</u>	<u>195,757,262</u>

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 Date: _____
 Type or print name and title: President & CEO

Paid Preparer Use Only
 Print/Type preparer's name: Maria Montoya Preparer's signature: _____ Date: _____
 Check if PTIN self-employed: P01363907
 Firm's name: Kundinger, Corder & Montoya, P.C. Firm's EIN: _____
 Firm's address: 475 Lincoln Street, Suite 200
Denver, CO 80203 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

Input box for Schedule O response

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 checkboxes

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 checkboxes

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 \$ 9,835,802 including grants of \$ 8,073,410) (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 9,835,802

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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				
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				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
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 or other person engage in any 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	None
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 1635 W 13th Ave, Suite 303 DENVER 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, box 6 of 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 director or trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Linda Reiner President & CEO	39.00 1.00			X				305,182	9,439	52,789
(2) Heidi Van Law CFO/Exec VP	39.00 1.00			X				177,568	5,492	52,479
(3) Melanie Bravo VP of Philanthropy	28.00 12.00			X				97,785	41,908	20,591
(4) Colleen Church Chief Strategy Officer	4.00 34.00			X				14,471	130,240	12,809
(5) Juana Rosa Cavero Director of ReproCol	10.00 30.00					X		28,315	84,946	19,392
(6) Lynn Borup Director	1.00 0.00	X						0	0	0
(7) Patricia Braun Director	1.00 0.00	X						0	0	0
(8) Kraig Burleson Director	1.00 0.00	X						0	0	0
(9) Carl Clark Secretary	1.00 0.00	X		X				0	0	0
(10) Kristina Daniel Director	1.00 0.00	X						0	0	0
(11) Anne Garcia Treasurer	1.00 0.00	X		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 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) David Henninger	1.00									
Director	0.00	X						0	0	0
(13) Brenda Holland	1.00									
Director	0.00	X						0	0	0
(14) Edward J Casias, JD	1.00									
Director thru 11/22	0.00	X						0	0	0
(15) Paul Major	1.00									
Director	0.00	X						0	0	0
(16) Mardi Moore	1.00									
Vice-Chair	0.00	X		X				0	0	0
(17) Luis Murillo	1.00									
Director	0.00	X						0	0	0
(18) An T.H. Nguyen	1.00									
Director	0.00	X						0	0	0
(19) Connie Rule	1.00									
Chair	0.00	X		X				0	0	0
1b Subtotal								623,321	272,025	158,060
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								623,321	272,025	158,060

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 **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Colorado Education Initiative Denver CO 80202	600 17th St., Suite 1400 N Education plan	622,975

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						
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							
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)			2,460,525			2,460,525	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			6b					
			6c					
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
				1,218,778				
			7b		9,287			
	c Gain or (loss)	7c		1,209,491				
	d Net gain or (loss)			1,209,491		76,525	1,132,966	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
			8b					
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							
		9b						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		10b						
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a Other receipts	Business Code		900099	77		77	
	b Ordinary business losses			523000	-251,325	-251,325		
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				-251,248			
12 Total revenue. See instructions				3,418,768	0	-174,800	3,593,568	

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	8,073,410	8,073,410		
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	915,917	439,640	476,277	
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	701,074	336,516	364,558	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,834	22,960	24,874	
9 Other employee benefits	146,169	70,161	76,008	
10 Payroll taxes	127,767	61,328	66,439	
11 Fees for services (nonemployees):				
a Management				
b Legal	4,272		4,272	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	108,339	54,053	54,286	
12 Advertising and promotion				
13 Office expenses	77,845	50,496	27,349	
14 Information technology	125,999	60,480	65,519	
15 Royalties				
16 Occupancy	326,320	156,634	169,686	
17 Travel	99,649	47,909	51,740	
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	59,512	28,566	30,946	
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	381,929	381,929		
b Other	103,804	9,156	94,648	
c Communications	88,675	42,564	46,111	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,523,515	9,835,802	1,687,713	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	11,080	1	
	2 Savings and temporary cash investments	125,727	2	124,335
	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 173,626	284,858	10c 225,346
	11 Investments—publicly traded securities	46,222,848	11	53,681,869
	12 Investments—other securities. See Part IV, line 11	172,058,805	12	174,814,180
	13 Investments—program-related. See Part IV, line 11	206,186	13	228,093
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,003,358	15	1,789,440
16 Total assets. Add lines 1 through 15 (must equal line 33)	220,943,329	16	230,893,730	
Liabilities	17 Accounts payable and accrued expenses	5,485,876	17	5,051,250
	18 Grants payable	5,597,823	18	3,952,739
	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	24,898,786	25	26,132,479
	26 Total liabilities. Add lines 17 through 25	35,982,485	26	35,136,468
	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		184,960,844	27	195,757,262
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		184,960,844	32	195,757,262
33 Total liabilities and net assets/fund balances	220,943,329	33	230,893,730	

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	3,418,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,523,515
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,104,747
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	184,960,844
5	Net unrealized gains (losses) on investments	5	18,756,913
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	144,252
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	195,757,262

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
2b	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	
2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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

2022

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 (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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	27,565	45,686
d Equipment		325,721	146,061	179,660
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				225,346

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	174,814,180	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	174,814,180	

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	24,343,039
(3) Lease obligation	1,789,440
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,132,479

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	22,040,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 18,756,913		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	18,756,913
3	Subtract line 2e from line 1		3	3,283,768
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 135,000		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	135,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,418,768

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

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

1	Total expenses and losses per audited financial statements		1	11,244,263
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d -144,252		
e	Add lines 2a through 2d		2e	-144,252
3	Subtract line 2e from line 1		3	11,388,515
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 135,000		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	135,000
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,523,515

Part XIII Supplemental Information.

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

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Grant refunds \$ -144,252

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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
Central America and the Caribbean -			Investments		90,919,513
(1) Europe			Investments		4,751,154
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					95,670,667
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					95,670,667

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 ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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) 2022

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	\$ 90,919,513
Europe	\$ 0	\$ 4,751,154

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	9to5 Colorado 4130 Tejon St. Suite A Denver CO 80211	34-1246311	501c(3)	28,000				Economic Security fo
(2)	Ability Connection Colorado 801 Yosemite Street Denver CO 80230	84-0420225	501c(3)	75,000				Trauma-informed Inte
(3)	Alamosa School District 209 Victoria Ave. Alamosa CO 81101	84-6011793	Govern	46,100				Cohort 1: Implementa
(4)	All Access Wellness 12424 Big Timber Dr. Unit 3 Conifer CO 80433	87-4342947	501c(3)	20,000				Behavioral Health fo
(5)	Assuring Better Child Health & Deve 789 Sherman Street Denver CO 80203	84-1493585	501c(3)	60,000				HealthySteps Expansi
(6)	Aurora Community Connection Family 9801 E. Colfax Ave. Suite 200 Aurora CO 80010	26-2222571	501c(3)	75,000				Latinx Family Streng
(7)	Baby Bear Hugs 201 S. Main Street Yuma CO 80759	84-1311396	501c(3)	60,000				Strengthen Parenting
(8)	Boys & Girls Club of La Plata Count 2750 Main Avenue Durango CO 81301	20-5112759	501c(3)	50,000				Positive Programs fo
(9)	Boys & Girls Clubs of Larimer Count 103 Smokey St. Fort Collins CO 80525	74-2425914	501c(3)	35,000				Out-of-School-Time P

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 152
- 3** Enter total number of other organizations listed in the line 1 table ▶ 2

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

Schedule I (Form 990) (2022)

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Boys & Girls Clubs of Metro Denver 2017 W. 9th Ave. Denver CO 80204	84-0510404	501c(3)	75,000				Out-of-School Time M
(2)	Boys & Girls Clubs of the San Luis P.O. Box 1032 1115 Tenth St. Alamosa CO 81101	84-1215393	501c(3)	75,000				Social-Emotional Lea
(3)	Boys and Girls Clubs of Pueblo Coun 635 W Corona Ave., Suite 100 Pueblo CO 81004	23-7307508	501c(3)	75,000				Social-Emotional Wel
(4)	Boys and Girls Clubs of the High Ro 360 9th St. PO Box 2167 Fairplay CO 80440	68-0538363	501c(3)	40,000				Youth Emotional Resi
(5)	Bright Futures P.O. Box 4216 657 W. Colorado Ave. Telluride CO 81435	20-2169766	501c(3)	50,000				Promoting Healthy Ch
(6)	Bright Futures P.O. Box 4216 657 W. Colorado Ave. Telluride CO 81435	20-2169766	501c(3)	5,500				Ouray County Early C
(7)	Canon City School District 101 North 14th Street Canon City CO 81212	84-6013945	Govern	158,072				Cohort 1: Implementa
(8)	CASA of Pueblo 130 W. Abriendo Ave. Pueblo CO 81004	04-3630442	501c(3)	75,000				Advocacy for Abused
(9)	CASA of the 7th Judicial District 147 N. Townsend Ave. PO Box 1708, Montrose CO 81401	84-1546403	501c(3)	30,000				Support Services for

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

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

Schedule I (Form 990) (2022)

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Catholic Charities of Southern Colo 429 West 10th Street Pueblo CO 81003	84-0471001	501c(3)	75,000				Building Resilient S
(2)	Center for African American Health 3350 Hudson Street Denver CO 80207	84-1477546	501c(3)	75,000				Building Strong and
(3)	Center for Health Progress P.O. Box 18877 Denver CO 80218	43-2007393	501c(3)	28,000				Expanding Coverage O
(4)	Centro de la Familia 1645 S. Murray Boulevard Colorado Springs CO 80916	84-1435999	501c(3)	25,000				Bilingual Counselors
(5)	Chaffee County Early Childhood Coun P O Box 176 Salida CO 81201	45-2411953	501c(3)	45,000				Caregiver and New Pa
(6)	Children First 900 W. Orman Pueblo CO 81003	38-3721881	Govern	45,000				Support FFN Provider
(7)	Children's Hospital Colorado Founda 13123 E. 16th Ave. Box 045 Aurora CO 80045	84-0813462	Hospit	50,000				Meeting Kids Where T
(8)	ChildSafe 2001 S. Shields St., Building K Fort Collins CO 80526	31-1581377	501c(3)	50,000				Child Abuse Treatmen
(9)	Clayton Early Learning 3801 Martin Luther King Jr Blvd. Denver CO 80205	84-0432238	501c(3)	30,000				Building Advocacy Ca

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

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

Schedule I (Form 990) (2022)

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Colorado Center on Law and Policy 789 Sherman Street, Suite 300 Denver CO 80203	84-1264154	501c(3)	40,000				Creating Economic Op
(2)	Colorado Children's Campaign 1700 Broadway, Suite 840 Denver CO 80290	74-2374672	501c(3)	38,000				Every Chance for Eve
(3)	Colorado Community Health Network 600 Grant St., Ste. 800 Denver CO 80203	84-0910590	501c(3)	15,000				Increasing Access an
(4)	Colorado Consumer Health Initiative 1420 Ogden Suite A1 Denver CO 80218	84-1145452	501c(3)	30,000				Colorado Health Poli
(5)	Colorado Cross Disability Coalition 1385 S. Colorado Blvd. #610-A Denver CO 80222	74-2564419	501c(3)	32,000				Disability Rights Yo
(6)	Colorado Health Institute 1999 Broadway Suite 600 Denver CO 80202	74-3082235	501c(3)	30,000				Advancing Behavioral
(7)	Colorado Immigrant Rights Coalition 2525 W. Alameda Ave Denver CO 80219	73-1675486	501c(3)	35,000				Expanding Access to
(8)	Colorado Mountain College Foundatio 802 Grand Ave. Glenwood Springs CO 81601	74-2393418	501c(3)	50,000				Expanding Access to
(9)	Colorado Nonprofit Association 789 Sherman St, #240 Denver CO 80203	84-0942908	501c(3)	60,000				Capacity Building an

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

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

Schedule I (Form 990) (2022)

**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

2022

**Open to Public
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Colorado Organization for Latina 303 E. 17th Ave., Suite 400 P.O. Denver CO 80204	Op Bo 84-1569021	501c(3)	28,000				Support to Expand Co
(2)	Colorado Statewide Parent Coalition P.O. Box 11849 Denver CO 80221	74-2563848	501c(3)	65,000				Parent, Caregiver, a
(3)	Colorado Youth Congress 1031 33rd St. Denver CO 80205	82-4121769	501c(3)	16,000				Colorado Youth Congr
(4)	Committee for Pueblo Families 1536 Wynkoop St. Suite 109 Denver CO 80202	46-3981284	501c(4)	15,000				Pueblo Lodging Tax
(5)	Community Connections, Inc. 281 Sawyer Drive Suite 200 Durango CO 81303	74-2384155	501c(3)	75,000				Supporting Southwest
(6)	Community Partnership for Child Dev 2330 Robinson Street Colorado Springs CO 80904	84-1071825	501c(3)	50,000				Early Childhood Ment
(7)	Community Resource Center 789 Sherman St. #210 Denver CO 80203	84-0838406	501c(3)	25,000				Rural Action Network
(8)	Community Roots Midwife Collective 738 Coffman Street Longmont CO 80501	83-2559201	501c(3)	40,000				Centering Indigenous
(9)	Compaeros: Four Corners Immigrant R 1099 Main Ave #215 Durango CO 81301	37-1640345	501c(3)	55,000				Support southwest Co

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

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

Schedule I (Form 990) (2022)

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Delta County School District 50J 145 W. 4th St. Delta CO 81416	84-6002820	Public	75,000				Strengthening the Pr
(2)	Denver Children's Advocacy Center 2149 Federal Boulevard Denver CO 80211	84-1155873	501c(3)	70,000				Early Childhood Ment
(3)	Denver Health Foundation 777 Bannock St., MC0111 Denver CO 80204	84-1085196	501c(3)	50,000				Training for Provide
(4)	Denver Metro Community Impact P.O. Box 8689 Denver CO 80201	82-3928863	501c(3)	20,000				Youth-Led Collaborat
(5)	Early Childhood Council for Yuma, W 529 N. Albany Suite 1270 Yuma CO 80759	47-4338779	501c(3)	35,000				Family Friend Neighb
(6)	Early Childhood Partners PO Box 8545 Avon CO 81620	20-5352983	501c(3)	60,000				Early Relational Hea
(7)	Early Childhood Partnership of Adam 8859 Fox Drive, Suite 205 Thornton CO 80260	81-4513934	501c(3)	71,500				Strengthening Famili
(8)	Early Learning Ventures 18 Inverness Place East Englewood CO 80112	26-4053609	501c(3)	25,000				Social-Emotional Tra
(9)	Early Milestones Colorado 1536 Wynkoop St. Suite #902 Denver CO 80212	47-1929974	501c(3)	35,000				Early Childhood Heal

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

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

Schedule I (Form 990) (2022)

**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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(1)	Early Milestones Colorado 1536 Wynkoop St. Suite #902 Denver CO 80212	47-1929974	501c(3)	52,000				Creating Equitable P
(2)	El Centro Amistad 2222 14th St. Boulder CO 80302	47-0864016	501c(3)	60,000				Empowering Thriving
(3)	Elephant Circle 3548 G Road Palisade CO 81526	47-1648218	501c(3)	22,000				Advocate and Build C
(4)	Envision:You 3100 N. Downing St., Ste. A Denver CO 80205	84-4304062	501c(3)	25,000				Capacity Building: L
(5)	EVICS Family Resource Center mailing: PO Box 3373 physical: 1182 Estes Park CO 80517	84-1552138	501c(3)	40,000				Expand Prenatal and
(6)	Families Plus 115 Grand Ave Ste. 2 Delta CO 81416	37-1494672	501c(3)	70,000				Increasing Wraparoun
(7)	Family Resource Center 120 Main Street Sterling CO 80751	20-5089275	501c(3)	55,000				Strengthening famili
(8)	Finding Hope Counseling and Consult 2755 South Locust Street Suite 235 Denver CO 80222	83-0634139	Other	10,000				School Mental Health
(9)	Focus Points Family Resource Center 2501 East 48th Ave. Denver CO 80216	84-1353944	501c(3)	60,000				Strengthening Famili

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.
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OMB No. 1545-0047

2022

**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

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(1)	Fortaleza Familiar P.O. Box 644 Eastlake CO 80614-0521	84-1499624	501c(3)	15,000				Gender Inclusive and
(2)	Four Corners Rainbow Youth Center 701 Camino del Rio Suite 103A Durango CO 81301	82-1752513	501c(3)	75,000				Supporting 2SLGBTQIA
(3)	From the Heart Foundation 3264 Larimer St., Unit D Denver CO 80205	86-2556132	501c(3)	20,000				Community Violence P
(4)	Full Circle Restorative Justice 448 E. 1st Street, Suite 208 P.O. Salida CO 81201	26-1418606	501c(3)	35,000				Restorative Justice
(5)	Fully Liberated Youth 1312 17th St., #511 Denver CO 80202	85-4272767	501c(3)	20,000				Support for Justice
(6)	Generation Schools Network 455 Sherman Street, Suite 120 Denver CO 80203	76-0783006	501c(3)	60,000				Justice Engaged Stud
(7)	Girls Inc. of Metro Denver 1499 Julian St. Denver CO 80204	74-2277668	501c(3)	75,000				Whole Girl Healthy Y
(8)	Great Expectations 401 23rd Street, #204 P.O. Box 1845 Glenwood Springs CO 81602	84-1001484	501c(3)	60,000				Home Visitation Supp
(9)	Growing Home 3489 W. 72nd Ave., Suite 112 Westminster CO 80030	84-1461503	501c(3)	55,000				Thriving, Healthy, a

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(1)	Growing Our Future Coalition 1700 Broadway, Suite 840 Denver CO 80290	74-2374672	501c(3)	25,000				Growing Our Future C
(2)	Growing Our Future Coalition 1700 Broadway, Suite 840 Denver CO 80290	74-2374672	501c(3)	50,000				Growing Our Future C
(3)	Gunnison Valley Health Foundation 711 N. Taylor St Gunnison CO 81230	26-1243347	501c(3)	65,000				Antepartum and Postp
(4)	High Valley Community Center, Inc. 595 Grand Ave. Del Norte CO 81132	84-1599061	501c(3)	60,000				Out-of-School Time P
(5)	Hope Communities 2543 California St. Denver CO 80205	84-0829068	501c(3)	60,000				Holistic, Two-Genera
(6)	Illuminate Colorado 951 20th Street #1860 Denver CO 80201	57-1185029	501c(3)	60,000				Strengthening Protec
(7)	Illuminate Colorado 951 20th Street #1860 Denver CO 80201	57-1185029	501c(3)	35,000				Centering Family Exp
(8)	Inside Out Youth Services 223 North Wahsatch Avenue, Suite 10 Colorado Springs CO 80903	84-1407299	501c(3)	15,000				Support for LGBTQ+ y
(9)	Integrated Community 443 Oak Street P.O. Box 880587 Steamboat Springs CO 80488	46-1325467	501c(3)	25,000				Early Childhood PATH

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(1)	Invest in Kids 1775 Sherman St., Suite 1445 Denver CO 80203	84-1455282	501c(3)	75,000				Quality Statewide Su
(2)	Jewish Family Service of Colorado 3201 S. Tamarac Drive Denver CO 80231	84-0402701	501c(3)	75,000				KidSuccess: Mental H
(3)	Justice for the People 1649 Lima St. Aurora CO 80010	88-4116071	501c(3)	30,000				Capacity Building fo
(4)	Karis Inc. P.O. Box 2837 Grand Junction CO 81502	26-4600743	501c(3)	50,000				Supportive Services
(5)	Kids At Their Best 801 West Platte Avenue P.O. Box 382 Fort Morgan CO 80701	43-2091884	501c(3)	60,000				Supporting Youth Dev
(6)	Kids First Health Care 7190 Colorado Blvd., Suite 450 Commerce City CO 80022	84-0799374	501c(3)	35,000				SMILE: Supporting Mi
(7)	La Cocina 116 East Oak Street Fort Collins CO 80524	83-3592629	501c(3)	85,000				Capacity Building fo
(8)	La Pinata del Aprendizaje 1999 Broadway Suite 600 Denver CO 80202	84-1267213	501c(3)	45,000				Parent/Caregiver Soc
(9)	La Plata Youth Services 2490 Main Ave Durango CO 81301	84-1265550	501c(3)	75,000				Communities-In-Schoo

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(1)	La Puente Home P.O. Box 1235 911 State Avenue Alamosa CO 81101	74-2224631	501c(3)	75,000				Adelante Family Reso
(2)	Make a Chess Move MACM 2015 E 26th Avenue Ste B Denver CO 80205	82-2514307	501c(3)	50,000				Make A Chess Move: W
(3)	Maria Droste Counseling Center 1355 S. Colorado Blvd. Suite C-100 Denver CO 80222	84-1182130	501c(3)	70,000				Accessible, Compassi
(4)	Marillac Health 2333 North 6th Street Grand Junction CO 81501-2001	84-1085822	501c(3)	100,000				Expanding Access to
(5)	Mariposa Center for Safety (formerl 801 N. Santa Fe Ave. Pueblo CO 81003	84-0402720	501c(3)	60,000				Shelter and Child De
(6)	Mesa County Valley SD #51 2115 Grand Avenue Grand Junction CO 81501	84-6002839	Govern	160,750				Cohort 1: Implementa
(7)	Morgan County Family Center 411 Main Street Suite 100 Fort Morgan CO 80701	84-1319815	501c(3)	60,000				Education Programs f
(8)	Movimiento Poder 4130 Tejon St. Suite C Denver CO 80211	84-1426652	501c(3)	22,000				Healthy, Equitable a
(9)	Muslim Youth for Positive Impact 1880 Golden Eagle Court Broomfield CO 80020	83-0998674	501c(3)	75,000				Anchoring Excellence

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(1)	New Legacy Charter School 2091 Dayton St. Aurora CO 80010	46-3841363	501c(3)	60,000				Positive Parenting E
(2)	Northwest Colorado Center for Indep 1855 Shield Drive, Unit #300 Steamboat Springs CO 80487	84-1473968	501c(3)	50,000				Support Services for
(3)	Out Boulder County P.O. Box 1018 3340 Mitchell Lane Boulder CO 80301	84-1467134	501c(3)	75,000				LGBTQ+ Youth Leaders
(4)	Paradox Community Trust PO Box 4222 Telluride CO 81435	45-5626078	501c(3)	250,000				Rural Homes Project
(5)	Parent Possible 800 Grant Street Ste. 200 Denver CO 80203	84-1169805	501c(3)	72,000				Enhanced Home Visiti
(6)	Parent Possible 800 Grant Street Ste. 200 Denver CO 80203	84-1169805	501c(3)	35,000				Promoting Excellence
(7)	Partners in Housing 455 Gold Pass Heights Colorado Springs CO 80906	84-1188208	501c(3)	50,000				Family Self-Sufficie
(8)	Peak Vista Community Health Centers 3205 N. Academy Blvd, Suite 130 Colorado Springs CO 80917	84-0617567	501c(3)	50,000				Home Visitation Prog
(9)	Project PAVE Inc. 4130 Tejon Street Suite 101 Denver CO 80211	84-1031533	501c(3)	25,000				Promoting Healthy Re

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(1)	Pueblo Child Advocacy Center 301 W. 13th Street Pueblo CO 81003	84-1071784	501c(3)	20,000				Broadening the Path
(2)	Raise the Future 1325 S Colorado Blvd, Suite B700 Denver CO 80222	84-0793576	501c(3)	60,000				Strengthening Famili
(3)	Riverside Educational Center P.O. Box 4367 1101 Winters Ave., Grand Junction CO 81502	Un 20-5451495	501c(3)	75,000				Out-of-School Time P
(4)	Rose Andom Center 1330 Fox Street Denver CO 80204	90-0990929	501c(3)	50,000				Hope and Healing for
(5)	Rural Communities Resource Center 204 S. Main Street Yuma CO 80759	84-0959903	501c(3)	48,000				Strong Rural Familie
(6)	SafeHouse Denver 1649 Downing Street Denver CO 80218	84-0745911	501c(3)	50,000				Family-Focused Servi
(7)	Safehouse Progressive Alliance for 835 North Street Boulder CO 80304	74-2145368	501c(3)	25,000				Families First Progr
(8)	San Miguel County 333 W. Colorado Ave., Suite 315 P.O. Telluride CO 81435	84-6000806	Govern	36,000				Family Wellness Prog
(9)	San Miguel Resource Center P.O. Box 3243 301 S Pine St Suite 1 Telluride CO 81435	84-1248457	501c(3)	50,000				Domestic Violence an

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(1)	Savio 325 King Street Denver CO 80219	84-0570279	501c(3)	50,000				Evidence-Based Treat
(2)	School Community Youth Collaborativ 33 North Chestnut Street Cortez CO 81321	26-0045741	501c(3)	30,000				Safety and Support f
(3)	Second Chance Center, Inc. 224 Potomac Street Aurora CO 80011	90-0794239	501c(3)	60,000				Child & Family Advoc
(4)	Sheridan Health Services MS A065 Building 500, Ste. WG112, Aurora CO 80045	84-6049811	501c(3)	45,000				Sheridan Health Serv
(5)	Sheridan School District P.O. Box 1198 Englewood CO 80150	84-0521403	Govern	101,750				Cohort 1: Implementa
(6)	Spark Community Foundation 1766 S. Franklin St. Denver CO 80210	27-4374456	501c(3)	45,000				Rural Collaborative
(7)	St. Vincent Hospital 816 W 4th St Leadville CO 80461	84-0424585	501c(3)	25,000				Support for Hospital
(8)	Stepping Stones of the Roaring Fork 1010 Garfield Ave. Carbondale CO 81623	46-4740539	501c(3)	50,000				Expanded Support for
(9)	Street Fraternity 8720 E. Colfax Ave. Suite 100 Denver CO 80220	46-0667062	501c(3)	80,000				Healthy Youth on Eas

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(1)	STRIDE Community Health Center 2255 South Oneida St. Denver CO 80224	74-2477108	501c(3)	75,000				Maternal-Child Health
(2)	TGTHR, formerly Attention Homes 1440 Pine Street, Suite B Boulder CO 80302	84-0571145	501c(3)	35,000				Support for Youth Ex
(3)	The Colorado AAPI Circle (Fund #18) 1009 N. Grant St. Denver CO 80203	84-6048381	501c(3)	10,000				Support for Colorado
(4)	The Denver Foundation 1009 N. Grant St. Denver CO 80203	84-6048381	501c(3)	50,000				Support for Black Re
(5)	The Place 423 East Cucharas Street Colorado Springs CO 80903	84-1549702	501c(3)	50,000				Improved Health and
(6)	The Rocky Mountain Partnership 1500 E. 128th Avenue Thornton CO 80241	45-3139024	501c(3)	17,000				Supporting the Backb
(7)	Thriving Families 1330 Fox St Denver CO 80204	84-1993572	501c(3)	70,000				Support for Families
(8)	Tigray Community Center 11182 E. Mississippi Ave. Aurora CO 80012	26-0646048	501c(3)	50,000				Tigrayan Youth and F
(9)	Transformative Leadership for Chang P.O. Box 9038 Denver CO 80209-9998	88-3569824	Other	30,000				Capacity Building fo

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(1)	University of Colorado Anschutz Med 1800 Grant Street, Suite 725 Denver CO 80203	84-6049811	501c(3)	50,000				Enhanced Pregnancy a
(2)	University of Denver 2199 S. University Blvd, Mary Reed Denver CO 80210	84-0404231	501c(3)	585,738				Promoting Mental Hea
(3)	Urban Peak Denver 2100 Stout Street Denver CO 80205	84-1212246	501c(3)	75,000				Independence and Sel
(4)	Valley Settlement 1901 Grand Avenue Suite 206 Glenwood Springs CO 81601	81-2401368	501c(3)	60,000				Family Support and C
(5)	Village Exchange Center 1609 Havana St. Aurora CO 80010	81-5174986	501c(3)	35,000				Migrant Response Pro
(6)	Violence Free Colorado 1330 Fox St., Ste. 2 PO Box 40328 Denver CO 80204	84-0742604	501c(3)	28,000				Public Policy Advoca
(7)	Voces Unidas de las Montañas P.O. Box 3157 214 8th Street, Suite Glenwood Springs CO 81601	85-0993139	501c(3)	25,000				Building Latino Equi
(8)	Warren Village 1323 Gilpin Street Denver CO 80218	84-0644270	501c(3)	75,000				Building Family Resi
(9)	We Fortify 1816 Wood Avenue Colorado Springs CO 80907	84-3045036	501c(3)	50,000				Addressing Root Caus

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

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

Schedule I (Form 990) (2022)

**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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Wray Community District Hospital 1017 West 7th Street Wray CO 80758	84-0370617	Hospit	12,000				Supporting Mothers a
(2)	Youth on Record 1292 W. 10th Ave. Denver CO 80204	42-1724770	501c(3)	50,000				Strengthening Connec
(3)	YouthPower365 90 Benchmark Road Suite 300 (Street Avon CO 81620	84-1442909	501c(3)	15,000				Gender-Specific Prog
(4)	YouthRoots 1127 N Sherman St. Suite 100 Denver CO 80203	27-1325457	501c(3)	50,000				YouthScan Project
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2022)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

See Schedule I Supplemental Information Worksheet

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

2022

**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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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
1a		
1b		
2		
3		
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				
Linda Reiner	(i) 305,182	(ii) 0	(iii) 0	15,520	35,685	356,387	0
1 President & CEO	(ii) 9,439	0	0	480	1,104	11,023	0
Heidi Van Law	(i) 177,568	(ii) 0	(iii) 0	10,904	40,001	228,473	0
2 CFO/Exec VP	(ii) 5,492	0	0	337	1,237	7,066	0
Melanie Bravo	(i) 97,785	(ii) 0	(iii) 0	3,008	11,406	112,199	0
3 VP of Philanthropy	(ii) 41,908	0	0	1,289	4,888	48,085	0
Colleen Church	(i) 14,471	(ii) 0	(iii) 0	1,029	252	15,752	0
4 Chief Strategy Offic	(ii) 130,240	0	0	9,262	2,266	141,768	0
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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

2022

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

Form 990, Part 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 committee for review and recommendation. The final draft is presented to the full Board of Directors prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

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

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

Schedule O (Form 990) 2022

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

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
Grant refunds \$ 144,252

Name of the organization

Employer identification number

Caring for Colorado Foundation

84-1477197

Refund of grants awarded in previous years.

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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

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)							

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.

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

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

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

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)													

