

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.

A For the 2023 calendar year, or tax year beginning 10/01/23, and ending 09/30/24

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): 1635 W 13TH AVE, SUITE 303
Room/suite:
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: 3,881,062
H(a) Is this a group return for subordinates? Yes No (X)
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) (X) 501(c) (4) (insert no.) 4947(a)(1) or 527
J Website: WWW.CARINGFORCOLORADO.ORG
K Form of organization: (X) Corporation Trust Association Other
L Year of formation: 1998
M State of legal domicile: CO
H(c) Group exemption number

Part I Summary
Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expenses.

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

Sign Here: Signature of officer LINDA REINER, PRESIDENT & CEO, Date
Paid Preparer Use Only: Print/Type preparer's name MARIA MONTOYA, Preparer's signature MARIA MONTOYA, Date 02/04/25, Check self-employed, PTIN P01363907, Firm's name KUNDINGER, CORDER & MONTOYA, P.C., Firm's EIN 84-1255164, Firm's address DENVER, CO 80203, Phone no. 303-534-5953

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 Part III check

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 \$ 11,516,146 including grants of \$ 9,637,695 ) (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 11,516,146

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete 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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 noncash 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> 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
<b>2a</b>	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 <b>2a</b> 20		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		<input checked="" type="checkbox"/>
<b>4a</b>	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)?		<input checked="" type="checkbox"/>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b>	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.		<input checked="" type="checkbox"/>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<input checked="" type="checkbox"/>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.		

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 HEIDI VAN LAW 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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA REINER PRESIDENT & CEO	24.00 16.00			X				202,938	135,292	51,842
(2) HEIDI VAN LAW CFO/EXEC VP	36.00 4.00			X				177,296	19,700	52,285
(3) MELANIE BRAVO VP OF PHILANTHROPY	36.00 4.00			X				146,379	16,264	22,872
(4) MEGAN WILSON VP OF OPERATIONS	39.00 1.00			X				149,963	3,060	8,859
(5) JUANA ROSA CAVERO DIRECTOR OF REPROCOL	0.00 40.00					X		0	116,908	29,669
(6) SARAH DUTCHER SENIOR PHILANTH LEAD	40.00 0.00					X		101,092	0	22,944
(7) LYNN BORUP DIRECTOR	1.00 0.00	X						0	0	0
(8) PATRICIA BRAUN CHAIR	1.00 0.00	X	X					0	0	0
(9) KRAIG BURLESON DIRECTOR	1.00 0.00	X						0	0	0
(10) KRISTINA DANIEL SECRETARY	1.00 0.00	X	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) MARDI MOORE	1.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(14) LUIS MURILLO	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) NIM PATEL	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) BRENDA HOLLAND, PH.D	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) CONNIE RULE	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) PHYLLIS KAY SANCHEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) BRIAN TURNER	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>							777,668	291,224	188,471	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							777,668	291,224	188,471	

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 7

	Yes	No
3 Did the organization list any <b>former</b> 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

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 0



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f					
	<b>Program Service Revenue</b>	<b>2a</b> .....	Business Code			
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,814,609		1,814,609	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal		
		<b>6b</b>				
		<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other		
		<b>7b</b>		2,123		
		<b>7c</b>	2,011,231			
	<b>d</b> Net gain or (loss)		2,011,231		14,157	1,997,074
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
		<b>8b</b>				
		<b>c</b> Net income or (loss) from fundraising events				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b> ORDINARY BUSINESS INCOME	Business Code	900099	53,099	53,099	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		53,099			
<b>12 Total revenue.</b> See instructions		3,878,939	0	67,256	3,811,683	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,637,695	9,637,695		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	973,970	561,695	412,275	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,173,068	347,690	825,378	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,735		51,735	
<b>9</b> Other employee benefits	140,661	80,185	60,476	
<b>10</b> Payroll taxes	117,840	55,385	62,455	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,564		1,564	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	135,000		135,000	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	107,688	51,349	56,339	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	97,805	45,968	51,837	
<b>14</b> Information technology	128,893	60,580	68,313	
<b>15</b> Royalties				
<b>16</b> Occupancy	326,519	153,463	173,056	
<b>17</b> Travel	65,036	30,567	34,469	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	42,001	19,740	22,261	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> PROGRAM EXPENSES	396,227	396,227		
<b>b</b> COMMUNICATIONS	149,534	70,281	79,253	
<b>c</b> OTHER	11,225	5,321	5,904	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,556,461	11,516,146	2,040,315	0
<b>26</b> 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		1	
	2 Savings and temporary cash investments	124,335	2	173,153
	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	48,579
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 403,082		
	b Less: accumulated depreciation	10b 223,467	225,346	10c 179,615
	11 Investments—publicly traded securities	53,681,869	11	57,384,847
	12 Investments—other securities. See Part IV, line 11	174,814,180	12	193,737,634
	13 Investments—program-related. See Part IV, line 11	228,093	13	239,047
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,789,440	15	1,592,242
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	230,893,730	16	253,355,117	
Liabilities	17 Accounts payable and accrued expenses	5,051,250	17	4,496,451
	18 Grants payable	3,952,739	18	5,224,917
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,132,479	25	28,682,485
	26 <b>Total liabilities.</b> Add lines 17 through 25	35,136,468	26	38,403,853
	Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions		195,757,262	27	214,951,264
28 Net assets with donor restrictions			28	
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
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		195,757,262	32	214,951,264
33 <b>Total liabilities and net assets/fund balances</b>	230,893,730	33	253,355,117	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,878,939
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,556,461
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-9,677,522
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	195,757,262
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	28,871,524
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	214,951,264

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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	
<b>3a</b>	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	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

**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			
(20) CHRISTOPHER URBINA	1.00									
(12) DIRECTOR	0.00	X						0	0	
(21) KATHLEEN WASSERMAN	1.00									
(13) DIRECTOR	0.00	X						0	0	
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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>	4	
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>	5	

**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

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

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

2023

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... Yes No, 6 Did the organization inform all grantees... Yes No.

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, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2d... Yes No, 9 In Part XIII, describe how the organization reports 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..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		73,251	41,090	32,161
d Equipment		329,831	182,377	147,454
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				179,615

**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	193,737,634	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))	193,737,634	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	27,090,243
(3) LEASE OBLIGATION	1,592,242
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	28,682,485

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 XIII Supplemental Information** *(continued)*

Public Inspection Copy

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2023**

Attach to Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN -			INVESTMENTS		104,065,061
(1) EUROPE			INVESTMENTS		5,333,665
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal					109,398,726
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					109,398,726

**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2023

**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	\$ 104,065,061
EUROPE	\$ 0	\$ 5,333,665

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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)	75,000				EMPOWERING COLORADO
(2)	ABILITY CONNECTION COLORADO 801 YOSEMITE STREET DENVER CO 80230	84-0420225	501C(3)	75,000				HEALTHY BEGINNINGS T
(3)	ABILITY CONNECTION COLORADO 801 YOSEMITE STREET DENVER CO 80230	84-0420225	501C(3)	75,000				TRAUMA-INFORMED INTE
(4)	ALL ACCESS WELLNESS 12424 BIG TIMBER DR. CONIFER CO 80433	87-4342947	501C(3)	20,000				BEHAVIORAL HEALTH FO
(5)	ASSURING BETTER CHILD HEALTH & DEVE P. O. BOX 18770 DENVER CO 80218	84-1493585	501C(3)	50,000				HEALTHY BEGINNINGS T
(6)	ASSURING BETTER CHILD HEALTH & DEVE P. O. BOX 18770 DENVER CO 80218	84-1493585	501C(3)	50,000				HEALTHYSTEPS EXPANSI
(7)	AURORA COMMUNITY CONNECTION FAMILY 9801 E. COLFAX AVE. AURORA CO 80010	26-2222571	501C(3)	75,000				LATINX FAMILY STRENG
(8)	BABY BEAR HUGS 201 S. MAIN STREET YUMA CO 80759	84-1311396	501C(3)	60,000				HEALTHY BEGINNINGS T
(9)	BABY BEAR HUGS 201 S. MAIN STREET YUMA CO 80759	84-1311396	501C(3)	60,000				STRENGTHEN PARENTING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 156
- 3 Enter total number of other organizations listed in the line 1 table 4

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

Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 CLUB OF LA PLATA COUNT 2750 MAIN AVENUE DURANGO CO 81301	20-5112759	501C(3)	50,000				POSITIVE PROGRAMS FO
(2)	BOYS & GIRLS CLUBS OF LARIMER COUNT 103 SMOKEY ST. FORT COLLINS CO 80525	74-2425914	501C(3)	35,000				OUT-OF-SCHOOL-TIME P
(3)	BOYS & GIRLS CLUBS OF METRO DENVER 2017 W. 9TH AVE. DENVER CO 80204	84-0510404	501C(3)	75,000				OUT-OF-SCHOOL TIME M
(4)	BOYS & GIRLS CLUBS OF THE SAN LUIS P.O. BOX 1032 ALAMOSA CO 81101	84-1215393	501C(3)	6,000				YOUTH AND PARENT/CAR
(5)	BOYS & GIRLS CLUBS OF THE SAN LUIS P.O. BOX 1032 ALAMOSA CO 81101	84-1215393	501C(3)	75,000				SOCIAL-EMOTIONAL LEA
(6)	BOYS AND GIRLS CLUBS OF PUEBLO COUN 635 W CORONA AVE., SUITE 100 PUEBLO CO 81004	23-7307508	501C(3)	6,000				YOUTH AND PARENT/CAR
(7)	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
(8)	BOYS AND GIRLS CLUBS OF THE HIGH RO 360 9TH ST. FAIRPLAY CO 80440	68-0538363	501C(3)	40,000				YOUTH EMOTIONAL RESI
(9)	BRIGHT FUTURES P.O. BOX 4216 TELLURIDE CO 81435	20-2169766	501C(3)	50,000				HEALTHY BEGINNINGS T

- 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) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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)	BRIGHT FUTURES P.O. BOX 4216 TELLURIDE CO 81435	20-2169766	501C(3)	50,000				PROMOTING HEALTHY CH
(2)	CASA OF PUEBLO 130 W. ABRIENDO AVE. PUEBLO CO 81004	04-3630442	501C(3)	75,000				ADVOCACY FOR ABUSED
(3)	CASA OF THE 7TH JUDICIAL DISTRICT 147 N. TOWNSEND AVE. MONTROSE CO 81401	84-1546403	501C(3)	30,000				SUPPORT SERVICES FOR
(4)	CATHOLIC CHARITIES OF SOUTHERN COLO 429 WEST 10TH STREET PUEBLO CO 81003	84-0471001	501C(3)	75,000				BUILDING RESILIENT S
(5)	CENTER FOR AFRICAN AMERICAN HEALTH 3350 HUDSON STREET DENVER CO 80207	84-1477546	501C(3)	75,000				BUILDING STRONG AND
(6)	CENTER FOR HEALTH PROGRESS P.O. BOX 18877 DENVER CO 80204	43-2007393	501C(3)	75,000				STRENGTHENING COVERA
(7)	CENTRO DE LA FAMILIA 1645 S. MURRAY BOULEVARD COLORADO SPRINGS CO 80916	84-1435999	501C(3)	25,000				BILINGUAL ADVOCACY A
(8)	CHAFFEE COUNTY EARLY CHILDHOOD COUN P O BOX 176 SALIDA CO 81201	45-2411953	501C(3)	45,000				HEALTHY BEGINNINGS T
(9)	CHAFFEE COUNTY EARLY CHILDHOOD COUN P O BOX 176 SALIDA CO 81201	45-2411953	501C(3)	45,000				CAREGIVER AND NEW PA

- 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) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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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)	CHILDREN FIRST 900 W. ORMAN PUEBLO CO 81003	38-3721881	GOVERN	35,000				SUPPORT FFN PROVIDER
(2)	CHILDREN FIRST 900 W. ORMAN PUEBLO CO 81003	38-3721881	GOVERN	35,000				HEALTHY BEGINNINGS T
(3)	CHILDREN'S HOSPITAL COLORADO FOUNDA 13123 E. 16TH AVE. AURORA CO 80045	84-0813462	HOSPIT	50,000				THE TEEN PREGNANCY P
(4)	CHILDSAFE 2001 S. SHIELDS ST., BUILDING K FORT COLLINS CO 80526	31-1581377	501C(3)	50,000				CHILD ABUSE TREATMEN
(5)	CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING JR BLVD. DENVER CO 80205	84-0432238	501C(3)	50,000				IMPROVING BIRTH EQUI
(6)	COLORADO CENTER ON LAW AND POLICY 789 SHERMAN STREET, SUITE 300 DENVER CO 80203	84-1264154	501C(3)	50,000				ADVOCACY FOR LOW-INC
(7)	COLORADO CHILDREN'S CAMPAIGN 1700 BROADWAY, SUITE 840 DENVER CO 80290	74-2374672	501C(3)	75,000				GENERAL OPERATING SU
(8)	COLORADO CONSUMER HEALTH INITIATIVE 1420 OGDEN SUITE A1 DENVER CO 80218	84-1145452	501C(3)	30,000				COLORADO HEALTH POLI
(9)	COLORADO CROSS DISABILITY COALITION 1385 S. COLORADO BLVD. #610-A DENVER CO 80222	74-2564419	501C(3)	30,000				SUPPORT FOR DISABILI

- 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) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 STATE OFFICE OF NEW AMERIC 633 17TH ST DENVER CO 80202	84-0644739	GOVERN	25,000				LEGAL SERVICES PROGR
(2)	COLORADO STATEWIDE PARENT COALITION P.O. BOX 11849 DENVER CO 80221	74-2563848	501C(3)	65,000				HEALTHY BEGINNINGS T
(3)	COLORADO STATEWIDE PARENT COALITION P.O. BOX 11849 DENVER CO 80221	74-2563848	501C(3)	65,000				PARENT, CAREGIVER, A
(4)	COLORADO STATEWIDE PARENT COALITION P.O. BOX 11849 DENVER CO 80221	74-2563848	501C(3)	50,000				BREAKING BARRIERS FO
(5)	COLORADO YOUTH CONGRESS 1031 33RD ST. DENVER CO 80205	82-4121769	501C(3)	40,000				YOUTH-ADULT PARTNERS
(6)	COMMUNITY CONNECTIONS, INC. 281 SAWYER DRIVE DURANGO CO 81303	74-2384155	501C(3)	75,000				SUPPORTING CHILDREN
(7)	COMMUNITY FOUNDATION OF THE SAN LUI 610 STATE AVENUE ALAMOSA CO 81101	74-2471342	501C(3)	20,000				SAND DUNES MUSHROOM
(8)	COMMUNITY PARTNERSHIP FOR CHILD DEV 2330 ROBINSON STREET COLORADO SPRINGS CO 80904	84-1071825	501C(3)	50,000				HEALTHY BEGINNINGS T
(9)	COMMUNITY PARTNERSHIP FOR CHILD DEV 2330 ROBINSON STREET COLORADO SPRINGS CO 80904	84-1071825	501C(3)	50,000				EARLY CHILDHOOD MENT

- 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) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury  
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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**

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- 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)	COMMUNITY RESOURCE CENTER 303 E 17TH AVE., SUITE 405 DENVER CO 80203	84-0838406	501C(3)	25,000				RURAL ACTION NETWORK
(2)	COMMUNITY ROOTS MIDWIFE COLLECTIVE 738 COFFMAN STREET LONGMONT CO 80501	83-2559201	501C(3)	40,000				HEALTHY BEGINNINGS T
(3)	COMMUNITY ROOTS MIDWIFE COLLECTIVE 738 COFFMAN STREET LONGMONT CO 80501	83-2559201	501C(3)	40,000				CENTERING INDIGENOUS
(4)	COMPAEROS: FOUR CORNERS IMMIGRANT R 1099 MAIN AVE #215 DURANGO CO 81301	37-1640345	501C(3)	55,000				SUPPORT FOR RURAL IM
(5)	DELTA COUNTY SCHOOL DISTRICT 50J 145 W. 4TH ST. DELTA CO 81416	84-6002820	GOVERN	75,000				STRENGTHENING PROTEC
(6)	DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BOULEVARD DENVER CO 80211	84-1155873	501C(3)	70,000				HEALTHY BEGINNINGS T
(7)	DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BOULEVARD DENVER CO 80211	84-1155873	501C(3)	70,000				EARLY CHILDHOOD MENT
(8)	DENVER HEALTH FOUNDATION 777 BANNOCK ST., MC0111 DENVER CO 80204	84-1085196	501C(3)	50,000				TRAINING FOR PROVIDE
(9)	DENVER HEALTH FOUNDATION 777 BANNOCK ST., MC0111 DENVER CO 80204	84-1085196	501C(3)	35,000				LOCAL BALLOT MEASURE

- 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 .....

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

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- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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1	(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)	EARLY CHILDHOOD COUNCIL FOR YUMA, 529 N. ALBANY YUMA CO 80759	W 47-4338779	501C(3)	35,000				HEALTHY BEGINNINGS T
(2)	EARLY CHILDHOOD COUNCIL FOR YUMA, 529 N. ALBANY YUMA CO 80759	W 47-4338779	501C(3)	35,000				FAMILY FRIEND NEIGHB
(3)	EARLY CHILDHOOD PARTNERS PO BOX 8545 AVON CO 81620	20-5352983	501C(3)	60,000				HEALTHY BEGINNINGS T
(4)	EARLY CHILDHOOD PARTNERS PO BOX 8545 AVON CO 81620	20-5352983	501C(3)	60,000				EARLY RELATIONAL HEA
(5)	EARLY CHILDHOOD PARTNERSHIP OF ADAM 8859 FOX DRIVE, SUITE 205 THORNTON CO 80260	81-4513934	501C(3)	71,500				HEALTHY BEGINNINGS T
(6)	EARLY CHILDHOOD PARTNERSHIP OF ADAM 8859 FOX DRIVE, SUITE 205 THORNTON CO 80260	81-4513934	501C(3)	71,500				STRENGTHENING FAMILI
(7)	EARLY LEARNING VENTURES 18 INVERNESS PLACE EAST ENGLEWOOD CO 80112	26-4053609	501C(3)	20,000				HEALTHY BEGINNINGS T
(8)	EARLY LEARNING VENTURES 18 INVERNESS PLACE EAST ENGLEWOOD CO 80112	26-4053609	501C(3)	20,000				SOCIAL-EMOTIONAL TRA
(9)	EARLY MILESTONES COLORADO 1536 WYNKOOP ST. DENVER CO 80212	47-1929974	501C(3)	35,000				HEALTHY BEGINNINGS T

- 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) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1)	EL CENTRO AMISTAD 2338 BROADWAY BOULDER CO 80304	47-0864016	501C(3)	60,000				EMPOWERING THRIVING
(2)	ELEPHANT CIRCLE 3548 G ROAD PALISADE CO 81526	47-1648218	501C(3)	75,000				ADVANCING COMMUNITY-
(3)	EVICS FAMILY RESOURCE CENTER PO BOX 3373 ESTES PARK CO 80517	84-1552138	501C(3)	50,000				HEALTHY BEGINNINGS T
(4)	EVICS FAMILY RESOURCE CENTER PO BOX 3373 ESTES PARK CO 80517	84-1552138	501C(3)	50,000				PRENATAL AND EARLY P
(5)	FAMILIES PLUS 115 GRAND AVE STE. 2 DELTA CO 81416	37-1494672	501C(3)	70,000				INCREASING WRAPAROUN
(6)	FAMILY RESOURCE CENTER 120 MAIN STREET STERLING CO 80751	20-5089275	501C(3)	55,000				STRENGTHENING FAMILI
(7)	FOCUS POINTS FAMILY RESOURCE CENTER 2501 EAST 48TH AVE. DENVER CO 80216	84-1353944	501C(3)	60,000				STRENGTHENING FAMILI
(8)	FOUR CORNERS RAINBOW YOUTH CENTER 701 CAMINO DEL RIO DURANGO CO 81301	82-1752513	501C(3)	75,000				SUPPORT FOR 2SLGBTQI
(9)	FULL CIRCLE RESTORATIVE JUSTICE 448 E. 1ST STREET, SUITE 208 SALIDA CO 81201	26-1418606	501C(3)	35,000				RESTORATIVE JUSTICE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
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(1)	GIRLS INC. OF METRO DENVER 1499 JULIAN ST. DENVER CO 80204	74-2277668	501C(3)	75,000				WHOLE GIRL HEALTHY Y
(2)	GREAT EDUCATION COLORADO 1355 S. COLORADO BOULEVARD DENVER CO 80222	56-2517232	501C(3)	25,000				SCHOOL CHOICE IN K-1
(3)	GREAT EXPECTATIONS 401 23RD STREET, #204 GLENWOOD SPRINGS CO 81602	84-1001484	501C(3)	60,000				HEALTHY BEGINNINGS T
(4)	GREAT EXPECTATIONS 401 23RD STREET, #204 GLENWOOD SPRINGS CO 81602	84-1001484	501C(3)	60,000				HOME VISITATION AND
(5)	GROWING HOME 3489 W. 72ND AVE., SUITE 112 WESTMINSTER CO 80030	84-1461503	501C(3)	55,000				THRIVING, HEALTHY, A
(6)	GUNNISON VALLEY HEALTH FOUNDATION 711 N. TAYLOR ST GUNNISON CO 81230	26-1243347	501C(3)	65,000				HEALTHY BEGINNINGS T
(7)	GUNNISON VALLEY HEALTH FOUNDATION 711 N. TAYLOR ST GUNNISON CO 81230	26-1243347	501C(3)	65,000				ANTEPARTUM AND POSTP
(8)	HEALING DENVER 300 CENTER DRIVE SUITE G #362 SUPERIOR CO 80027	99-2971532	501C(4)	50,000				HEART OF DENVER: SUP
(9)	HEART OF SAGUACHE P.O. BOX 18770 DENVER CO 80218	84-1493585	501C(4)	30,000				HEALTH EQUITY YOUTH

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Schedule I (Form 990) 2023



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(1)	HIGH VALLEY COMMUNITY CENTER, INC. 595 GRAND AVE. DEL NORTE CO 81132	84-1599061	501C(3)	60,000				OUT-OF-SCHOOL TIME P
(2)	HOPE COMMUNITIES 2543 CALIFORNIA ST. DENVER CO 80205	84-0829068	501C(3)	60,000				HOLISTIC, TWO-GENERA
(3)	ILLUMINATE COLORADO 951 20TH STREET DENVER CO 80201	57-1185029	501C(3)	60,000				STRENGTHENING PROTEC
(4)	INDIGENOUS WELLBRIETY PROGRAM P.O. BOX 3040 DURANGO CO 81302	23-7113221	OTHER	25,000				INDIGENOUS WELLBRIET
(5)	INTEGRATED COMMUNITY 443 OAK STREET STEAMBOAT SPRINGS CO 80488	46-1325467	501C(3)	25,000				HEALTHY BEGINNINGS T
(6)	INTEGRATED COMMUNITY 443 OAK STREET STEAMBOAT SPRINGS CO 80488	46-1325467	501C(3)	25,000				EARLY CHILDHOOD PATH
(7)	INVEST IN KIDS 1580 LOGAN ST. DENVER CO 80203	84-1455282	501C(3)	75,000				HEALTHY BEGINNINGS T
(8)	INVEST IN KIDS 1580 LOGAN ST. DENVER CO 80203	84-1455282	501C(3)	75,000				QUALITY STATEWIDE SU
(9)	JEWISH FAMILY SERVICE OF COLORADO 3201 S. TAMARAC DRIVE DENVER CO 80231	84-0402701	501C(3)	75,000				KIDSUCCESS: MENTAL H

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(1)	KARIS INC. P.O. BOX 2837 GRAND JUNCTION CO 81502	26-4600743	501C(3)	50,000				SUPPORTIVE SERVICES
(2)	KIDS AT THEIR BEST 801 WEST PLATTE AVENUE FORT MORGAN CO 80701	43-2091884	501C(3)	6,000				YOUTH AND PARENT/CAR
(3)	KIDS AT THEIR BEST 801 WEST PLATTE AVENUE FORT MORGAN CO 80701	43-2091884	501C(3)	60,000				SUPPORTING YOUTH DEV
(4)	KIDS FIRST HEALTH CARE 7190 COLORADO BLVD., SUITE 450 COMMERCE CITY CO 80022	84-0799374	501C(3)	35,000				HEALTHY BEGINNINGS T
(5)	KIDS FIRST HEALTH CARE 7190 COLORADO BLVD., SUITE 450 COMMERCE CITY CO 80022	84-0799374	501C(3)	35,000				SMILE: SUPPORTING MI
(6)	LA COCINA 116 EAST OAK STREET FORT COLLINS CO 80524	83-3592629	501C(3)	85,000				HEALTHY BEGINNINGS T
(7)	LA COCINA 116 EAST OAK STREET FORT COLLINS CO 80524	83-3592629	501C(3)	85,000				CAPACITY BUILDING AN
(8)	LA PINATA DEL APRENDIZAJE 7647 UMATILLA ST. DENVER CO 80221	03-0412235	501C(3)	45,000				HEALTHY BEGINNINGS T
(9)	LA PINATA DEL APRENDIZAJE 1999 BROADWAY DENVER CO 80202	84-1267213	501C(3)	45,000				PARENT/CAREGIVER SOC

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(1)	LA PLATA YOUTH SERVICES 2490 MAIN AVE DURANGO CO 81301	84-1265550	501C(3)	75,000				COMMUNITIES-IN-SCHOO
(2)	LA PUENTE HOME P.O. BOX 1235 ALAMOSA CO 81101	74-2224631	501C(3)	75,000				ADELANTE FAMILY RESO
(3)	MAKE A CHESS MOVE MACM 2015 E 26TH AVENUE DENVER CO 80205	82-2514307	501C(3)	50,000				MAKE A CHESS MOVE: W
(4)	MARIA DROSTE COUNSELING CENTER 1355 S. COLORADO BLVD. SUITE C-100 DENVER CO 80222	84-1182130	501C(3)	70,000				COMPASSIONATE BEHAVI
(5)	MARIPOSA CENTER FOR SAFETY (FORMERL 801 N. SANTA FE AVE. PUEBLO CO 81003	84-0402720	501C(3)	60,000				SUPPORT FOR FAMILIES
(6)	MERCY HOUSING MOUNTAIN PLAINS 1600 BROADWAY, SUITE 2000 DENVER CO 80202	20-1583332	501C(3)	1,000,000				NATIVE AMER. HOUSING
(7)	MORGAN COUNTY FAMILY CENTER 411 MAIN STREET FORT MORGAN CO 80701	84-1319815	501C(3)	60,000				STRENGTHS-BASED PROG
(8)	MUSLIM YOUTH FOR POSITIVE IMPACT 1880 GOLDEN EAGLE COURT BROOMFIELD CO 80020	83-0998674	501C(3)	75,000				ANCHORING EXCELLENCE
(9)	NEW LEGACY CHARTER SCHOOL 2091 DAYTON ST. AURORA CO 80010	46-3841363	501C(3)	60,000				HEALTHY BEGINNINGS T

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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 3001 S. LINCOLN AVE, SUITE C STEAMBOAT SPRINGS CO 80487	84-1473968	501C(3)	50,000				SUPPORT SERVICES FOR
(3)	OUR TURN, INC. P.O. BOX 2019 NEW YORK NY 10013	45-0647583	501C(3)	30,000				STUDENT-CENTERED ADV
(4)	PARENT POSSIBLE 800 GRANT STREET STE. 200 DENVER CO 80203	84-1169805	501C(3)	72,000				HEALTHY BEGINNINGS T
(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)	40,000				SUPPORT FOR THE COLO
(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				HEALTHY BEGINNINGS T
(9)	PEAK VISTA COMMUNITY HEALTH CENTERS 3205 N. ACADEMY BLVD, SUITE 130 COLORADO SPRINGS CO 80917	84-0617567	501C(3)	50,000				HOME VISITATION PROG

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(1)	PROJECT PAVE INC. 4130 TEJON STREET DENVER CO 80211	84-1031533	501C(3)	25,000				PROMOTING HEALTHY RE
(2)	PUEBLO CHILD ADVOCACY CENTER 301 W. 13TH STREET PUEBLO CO 81003	84-1071784	501C(3)	20,000				BROADENING THE PATH
(3)	RAISE THE FUTURE 1325 S COLORADO BLVD, SUITE B700 DENVER CO 80222	84-0793576	501C(3)	60,000				STRENGTHENING FAMILI
(4)	RIVERSIDE EDUCATIONAL CENTER 1177 WINTERS AVENUE GRAND JUNCTION CO 81501	20-5451495	501C(3)	75,000				OUT-OF-SCHOOL TIME P
(5)	ROCKY MOUNTAIN EQUALITY P.O. BOX 1018 BOULDER CO 80301	84-1467134	501C(3)	75,000				LGBTQ+ YOUTH LEADERS
(6)	ROCKY MOUNTAIN EQUALITY P.O. BOX 1018 BOULDER CO 80301	84-1467134	501C(3)	15,000				LGBTQ+ ADVOCACY
(7)	ROSE ANDOM CENTER 1330 FOX STREET DENVER CO 80204	90-0990929	501C(3)	50,000				HOPE AND HEALING FOR
(8)	ROSE COMMUNITY FOUNDATION 600 SOUTH CHERRY STREET, SUITE 1200 DENVER CO 80246-1712	84-0920862	501C(3)	25,000				FIREARM VIOLENCE PRE
(9)	RURAL COMMUNITIES RESOURCE CENTER 204 S. MAIN STREET YUMA CO 80759	84-0959903	501C(3)	48,000				SUPPORTIVE PROGRAMS

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(1)	SAFEHOUSE DENVER 1649 N. DOWNING STREET DENVER CO 80218	84-0745911	501C(3)	50,000				FAMILY-FOCUSED SERVI
(2)	SAFEHOUSE PROGRESSIVE ALLIANCE FOR 835 NORTH STREET BOULDER CO 80304	74-2145368	501C(3)	25,000				FAMILIES FIRST PROGR
(3)	SAN MIGUEL RESOURCE CENTER P.O. BOX 3243 TELLURIDE CO 81435	84-1248457	501C(3)	50,000				DOMESTIC VIOLENCE AN
(4)	SECOND CHANCE CENTER, INC. 224 POTOMAC STREET AURORA CO 80011	90-0794239	501C(3)	60,000				CHILD & FAMILY ADVOC
(5)	SOUL 2 SOUL SISTERS P. O. BOX 7632 DENVER CO 80207	81-1006094	501C(3)	60,000				REPRODUCTIVE JUSTICE
(6)	SPARK COMMUNITY FOUNDATION 1766 S. FRANKLIN ST. DENVER CO 80210	27-4374456	501C(3)	45,000				RURAL COLLABORATIVE
(7)	STEPPING STONES OF THE ROARING FORK 1010 GARFIELD AVE. CARBONDALE CO 81623	46-4740539	501C(3)	50,000				SUPPORT FOR OLDER YO
(8)	STREET FRATERNITY 8720 E. COLFAX AVE. DENVER CO 80220	46-0667062	501C(3)	80,000				SUPPORTING YOUTH ON
(9)	STRIDE COMMUNITY HEALTH CENTER 7495 W. 29TH AVE. WHEAT RIDGE CO 80033	74-2477108	501C(3)	75,000				HEALTHY BEGINNINGS T

- 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) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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)	STRIDE COMMUNITY HEALTH CENTER 7495 W. 29TH AVE. WHEAT RIDGE CO 80033	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 PLACE 423 EAST CUCHARRAS STREET COLORADO SPRINGS CO 80903	84-1549702	501C(3)	50,000				IMPROVED HEALTH AND
(4)	THRIVING FAMILIES 1330 FOX ST DENVER CO 80204	84-1993572	501C(3)	70,000				HEALTHY BEGINNINGS T
(5)	THRIVING FAMILIES 1330 FOX ST DENVER CO 80204	84-1993572	501C(3)	70,000				SUPPORT FOR FAMILIES
(6)	TIGRAY COMMUNITY CENTER 11182 E. MISSISSIPPI AVE. AURORA CO 80012	26-0646048	501C(3)	50,000				YOUTH AND FAMILY MEN
(7)	UNIVERSITY OF COLORADO ANSCHUTZ MED 1800 GRANT STREET, SUITE 725 DENVER CO 80203	84-6049811	501C(3)	50,000				HEALTHY BEGINNINGS T
(8)	UNIVERSITY OF COLORADO ANSCHUTZ MED 1800 GRANT STREET, SUITE 725 DENVER CO 80203	84-6049811	501C(3)	50,000				ENHANCED PREGNANCY A
(9)	URBAN PEAK DENVER 2100 STOUT STREET DENVER CO 80205	84-1212246	501C(3)	75,000				INDEPENDENCE AND SEL

- 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) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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)	VALLEY SETTLEMENT 1901 GRAND AVENUE GLENWOOD SPRINGS CO 81601	81-2401368	501C(3)	60,000				HEALTHY BEGINNINGS T
(2)	VALLEY SETTLEMENT 1901 GRAND AVENUE GLENWOOD SPRINGS CO 81601	81-2401368	501C(3)	60,000				FAMILY SUPPORT AND C
(3)	VIOLENCE FREE COLORADO 1330 FOX ST., STE. 2 DENVER CO 80204	84-0742604	501C(3)	25,000				COLORADO FOR MENTAL
(4)	VIOLENCE FREE COLORADO 1330 FOX ST., STE. 2 DENVER CO 80204	84-0742604	501C(3)	10,000				FIREARM EXCISE TAX F
(5)	VOCES UNIDAS DE LAS MONTAAS P.O. BOX 3157 GLENWOOD SPRINGS CO 81601	85-0993139	501C(3)	60,000				BUILDING LATINO EQUI
(6)	WARREN VILLAGE 1323 GILPIN STREET DENVER CO 80218	84-0644270	501C(3)	75,000				BUILDING FAMILY RESI
(7)	WE FORTIFY 1816 WOOD AVENUE COLORADO SPRINGS CO 80907	84-3045036	501C(3)	50,000				ADDRESSING ROOT CAUS
(8)	WESTERN SLOPE NATIVE AMERICAN RESOU 1760 10 RD. MACK CO 81525	93-1717821	501C(3)	25,000				PLANNING GRANT FOR Y
(9)	WRAY COMMUNITY DISTRICT HOSPITAL 1017 WEST 7TH STREET WRAY CO 80758	84-0370617	HOSPIT	12,000				HEALTHY BEGINNINGS T

- 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) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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				EXPANDING OB ACCESS
(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 AVON CO 81620	84-1442909	501C(3)	15,000				GENDER-SPECIFIC PROG
(4)	ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVE ALAMOSA CO 81101	84-6011793	GOVERN	100,000				YOUTH CONNECTIONS
(5)	CAON CITY SCHOOL DISTRICT 101 NORTH 14TH STREET CANON CITY CO 81212	84-6013945	GOVERN	109,874				YOUTH CONNECTIONS
(6)	SHERIDAN SCHOOL DISTRICT PO BOX 1198 ENGLEWOOD CO 80150	84-0521403	GOVERN	91,695				YOUTH CONNECTIONS
(7)	MESA COUNTY VALLEY SD #51 2115 GRAND AVE GRAND JUNCTION CO 81501	84-6002839	GOVERN	100,150				YOUTH CONNECTIONS
(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) 2023

**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

**SCHEDULE I  
(Form 990)**

**Supplemental Information**

**2023**

For calendar year 2023, or tax year beginning 10/01/23, and ending 09/30/24

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA REINER PRESIDENT & CEO	(i) 202,938	0	0	10,663	20,443	234,044	0
	(ii) 135,292	0	0	7,108	13,628	156,028	0
2 HEIDI VAN LAW CFO/EXEC VP	(i) 177,296	0	0	10,885	36,172	224,353	0
	(ii) 19,700	0	0	1,209	4,019	24,928	0
3 MELANIE BRAVO VP OF PHILANTHROPY	(i) 146,379	0	0	4,447	16,138	166,964	0
	(ii) 16,264	0	0	494	1,793	18,551	0
4 MEGAN WILSON VP OF OPERATIONS	(i) 149,963	0	0	5,003	3,679	158,645	0
	(ii) 3,060	0	0	102	75	3,237	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)						

**Part III Supplemental Information**

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

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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

FORM 990 - ADDITIONAL INFORMATION

FORM 990, PART IV, LINE 28C: IT IS NOT UNCOMMON FOR THE MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS TO BE ASSOCIATED WITH POTENTIAL GRANTEE'S EITHER AS BOARD MEMBERS OR PAID STAFF OF THESE ORGANIZATIONS. IN THESE INSTANCES, THE FOUNDATION'S BOARD MEMBER DISCLOSES THE CONFLICT OF INTEREST AND RECUSES HIM/HERSELF FROM GRANT AWARD DELIBERATIONS. PER THE FORM 990 INSTRUCTIONS, NO ADDITIONAL DISCLOSURE IS REQUIRED REGARDING THESE GRANT TRANSACTIONS SINCE THEY ARE DIRECTLY WITH THE TAX EXEMPT GRANTEE ORGANIZATIONS, NOT WITH THE PARTICULAR FOUNDATION BOARD MEMBER.

FORM 990, PART 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) 2023

Name of the organization

Employer identification number

CARING FOR COLORADO FOUNDATION

84-1477197

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 XII - ADDITIONAL INFORMATION

LINE 2C: THE FOUNDATION'S OVERSIGHT PROCESS OF THE FINANCIAL STATEMENT



Name of the organization

Employer identification number

CARING FOR COLORADO FOUNDATION

84-1477197

AUDIT AND SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE YEAR.

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2023**

**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](http://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.

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

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

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Public Inspection Copy

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor **CARING FOR COLORADO FOUNDATION** Identifying number (see instructions) **84-1477197**

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>FARALLON SPECIAL SITUATIONS FUND II</b>	<b>5a</b> Identifying number, if any <b>98-1553042</b>
<b>6</b> Address (including country) UGLAND HOUSE, 121 SOUTH CHURCH GEORGE TOWN CJ KY1-1104 CAYMAN ISLANDS	<b>5b</b> Reference ID number (see instructions)
<b>7</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>EXEMPTED LP</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/24		412,235		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						



- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.18 % (b) After 0.51 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SEC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c.  Yes  No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
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OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor **CARING FOR COLORADO FOUNDATION** Identifying number (see instructions) **84-1477197**

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>LEXINGTON CAPITAL PARTNERS X</b>	<b>5a</b> Identifying number, if any <b>98-1620269</b>
<b>6</b> Address (including country) ONE NEXUS WAY CAMANA BAY CJ KY1-9005 CAYMAN ISLANDS	<b>5b</b> Reference ID number (see instructions)
<b>7</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>EXEMPTED LIMITED PARTNERSHIP</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/24		754,481		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.03 % (b) After 0.02 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions  
If "Yes," complete lines 20b and 20c.  Yes  No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

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 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor **CARING FOR COLORADO FOUNDATION** Identifying number (see instructions) **84-1477197**

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>AXIOM ASIA V</b>	<b>98-1420327</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>A5JLTD</b>	<b>5a</b> Identifying number, if any <b>FOREIGNUS</b>
<b>6</b> Address (including country) <b>2/F WILLOW HOUSE, CRICKET SQUARE CJ KY1-1107 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number (see instructions)
<b>7</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>CORPORATION</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/23		213,308		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
<b>Totals</b>					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
<b>Totals</b>						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.35 % (b) After 0.35 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions  
If "Yes," complete lines 20b and 20c.  Yes  No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
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OMB No. 1545-0026

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 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor **CARING FOR COLORADO FOUNDATION** Identifying number (see instructions) **84-1477197**

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No
- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

**4** Name of transferee (foreign corporation)  
**CLAYTON, DUBILIER & RICE X (CREDIT)** **5a** Identifying number, if any  
**98-1446590**

**6** Address (including country)  
 PO BOX 309, UGLAND HOUSE  
 CJ KY1-1104 CAYMAN ISLANDS **5b** Reference ID number  
 (see instructions)

**7** Country code of country of incorporation or organization (see instructions)  
**CJ**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

**9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

For Paperwork Reduction Act Notice, see separate instructions.



**Part III Information Regarding Transfer of Property** (see instructions)

**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/23		217,860		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_  Yes  No

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.04 % (b) After 0.04 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c.  Yes  No
  - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
  - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor **CARING FOR COLORADO FOUNDATION** Identifying number (see instructions) **84-1477197**

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No
- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>DAVIDSON KEMPNER INSTITUTIONAL PTNR</b>	<b>13-3597020</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>DKIP (CAYMAN) II LP</b>	<b>5a</b> Identifying number, if any <b>FOREIGNUS</b>
<b>6</b> Address (including country) 190 ELGIN AVENUE GRAND CAYMAN CJ KY1-9005 CAYMAN ISLANDS	<b>5b</b> Reference ID number (see instructions)
<b>7</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>CORPORATION</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/23		8,318,467		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
<b>Totals</b>					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
<b>Totals</b>						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
 (a) Before 0.12 % (b) After 0.12 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions  Yes  No  
 If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor **CARING FOR COLORADO FOUNDATION** Identifying number (see instructions) **84-1477197**

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No
- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

**4** Name of transferee (foreign corporation)  
**STEPSTONE VC SECONDARIES V (CAYMAN)** **5a** Identifying number, if any  
**98-1605765**

**6** Address (including country)  
 100 PAINTERS MILL RD  
 OWINGS MILLS CJ 21117 CAYMAN ISLANDS **5b** Reference ID number  
 (see instructions)

**7** Country code of country of incorporation or organization (see instructions)  
**CJ**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

**9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/23		338,674		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_  Yes  No

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.24 % (b) After 0.24 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions  
If "Yes," complete lines 20b and 20c.  Yes  No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No