### Form **990**

Department of the Treasury Internal Revenue Service

### **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.

2023
Open to Public Inspection

<u>A</u> _	roi tiit	$\epsilon$ 2023 calendar year, or tax year beginning $\pm 0 / 0 \pm / 2$	5 , and ending 09/	30/Z			
В	Check if a	pplicable: C Name of organization	4 1		D	Employe	r identification number
$\bigsqcup_{i}$	Address c	hange CARING FOR COLOR	RADO FOUNDATION	3r			MI/
	Name cha	Doing business as				84-1 <sub>9</sub>	477197
$\equiv$	Initial retur	Number and street (or P.O. box if mail is not delivered to street a	ddress)			Telephon	524-0770
ш	Final retur	·	code		<del></del>	<i>1</i> <u>2</u> 0 – .	<u> </u>
	terminated						eipts\$ 3,881,062
	Amended		74		G	Gross rec	elpts\$ 3,001,002
同	Application				H(a) Is this a group	return for	subordinates? Yes X No
ш	ripplication	LINDA REINER			H(b) Are all subor	dinataa ina	luded? Yes No
							See instructions
					li No, a	llacii a iisi.	. See instructions
	Tax-exen	npt status: 501(c)(3) X 501(c) ( 4 ) (insert no.)	4947(a)(1) or 527	•			
	Website:	WWW.CARINGFORCOLORADO.ORG			H(c) Group exemp		
		organization: X Corporation Trust Association Other		L Ye	ar of formation: 19	98	M State of legal domicile: CO
Р	art I	Summary					
_	1 B	driefly describe the organization's mission or most significant					
၁င		TO CREATE EQUITY IN HEALTH, WELL-E	BEING AND OPPORT	TUNIT	Y FOR COL	ORADO	)'S
nar		CHILDREN AND FAMILIES.					
Governance							
တိ	2 (	Check this box if the organization discontinued its operation	ons or disposed of more the	han 25%	6 of its net asset	ts.	
∞ಶ	3 N	lumber of voting members of the governing body (Part VI, line	e 1a)			3	<u> 15                                   </u>
es	4 1	lumber of independent voting members of the governing body	y (Part VI, line 1b)			4	<u> 15                                   </u>
Activities		otal number of individuals employed in calendar year 2023 (F				5	20
ţ		otal number of volunteers (estimate if necessary)				6	15
•	7a⊺	otal unrelated business revenue from Part VIII, column (C), I	ine 12			7a	67,256
	b١	let unrelated business taxable income from Form 990-T, Part	I, line 11			7b	0
					Prior Year		Current Year
<u>o</u>	8 0	Contributions and grants (Part VIII, line 1h)		📙			0
enc	9 F	Program service revenue (Part VIII, line 2g)		L			0
Revenue	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		L	3,670,		3,825,840
œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)	L	-251,	248	53,099
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII,	column (A), line 12)		3,418,	768	3,878,939
	13 🤄	Grants and similar amounts paid (Part IX, column (A), lines 1-	-3)	L	8,073,	410	9,637,695
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		L			0
S	15 8	Salaries, other compensation, employee benefits (Part IX, colu	umn (A), lines 5-10)		1,938,	761	2,457,274
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)					0
çbe			0				
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		···· Г	1,511,	344	1,461,492
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column	(A), line 25)	···· [	11,523,	515	13,556,461
		Revenue less expenses. Subtract line 18 from line 12			-8,104,	747	-9,677,522
or					Beginning of Currer		End of Year
Net Assets or Fund Balances	<b>20</b> T	otal assets (Part X, line 16)		L	230,893,		253,355,117
A Pic	21 T	otal liabilities (Part X, line 26)		L	35,136,		38,403,853
	•	let assets or fund balances. Subtract line 21 from line 20			195,757,	262	214,951,264
P	art II	Signature Block					
		nalties of perjury, I declare that I have examined this return, including	, , , ,		,		y knowledge and belief, it is
tru	ue, corre	ct, and complete. Declaration of preparer (other than officer) is base	ed on all information of which	n prepare	r has any knowled	dge.	
Sig	gn	Signature of officer				Date	
He	re	LINDA REINER	PRESIDE	ENT 8	E CEO		
		Type or print name and title					
		Print/Type preparer's name Preparer's significant properties of the properties of th	gnature		Date	Check	if PTIN
Pai	d	MARIA MONTOYA MARIA MC	ONTOYA		02/04/2	5 self-em	ployed P01363907
	parer	Firm's name KUNDINGER, CORDER &	MONTOYA, P.	C.	Firm	n's EIN	84-1255164
Use	Only	475 LINCOLN STREET,	SUITE 200				
		Firm's address DENVER, CO 80203			Pho	ne no.	303-534-5953
May	the IR	S discuss this return with the preparer shown above? See in	structions		<del></del>		X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u>X</u>
7	alreation in affect division the territorial New Manual Control of Order to Control of	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.7
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			7.7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		Х
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a				
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	77	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_		7.7
00-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		_X_
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	assessed geromment on reacting equation (19), and 11 in 100, complete derivation, rate rand in	<u></u>		(2022)

	art IV Checklist of Required Schedules (continued)		<u> </u>	aye
1 (	Officerial of Required Octiendies (Commueu)		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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		7	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	V	1	
	employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١	3.7	
	or IV, and Part V, line 1	34	X	<del>  ,,</del>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ <sub>V</sub>
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		<sub>V</sub>	
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
7	art 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			Г
	Check if Schedule O contains a response or note to any line in this Part V		Var	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a h	· · · · · · · · · · · · · · · · · · ·			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		10	Х	
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>y</b> X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	/	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
t	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ĭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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  There the amount of recording on head  136			
C 1/10	Enter the amount of reserves on hand  Did the engagination receive any payments for indeer tenning convices during the tay year?	14a		X
14a b	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd fo	r a "l	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See	instru	ıctions
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
	Public Inchaction (Can		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	$\mathbf{AV}$		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		77
<b>L</b>	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	v	
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	Λ	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue		de )	
000	ton B. I choice (The Goodon B requests information about policies has required by the internal revenue	00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6404 requires on expenientian to make its Forms 1022 (1024 or 1024 A. if applicable), 900, and 900 T (continue 504(a)).			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)			
10	Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
19	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.			
	EIDI VAN LAW  1635 W 13TH AVE, SUITE 303			
	ENVER CO 80204 720	-52	4-0	770

# 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	òox	ι, unle	Pos check ess pe	more rson i	than o	an ee)	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LINDA REINER	04.00									
PRESIDENT & CEO	24.00 16.00			X				202,938	135,292	51,842
(2) HEIDI VAN LAW										
CFO/EXEC VP	36.00 4.00			Х				177,296	19,700	52,285
(3) MELANIE BRAVO	36.00									
VP OF PHILANTHROPY	4.00			Х				146,379	16,264	22,872
(4) MEGAN WILSON	20.00									
VP OF OPERATIONS	39.00 1.00			Х				149,963	3,060	8,859
(5) JUANA ROSA CAVE	RO 0.00									
DIRECTOR OF REPROCOL	40.00					X		0	116,908	29,669
(6) SARAH DUTCHER	40.00									
SENIOR PHILANTH LEAD	40.00					Х		101,092	0	22,944
(7) LYNN BORUP	1 00									
DIRECTOR	1.00	Х						0	0	0
(8) PATRICIA BRAUN	1 00									
CHAIR	1.00	X		X				0	0	0
(9) KRAIG BURLESON										
DIRECTOR	1.00	Х						0	0	0
(10) KRISTINA DANIEL	1 00									
SECRETARY	1.00	Х		Х				0	0	0
(11) ANNE GARCIA	1 00									
TREASURER	1.00	Х		Х				0	0	O Form <b>990</b> (2023)

		(C) Position					, and riighest compens		(F)				
(A) Name and title	(B) Average	(do not check more than or box, unless person is both a officer and a director/truste					n an	(D) Reportable	<b>(E)</b> Reportable	Estir			
Publ	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	of oth ompens from t ganization ed orga	ation he	s
(12) DAVID HENNIN	GER					<u>s</u>							
(12)	1.00												
DIRECTOR MOODE	0.00	Х						0	0				0
(13) MARDI MOORE (13)	1.00												
VICE-CHAIR	0.00	Х		X				0	0				0
(14) LUIS MURILLO													
(14)	1.00												
DIRECTOR DARRE	0.00	X						0	0				0
(15) NIM PATEL (15)	1.00												
DIRECTOR	0.00	Х						0	0				0
(16) BRENDA HOLLA													
(16)	1.00								_				_
DIRECTOR (17) CONNIE RULE	0.00	X						0	0				0
(17) CONNIE ROLE	1.00												
DIRECTOR	0.00	Х						0	0				0
(18) PHYLLIS KAY	SANCHEZ												
(18)	1.00												_
DIRECTOR (19) BRIAN TURNER	0.00	X						0	0				0
(19) BRIAN TURNER	1.00												
DIRECTOR	0.00	Х						0	0				0
1b Subtotal								777,668	291,224		18	88,4	171
c Total from continuation she								777 ((0	201 224		1.0	10 /	171
d Total (add lines 1b and 1c)  Total number of individuals (ir									291,224		<u> 18</u>	88,4	<u>t /                                   </u>
reportable compensation from	•		7									V 1	
3 Did the organization list any for	<b>ormer</b> officer d	irecto	or tr	uste	e ka	ev er	mnlo	wee or highest compensa	ted	П		Yes	No_
employee on line 1a? If "Yes,	" complete Sche	dule	J fo	r su	ch ii	ndivid	dual				3		X
4 For any individual listed on lin organization and related orga													
individual											4	Χ	
5 Did any person listed on line for services rendered to the or											5		Х
Section B. Independent Contrac	•	700,	001	пріс	<i>ic</i> 0	Orice	iaic	o for such person		· · · · · · · · · · · · · · · · · · ·			
1 Complete this table for your f	ive highest com												
compensation from the organ	IZATION. Report of (A) I business address	omp	ensa	ation	tor	the c	caler		(B)	year.		(C) mpensat	
Name and	business address							Descrip	tion of services		Coi	mpensat	ion
							-			$\longrightarrow$			
2 Total number of independent	contractors (incl	udin	a bu	t not	limi	ted t	n th	ose listed above) who					
received more than \$100,000								ose listed above) WIIO	0				
DAA											Form	990	(2023)

Pa	rt v			edule O con	tains	a respo	onse or not	te 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
								o oti			sections 512-514
	1a	Federated cam	paigns		1a						
S'a lo		Membership du			1b						/ <b>y</b>
S, (		Fundraising eve			1c						
護崮	d	Related organiz	zations		1d						
iE,	e	Government grants (o	contributi	ons)	1e						
S	f	All other contributions,	, gifts, g	rants,							
the E	_	and similar amounts n			1f						
Ē	g	Noncash contributions lines 1a-1f			1g	\$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines									
							Business Code				
ر ب	2a										
Ξ	b										
Sal	С										
Program Service Revenue	d										
<u>6</u>	е										
۱ ۵	f	All other progra									
		Total. Add lines					$\overline{}$				
	3	Investment inco									
		other similar am	nounts	)				1,814,609			1,814,609
	4	Income from inv	/estme	ent of tax-exemp	ot bon	d proceed	ls				
	5	Royalties	<u></u>								
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
		Net rental incom	ne or	(loss)							
	1 a	Gross amount from sales of assets		(i) Securities		(ii)	) Other				
اہ		other than inventory	7a	2,013,	354						
Revenue	b	Less: cost or other		_							
e e		basis and sales exps.			123						
		Gain or (loss)	7c	2,011,				0 011 021		14 155	1 000 004
Other		Net gain or (los:						2,011,231		14,157	1,997,074
δ	8a	Gross income from		•							
		(not including \$									
		of contributions re									
		1c). See Part IV, I			8a						
		Less: direct exp Net income or (			8b						
				_	eveni	<u>s</u>					
	эа	Gross income for activities. See P	_	-	9a						
	h	Less: direct exp			9b						
		Net income or (				l					
		Gross sales of i	. ,		VILICO	<u> </u>					
		returns and allo		•	10a						
	b	Less: cost of go			10b						
		Net income or (				· · · · · · · · · · · · · · · · · · ·					
<u>s</u>		(					Business Code				
Miscellaneous Revenue	11a	ORDINARY E	BUSIN	ESS INCOME			900099	53,099		53,099	
lan	b										
Sel	С										
Σis	d	All other revenu	ie								
	е	Total. Add lines	11a-	-11d				53,099			
	12	Total revenue.	See	instructions				3,878,939	0	67,256	3,811,683

	ion 501(c)(3) and 501(c)(4) organizations must	•	other organizations must o	complete column (A).	
0000	Check if Schedule O contains a resp			somprote column (r.y.	
	not include amounts reported on lines 6b, 7 Pb, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,637,695	9,637,695		Py
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22  Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
•	trustees, and key employees	973,970	561,695	412,275	
6	Compensation not included above to disqualified	,	,	,	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 152 060	2.45 600	0.05, 0.50	
7	Other salaries and wages	1,173,068	347,690	825,378	
8	section 401(k) and 403(b) employer contributions)	51,735		51,735	
9	Other employee benefits	140,661	80,185	60,476	
10	Payroll taxes	117,840	55,385	62,455	
11	Fees for services (nonemployees):	,	,	·	
а	Management				
b	Legal	1,564		1,564	
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 1	7			
	Investment management fees	135,000		135,000	
	Other. (If line 11g amount exceeds 10% of line 25, column	2337000		2337000	
Ū	(A) amount, list line 11g expenses on Schedule O.)	107,688	51,349	56,339	
12	Advertising and promotion				
13	Office expenses	97,805	45,968	51,837	
14	Information technology	128,893	60,580	68,313	
15	Royalties	326,519	153,463	173,056	
17	Occupancy Travel	65,036	30,567	34,469	
	Payments of travel or entertainment expenses		307307	31/105	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	42,001	10 740	22 261	
22 23	Depreciation, depletion, and amortization	42,001	19,740	22,261	
24	Insurance Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSES	396,227	396,227	70 050	
b	COMMUNICATIONS	149,534 11,225	70,281 5,321	79,253	
c d	OTHER	11,225	5,341	5,904	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,556,461	11,516,146	2,040,315	0
	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				
	following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2023)

Pa	rt )	Representation 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
	1	Cash—non-interest-bearing			an (	1	MAL
	2	Savings and temporary cash investments	<b>D. L.</b>		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	er officer, dir	ector,			
		trustee, key employee, creator or founder, substantial					
		controlled entity or family member of any of these pers	ons			5	
	6	Loans and other receivables from other disqualified pe					
ts		under section 4958(f)(1)), and persons described in se				6	
Assets	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
- 1	11	Investments—publicly traded securities			53,681,869	11	
	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	Total assets. Add lines 1 through 15 (must equal line			230,893,730	16	253,355,117
	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				21	
es :	22	Loans and other payables to any current or former offi					
<b>#</b>		trustee, key employee, creator or founder, substantial					
Liabilities		controlled entity or family member of any of these pers				22	
- 1		Secured mortgages and notes payable to unrelated thi				23	
	24	Unsecured notes and loans payable to unrelated third				24	
- 1	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24	). Complete	Part X	26,132,479	0.5	28,682,485
- 1.	00	of Schedule D					
+	26	Total liabilities. Add lines 17 through 25			35,136,468	26	38,403,853
Ses		Organizations that follow FASB ASC 958, check h	eie 🔽				
ا <u>ھ</u>	27	and complete lines 27, 28, 32, and 33.			105 757 262	27	214,951,264
10	27 28	Niet and to with the second attacks			195,757,262	27 28	<u>414,931,404</u>
힏	20	Organizations that do not follow FASB ASC 958, or				20	
Net Assets or Fund		_	HICCK HEI	ا ا			
ō	29	and complete lines 29 through 33.  Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipme				30	
SS	30 31	Retained earnings, endowment, accumulated income,				31	
¥	ა i 32				195,757,262	32	214,951,264
ž	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances			230,893,730	33	253,355,117
	<del></del>	TOTAL HADIIILES AND HEL ASSETS/TUTIO DAIGHTES			230,073,130	- 33	Form <b>990</b> (2023)

Form **990** (2023)

Pa	art XI Reconciliation of Net Assets					90
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	8,87	78,9	939
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 55		
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	, 67	77,5	522
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	195	75	7,2	262
5	Net unrealized gains (losses) on investments	5	28	8,87	11,5	524
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	214	· <b>,</b> 95	1,2	<u> 264</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u>X</u>	
	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.					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?			2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2023)

(A) Name and title	(B) Average hours per week	box	k, unle	Pos check ess pe nd a o	rson	than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	E	(F) stimated a	er
Pub	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the companies of t	ne n and
(20) CHRISTOPHER (12) DIRECTOR	URBINA 1.00 0.00	Х						0	0			0
(21) KATHLEEN WA (13) DIRECTOR	1 1 00	Х						0	0			0
(14)												
(15)												
(16)												
(17)												
(18)												
(19)												
1b Subtotal c Total from continuation sl d Total (add lines 1b and 1c	neets to Part VII	, Se	ctior	n A 			 					
Total number of individuals reportable compensation fro			ed to	tho	se li	sted	abo	ve) who received more that	an \$100,000 of			Yes No
<ul> <li>3 Did the organization list any employee on line 1a? If "Yes</li> <li>4 For any individual listed on lorganization and related organization and related organization listed on line</li> <li>5 Did any person listed on line</li> </ul>	s," complete Sche ne 1a, is the sun anizations greate	e <i>dule</i> n of r tha	<i>J fo</i> repo in \$1	or su rtabl 150,0	ich ii e co 000?	ndivio mpei If "Y	<i>dual</i> nsati 'es,'	ion and other compensation complete Schedule J for	on from the such		3	
for services rendered to the Section B. Independent Contra	organization? If	'Yes,	" coi	mple	te S	ched	lule	J for such person		<u></u>	5	
Complete this table for your compensation from the organ Name a								ndar year ending with or w		k year.	Cor	(C) npensation
Total number of independent received more than \$100,000								ose listed above) who				990 (2023)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Open to Public

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. Inspection Employer identification number

Name	of the organization	4 = 2	Employer identification number
	ARING FOR COLORADO FOUNDATION		34-1477197
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	Funds or Other Similar Funds or n Form 990, Part IV, line 6.	Accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advised	
	funds are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (for example, recreation or ed	ducation) Preservation of a historically in	mportant land area
	Protection of natural habitat	Preservation of a certified hist	oric structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in	ncluded on line 2a	2c
d			
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organiza	tion during the
	tax year		
4	Number of states where property subject to conservation easement i	s located	
5	Does the organization have a written policy regarding the periodic m	onitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	violations, and enforcing conservation easer	ments during the year
8	Does each conservation easement reported on line 2d above satisfy	the requirements of section 170(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conservation ease	•	
	sheet, and include, if applicable, the text of the footnote to the organ	ization's financial statements that describes	the
	organization's accounting for conservation easements.		
Pa	ort III Organizations Maintaining Collections of A		r Similar Assets
	Complete if the organization answered "Yes" or		
1a	If the organization elected, as permitted under FASB ASC 958, not to	•	
	of art, historical treasures, or other similar assets held for public exhi		e of public
_	service, provide in Part XIII the text of the footnote to its financial sta		
b	, ,		
	art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtherance of	t public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures,		ovide the
	following amounts required to be reported under FASB ASC 958 rela	=	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990. Part X		\$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply).  a Publish, exhibition	Part III Organizations Maintain				Other Similar	Assets (co	ontinued)
Schoolshy Inesseroids   Complete in the organization's collocitions and explain how they further the organization's exempt purpose in Part   XIII.		ssion, and other record	ds, check any of the	following that make	significant use of i	ts	
c   Preservation for future generations   A Provide a description of the organizations collections and explain how they further the organizations exempt purpose in Part XIII.  Secrity and Custodial Arrangements   Scription   Scription   Secrity 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, line 21.  1a is the organization and part vustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes" plain the arrangement in Part XIII and complete the following table.  C Beginning belance  1	a Public exhibition						
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part IV assess to be sold to raise funds rather than to be maintained as part of the organization's collection?  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, ustaddan or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization and gent, trustee, ustaddan or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if 'Yes,' explain the arrangement in Part XIII and complete the following table.  1c and Additions during the year  1 Ending balance  1 Ending balance  2 Distributions during the year  1 Ending balance  2 Distributions during the year  1 Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  5 Contributions  C Net investment earnings, gains, and losses  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  5 C Term endowment (mods not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  3 And there endowment funds not in the possession of the organization stead as required on Schedule R?  2 Provide the estimated percentage on fines 2a, 2b, and 2c should equal 100%.  3a And there endowment funds not in the possession of the organization stead as required on Schedule R?  4 Describe in Part XIII the intermedia uses of the organizations lead as required on Schedule R?  4 Describe in Part XIII the			Other			M	7
SIII.  5 During the year, did the organization solicit or receive denetions of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?  Very 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, oustacidan or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table.  c Beginning balance  d Additions during the year  c Beginning balance  f Encling balance  d Part V  Encloyed palance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V  Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part XIII encloyed and not a mount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V  Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  (a) Current year  (b) Perr year  (c) Fundament endowment funds  (a) Current year  (b) Perr year  (c) Two years back  (d) Two years back  (d) Two years back  (e) Four years back  (e) Four years back  (e) Four years back  (f) Two years back  (			UCU			$\mathcal{I} \cup V$	
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?  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, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table.  1c Boginning balance  1d Additions during the year  1e Distributions during the year  1f Ending balance  2 Distributions during the year  1 Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part XIII in 21, for escrow or custodial account liability?  1 Part V Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  3 Boginning of year balance  4 Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  5 Complete or facilities and programs  6 Carlos or scholarships  6 Carlos or scholarships  6 Univestment earnings, gains, and losses  1 Agent with the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-anchowment  9 For dol year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or granizations where the organization state held and administered for the organization by:  1 Cream endowment  9 For an year part XIII in the network organization state of the organization organization by:  1 Cream endowment  9 For dol year part XIII in the network organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  2 Provide the estimated organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  2 Provid		s collections and expla	in how they further t	the organization's exe	empt purpose in Pa	art	
Section and Custodial Arrangements   Section and Section		cit or receive donations	e of art historical tra	acures or other simil	ar		
Part IV   Escrow and Custodial Arrangements						Пу	s No
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			part of the organize	alorro concollorr.			.ctc
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table.  C Beginning belance  1	Complete if the organizat	_	s" on Form 990	Part IV, line 9, o	or reported an	amount on	Form
c Beginning balance 1c Beginning of year balance 1c Beginning year balance 1c Beginning year years balance 1c Beginning years	1a Is the organization an agent, trustee, cus	todian or other interme	ediary for contribution	ns or other assets no	t		
c Beginning balance d Additions during the year e Distributions during the year 1 te 1 f Ending balance 2 Finding balance 3 te 1 f Ending balance 3 te 1 f Ending balance 3 ti 1 te 1 tryes; 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.  1 a Beginning of year balance 4 b Contributions 5 c Net investment earnings, gains, and losses 6 d Grants or scholarships 9 c Other expenditures for facilities and programs 9 c Administrative expenses 9 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasi-endowment 9 c Term endowment 9 c Term endowment 9 c Term endowment who conganization by: 9 (i) Unrelated organizations? 9 b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 1 a Land 1 Land Belginning 1 b Buildings, and Equipment 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1 te						Ye	s No
c Beginning balance	<b>b</b> If "Yes," explain the arrangement in Part	XIII and complete the	following table.			A	
d Additions during the year	Deginning belongs				10	Amoun	[
e Distributions during the year   1e   If   If   If   If   If   If   If   I	d Additions during the year				1d		
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V	Postributions during the year				1e		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V  Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  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  %  c Term endowment funds not in the possession of the organization that are held and administered for the organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) Related organizations?  (iv) Related organizations?  (iv) Related organizations  (iv) 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 (b) Cacument basis (c) Accumulated depociation  (d) Book value  (d) 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 (b) Cacumotheted depociation  1a Land  b Buildings  c Leasehold improvements  73,251  41,090  32,161  d Equipment  Other							
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  (b) Contributions  c Not 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  %  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:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  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.  Buildings  c Leasehold improvements  4 (a) Three years back  (b) Four years back  (d) Three years back  (e) Four years  (e) Two years  (a) Three years back  (e) Four years  (b) Pour years  (a) Three years  (b) Court or the basis (c) Accumulated (d) Book value  (d) Tree years back  (e) Accumulated  (fine stimulation or years  (fine stimulat	2a Did the organization include an amount o	n Form 990, Part X, lir	ne 21, for escrow or	custodial account liab	pility?	Ye	s No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Beginning of year balance		XIII. Check here if the	explanation has bee	n provided on Part X	III		. 🔲
(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				5 . 0 . 0			
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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land b Buildings c Leasehold improvements  7 3, 251 41,090 32,161 d Equipment College Advanced and Administered for the organization and Equipment Case Advanced and Administered for the organization and Equipment (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements 7 3, 251 41,090 32,161 d Equipment College Advanced Advance	Complete if the organizat						
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 % 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements 73,251 41,090 32,161 d Equipment c Other	1a Deginning of year belongs	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four	years back
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							
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	c Net investment earnings, gains, and						
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							
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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? 3a(ii)     5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment)  Buildings C Leasehold improvements 73,251 41,090 32,161 C Equipment C Other	d Grants or scholarships						
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							
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment							
a Board designated or quasi-endowment % b Permanent 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: (i) Unrelated organizations? (ii) Related organizations? 3a(ii)   3a(ii)   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 (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements 73,251 41,090 32,161 d Equipment 329,831 182,377 147,454 e Other			/i 4	(-)\			
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:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  3a(i)    3a(i)	·	•	ce (line 1g, column	(a)) neid as:			
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:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iv) In the intended uses of the organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  73,251 41,090 32,161  d Equipment  2329,831 182,377 147,454  e Other							
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:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) The percentages on lines 2a, 2b, and 2c should equal 100%.  (iv) Unrelated organizations?  (iv) Unrelated organizations?  (iv) Related organizations ala(ii) As a sequired on Schedule R?  (iv) 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 (b) Cost or other basis (c) Accumulated depreciation  (other) depreciation  1a Land  b Buildings  c Leasehold improvements  73,251 41,090 32,161  d Equipment  329,831 182,377 147,454  e Other		•					
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.       Example 10 to 1 t		should equal 100%.					
(ii) Unrelated organizations? (iii) Related o	3a Are there endowment funds not in the po	ssession of the organia	zation that are held	and administered for	the	,	
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (other)  Cupation of property  (d) Book value  (other)  (other)	g ,						Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (other)  Cupation  1a Land  b Buildings  c Leasehold improvements  C Leasehold improvements  A 1,090  A 2,161  A 29,831  A 1,090  A 1,	(i) Unrelated organizations?						
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 (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings c Leasehold improvements  T3,251 41,090 32,161 d Equipment 329,831 182,377 147,454 e Other							
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 (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other				?		[3b]	
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 (b) Cost or other basis (other)  (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  73,251  41,090  32,161  d Equipment  90, Part X, line 10.  1a Land  1a Land  1b Buildings  1c Leasehold improvements  73,251  41,090  32,161  41,090  32,161  41,090  32,161			dowrnent lunds.				
Description of property  (a) Cost or other basis (investment)  (investment)  (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  41,090  32,161  41,090  32,161  41,090  32,161  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090  41,090			s" on Form 990.	Part IV. line 11a	a. See Form 99	90. Part X. li	ine 10.
1a Land         b Buildings         c Leasehold improvements       73,251       41,090       32,161         d Equipment       329,831       182,377       147,454         e Other							
b Buildings       73,251       41,090       32,161         c Leasehold improvements       73,251       41,090       32,161         d Equipment       329,831       182,377       147,454         e Other       329,831       329,831       320,831       320,831		(investment)	(0	ther)	depreciation		
b Buildings       73,251       41,090       32,161         c Leasehold improvements       73,251       41,090       32,161         d Equipment       329,831       182,377       147,454         e Other       329,831       329,831       320,831       320,831	1a Land						
c Leasehold improvements       73,251       41,090       32,161         d Equipment       329,831       182,377       147,454         e Other       329,831       329,831       330,831       330,831	<b>b</b> Buildings						
e Other	c Leasehold improvements					1	
			3	329,831	182,377	14	1,454
			art X line 10c colun	n (B))		1 7	79 615

Part VII	Investments – Other Securities  Complete if the organization answered "Ves" or	o Form 000 Port IV	ling 11h Soc Form 000	Dort V line 12
	Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial		Octio	n ( '0	DW/
	Id equity interests	102 727 624	MA DIVER	$\cup \vee$
	LTERNATIVE INVESTMENTS	193,737,634	MARKET	
(A)		_		
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)		100 505 604		
	n (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" or	a Form 000 Port IV	line 11e See Form 000	Dort V line 12
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) Becompton of investment	(b) Book value	Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	•		
	Complete if the organization answered "Yes" or	n 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)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities  Complete if the organization answered "Yes" or	n Form 000 Part IV	ling 11g or 11f Soc For	m 000 Port Y
	line 25.	ii i Oiiii 990, i ait iv,	ille The Or Thi. See Foli	iii 990, i ait A,
1.	(a) Description of liability			(b) Book value
-	income taxes			
(2) INVES	TMENTS HELD FOR CENTENNIAL FUND			27,090,243
(3) LEASE	OBLIGATION			1,592,242
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, line 25, col. (B))			28,682,485
	uncertain tax positions. In Part XIII, provide the text of the fo			
	liability for uncertain tax positions under FASB ASC 740. Che			

Pail Aiii	Supplemen	itai iiiioiiiiatio	n (conunuea)				
	Dub	olic	Ins	pec	tior	C	DDY
•							
•							
•							

Statement of Activities Outside the United States

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

CARING FOR COLORADO FOUNDATION 84-1477197 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 Yes X No award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total a program service, describe specific type of of offices in employees, agents, and region (by type) (such as, expenditures for and investments fundraising, program services, investments, grants to recipients the region independent service(s) in the region contractors located in the region) in the region CENTRAL AMERICA AND THE CARIBBEAN 104,065,061 INVESTMENTS (1) EUROPE 5,333,665 INVESTMENTS (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14) (15)(16) (17) 3a Subtotal ..... 109,398,726 **b** Total from continuation sheets to Part I c Totals (add

109,398,726

lines 3a and 3b)

Schedule F (Form 990) 2023 CARING FOR COLORADO FOUNDATION 84-1477197 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. (i) Method of 1 (a) Name of (b) IRS code (c) Region (e) Amount of (f) Manner of (g) Amount of valuation (book, FMV, appraisal, other) (h) Description section and EIN
(if applicable) organization cash grant cash noncash of noncash assistance disbursement assistance (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

<sup>3</sup> Enter total number of other organizations or entities .....

84-1477197

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

### Part IV Foreign Forms

2	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)  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	X Yes	☐ No
	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	X 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)	X 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)	X 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)	X 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	X No

Schedule F (Form 990) 2023

**Supplemental Information** 

Part V

Provide the information required by Part I, line 2 (monitoring amounts of investments vs. expenditures per region); Part and Part III, column (c) (estimated number of recipients), information. See instructions.	rt II, line 1 (acco	ounting method); Part III (accounting r	method);
PART I, LINE 3 - ACTIVITIES PER REGION			<b>y</b>
REGION	EXPEN	NDITURES INVESTMENTS	3
CENTRAL AMERICA AND THE CARIBBEAN -	\$	0 \$ 104,065,06	61
EUROPE	\$	0 \$ 5,333,66	55

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information on Grants ar	nd Assistance	!					
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis:	tance?						X Yes No
2 Describe in Part IV the organization's procedures for m	onitoring the use o	of grant fund	ds in the United State	S.			
Part II Grants and Other Assistance to	Domestic Org	anizatior	ns and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient that				•			
1 (a) Name and address of organization or government	<b>(b)</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		(п аррпоавто)			54.6.7		
4130 TEJON ST. SUITE A							EMPOWERING COLORADO
DENVER CO 80211	34-1246311	501C(3	75,000				
(2) ABILITY CONNECTION COLORADO			·				
801 YOSEMITE STREET							HEALTHY BEGINNINGS T
DENVER CO 80230	84-0420225	501C(3	75,000				
(3) ABILITY CONNECTION COLORADO		,	,				
801 YOSEMITE STREET							TRAUMA-INFORMED INTE
DENVER CO 80230	84-0420225	501C(3	75,000				
(4) ALL ACCESS WELLNESS		,	,				
12424 BIG TIMBER DR.							BEHAVIORAL HEALTH FO
CONIFER CO 80433	87-4342947	501C(3	20,000				
(5) ASSURING BETTER CHILD HEALTH & DI	EVE						
P. O. BOX 18770							HEALTHY BEGINNINGS T
DENVER CO 80218	84-1493585	501C(3	50,000				
(6) ASSURING BETTER CHILD HEALTH & DI	VE						
P. O. BOX 18770							HEALTHYSTEPS EXPANSI
DENVER CO 80218	84-1493585	501C(3	50,000				
(7) AURORA COMMUNITY CONNECTION FAMIL	Υ						
9801 E. COLFAX AVE.							LATINX FAMILY STRENG
AURORA CO 80010	26-2222571	501C(3	75,000				
(8) BABY BEAR HUGS							
201 S. MAIN STREET							HEALTHY BEGINNINGS T
YUMA CO 80759	84-1311396	501C(3	60,000				
(9) BABY BEAR HUGS							
201 S. MAIN STREET							STRENGTHEN PARENTING
YUMA CO 80759	84-1311396	501C(3	60,000				
2 Enter total number of section 501(c)(3) and governmen	t organizations list	ed in the lin	ne 1 table				156
3 Enter total number of other organizations listed in the li	ne 1 table						1

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information on Grants a	and Assistance	!					
1 Does the organization maintain records to substantiat the selection criteria used to award the grants or assi		•	assistance, the grante				Yes No
2 Describe in Part IV the organization's procedures for	monitoring the use of	of grant fund	ds in the United State	S.			
Part II Grants and Other Assistance to	<b>Domestic Org</b>	anizatior	ns and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990,
Part IV, line 21, for any recipient the	nat received mo	re than \$	5,000. Part II can	be duplicated if			
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 CO 2750 MAIN AVENUE							POSITIVE PROGRAMS FO
DURANGO CO 81301	20-5112759	501C(3	50,000				
(2) BOYS & GIRLS CLUBS OF LARIMER CO 103 SMOKEY ST.							OUT-OF-SCHOOL-TIME P
FORT COLLINS CO 80525	74-2425914	501C(3	35,000				
(3) BOYS & GIRLS CLUBS OF METRO DENV 2017 W. 9TH AVE.							OUT-OF-SCHOOL TIME M
DENVER CO 80204	84-0510404	501C(3	75,000				
(4) BOYS & GIRLS CLUBS OF THE SAN LUP.O. BOX 1032							YOUTH AND PARENT/CAR
ALAMOSA CO 81101	84-1215393	501C(3	6,000				
(5) BOYS & GIRLS CLUBS OF THE SAN LUP.O. BOX 1032							SOCIAL-EMOTIONAL LEA
ALAMOSA CO 81101	84-1215393	501C(3	75,000				
(6) BOYS AND GIRLS CLUBS OF PUEBLO (635 W CORONA AVE., SUITE 100 PUEBLO CO 81004	COUN  23-7307508	E01G/2	C 000				YOUTH AND PARENT/CAR
		501C(3	6,000				
(7) BOYS AND GIRLS CLUBS OF PUEBLO ( 635 W CORONA AVE., SUITE 100 PUEBLO CO 81004		5010(3	75,000				SOCIAL-EMOTIONAL WEL
(8) BOYS AND GIRLS CLUBS OF THE HIGH		3010(3	73,000				+
360 9TH ST.							YOUTH EMOTIONAL RESI
FAIRPLAY CO 80440	68-0538363	501C(3	40,000				
(9) BRIGHT FUTURES			20,000				†
P.O. BOX 4216							HEALTHY BEGINNINGS T
TELLURIDE CO 81435	20-2169766	501C(3	50,000				
2 Enter total number of section 501(c)(3) and government			1 table				
3 Enter total number of other organizations listed in the	lino 1 tablo						

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and	
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m	ance?	of arant fund	de in the United States				Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient that							answered res on roini 550
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government	(4) =	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) BRIGHT FUTURES		( 4)	-		,		
P.O. BOX 4216							PROMOTING HEALTHY CH
TELLURIDE CO 81435	20-2169766	501C(3	50,000				
(2) CASA OF PUEBLO							
130 W. ABRIENDO AVE.							ADVOCACY FOR ABUSED
PUEBLO CO 81004	04-3630442	501C(3	75,000				
(3) CASA OF THE 7TH JUDICIAL DISTRIC	<b>T</b>						
147 N. TOWNSEND AVE.							SUPPORT SERVICES FOR
MONTROSE CO 81401	84-1546403	501C(3	30,000				
(4) CATHOLIC CHARITIES OF SOUTHERN CO	LO						
429 WEST 10TH STREET							BUILDING RESILIENT S
PUEBLO CO 81003	84-0471001	501C(3	75,000				
(5) CENTER FOR AFRICAN AMERICAN HEALT	ľΗ						
3350 HUDSON STREET							BUILDING STRONG AND
DENVER CO 80207	84-1477546	501C(3	75,000				
(6) CENTER FOR HEALTH PROGRESS							
P.O. BOX 18877		E019/3	75 000				STRENGTHENING COVERA
DENVER CO 80204	43-2007393	501C(3	75,000				
(7) CENTRO DE LA FAMILIA							
1645 S. MURRAY BOULEVARD COLORADO SPRINGS CO 80916	84-1435999	E010/3	25,000				BILINGUAL ADVOCACY A
(8) CHAFFEE COUNTY EARLY CHILDHOOD CO		3010(3	25,000				+
P O BOX 176	JOIN						HEALTHY BEGINNINGS T
SALIDA CO 81201	45-2411953	5010(3	45,000				ILLALIIII BEGINNINGS I
(9) CHAFFEE COUNTY EARLY CHILDHOOD CO	<del></del>	3010(3	43,000				<del> </del>
P O BOX 176	101.						CAREGIVER AND NEW PA
SALIDA CO 81201	45-2411953	501C(3	45,000				CIRCLOT VEIN THE THE THE
2 Enter total number of section 501(c)(3) and governmen	•				1		
3 Enter total number of other organizations listed in the li	=						

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number CARING FOR COLORADO FOUNDATION 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) CHILDREN FIRST 900 W. ORMAN SUPPORT FFN PROVIDER CO 81003 38-3721881 GOVERN PUEBLO 35,000 (2) CHILDREN FIRST 900 W. ORMAN HEALTHY BEGINNINGS T 38-3721881 GOVERN 35,000 PUEBLO CO 81003 (3) CHILDREN'S HOSPITAL COLORADO FOUNDA 13123 E. 16TH AVE THE TEEN PREGNANCY P **AURORA** CO 80045 84-0813462 HOSPIT 50,000 (4) CHILDSAFE 2001 S. SHIELDS ST., BUILDING K CHILD ABUSE TREATMEN 31-1581377 501C(3 FORT COLLINS CO 80526 50,000 (5) CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING JR BLVD IMPROVING BIRTH EQUI CO 80205 84-0432238 501C(3 DENVER 50,000 (6) COLORADO CENTER ON LAW AND POLICY ADVOCACY FOR LOW-INC 789 SHERMAN STREET, SUITE 300 84-1264154|501C(3 DENVER CO 80203 50,000 (7) COLORADO CHILDREN'S CAMPAIGN 1700 BROADWAY, SUITE 840 GENERAL OPERATING SU 74-2374672|501C(3 75,000 DENVER CO 80290 (8) COLORADO CONSUMER HEALTH INITIATIVE 1420 OGDEN SUITE A1 COLORADO HEALTH POLI DENVER CO 80218 84-1145452|501C(3 30,000 (9) COLORADO CROSS DISABILITY COALITION 1385 S. COLORADO BLVD. #610-A SUPPORT FOR DISABILIT CO 80222 74-2564419|501C(3 DENVER 30,000 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

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to substantiate							
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m	ance?	f grapt fund	do in the United State				Yes No
Part II Grants and Other Assistance to I					Complete if the	organization	answordd "Vos" on Form 000
Part IV, line 21, for any recipient that							answered res on rollingso
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	<del>,                                     </del>	(g) Description of	(h) Purpose of grant
or government	(3) =	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) COLORADO STATE OFFICE OF NEW AMER	IC	( )	-		1		
633 17TH ST							LEGAL SERVICES PROGR
	84-0644739	GOVERN	25,000				
(2) COLORADO STATEWIDE PARENT COALIT	ON						
P.O. BOX 11849							HEALTHY BEGINNINGS T
DENVER CO 80221 (3) COLORADO STATEWIDE PARENT COALIT	74-2563848	501C(3	65,000				
(3) COLORADO STATEWIDE PARENT COALITI	ON						
P.O. BOX 11849							PARENT, CAREGIVER, A
	74-2563848	501C(3	65,000				
(4) COLORADO STATEWIDE PARENT COALIT	ON						
P.O. BOX 11849							BREAKING BARRIERS FO
DENVER CO 80221	74-2563848	501C(3	50,000				
(5) COLORADO YOUTH CONGRESS							
1031 33RD ST.							YOUTH-ADULT PARTNERS
	82-4121769	501C(3	40,000				
(6) COMMUNITY CONNECTIONS, INC.							
281 SAWYER DRIVE							SUPPORTING CHILDREN
	74-2384155	501C(3	75,000				
(7) COMMUNITY FOUNDATION OF THE SAN I	UI						
610 STATE AVENUE							SAND DUNES MUSHROOM
	74-2471342	501C(3	20,000				
(8) COMMUNITY PARTNERSHIP FOR CHILD I	EV						
2330 ROBINSON STREET							HEALTHY BEGINNINGS T
	84-1071825	501C(3	50,000				
(9) COMMUNITY PARTNERSHIP FOR CHILD I	EV						
2330 ROBINSON STREET							EARLY CHILDHOOD MENT
COLORADO SPRINGS CO 80904	84-1071825	501C(3	50,000				
2 Enter total number of section 501(c)(3) and governmen	t organizations liste	ed in the lin	ne 1 table				
3 Enter total number of other organizations listed in the li	ne 1 table						

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

> CARING FOR COLORADO FOUNDATION General Information on Grants and Assistance

Employer identification number 84-1477197

OMB No. 1545-0047

Open to Public

Inspection

the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for me	onitoring the use c	of grant fund	ds in the United States	S			
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that							answered res on Form 990
1 (a) Name and address of organization or government	<b>(b)</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							RURAL ACTION NETWORK
	84-0838406	501C(3	25,000				
(2) COMMUNITY ROOTS MIDWIFE COLLECTIV	E						
738 COFFMAN STREET							HEALTHY BEGINNINGS T
	83-2559201	501C(3	40,000				
(3) COMMUNITY ROOTS MIDWIFE COLLECTIV	E						
738 COFFMAN STREET							CENTERING INDIGENOUS
	83-2559201	501C(3	40,000				
(4) COMPAEROS: FOUR CORNERS IMMIGRANT	R						
1099 MAIN AVE #215							SUPPORT FOR RURAL IM
	37-1640345	501C(3	55,000				
(5) DELTA COUNTY SCHOOL DISTRICT 50J							
145 W. 4TH ST.							STRENGTHENING PROTEC
	84-6002820	GOVERN	75,000				
(6) DENVER CHILDREN'S ADVOCACY CENTER							
2149 FEDERAL BOULEVARD							HEALTHY BEGINNINGS T
	84-1155873	501C(3	70,000				
(7) DENVER CHILDREN'S ADVOCACY CENTER							
2149 FEDERAL BOULEVARD	04 44 5 5 0 5 0	-01-10	<b></b>				EARLY CHILDHOOD MENT
	84-1155873	501C(3	70,000				
(8) DENVER HEALTH FOUNDATION							
777 BANNOCK ST., MC0111	04 400=404	-01-10					TRAINING FOR PROVIDE
	84-1085196	501C(3	50,000				
(9) DENVER HEALTH FOUNDATION							
777 BANNOCK ST., MC0111			0=				LOCAL BALLOT MEASURE
DENVER CO 80204  2 Enter total number of section 501(c)(3) and government	84-1085196	501C(3	35,000				

## 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.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information on Grants ar	nd Assistance	1					
1 Does the organization maintain records to substantiate							
the selection criteria used to award the grants or assist	tance?						Yes No
2 Describe in Part IV the organization's procedures for m  Part II Grants and Other Assistance to					Complete if the	organization	anguared "Vee" on Form 000
Part II Grants and Other Assistance to Part IV, line 21, for any recipient that							answered res on Form 990
		(c) IRC	(d) Amount of cash	(e) Amount of			(h) Durnoss of gront
(a) Name and address of organization     or government	<b>(b)</b> EIN	section	grant	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	, W	(if applicable)	grant	Horiodair daalatanoo	other)	Horiodali dadistance	or assistance
529 N. ALBANY	,						HEALTHY BEGINNINGS T
YUMA CO 80759	47-4338779	5010(3	35,000				
(2) EARLY CHILDHOOD COUNCIL FOR YUMA		3010(3	33,000		1		<del>                                     </del>
529 N. ALBANY	<b>'</b>   ''						FAMILY FRIEND NEIGHB
YUMA CO 80759	47-4338779	501C(3	35,000				
(3) EARLY CHILDHOOD PARTNERS	1. 1000	0010(0	23,000				<del> </del>
PO BOX 8545							HEALTHY BEGINNINGS T
AVON CO 81620	20-5352983	501C(3	60,000				
(4) EARLY CHILDHOOD PARTNERS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<del>                                     </del>
PO BOX 8545							EARLY RELATIONAL HEA
AVON CO 81620	20-5352983	501C(3	60,000				
(5) EARLY CHILDHOOD PARTNERSHIP OF A	AM		-				
8859 FOX DRIVE, SUITE 205							HEALTHY BEGINNINGS T
THORNTON CO 80260	81-4513934	501C(3	71,500				
(6) EARLY CHILDHOOD PARTNERSHIP OF A	AM						
8859 FOX DRIVE, SUITE 205							STRENGTHENING FAMILI
THORNTON CO 80260	81-4513934	501C(3	71,500				
(7) EARLY LEARNING VENTURES							
18 INVERNESS PLACE EAST							HEALTHY BEGINNINGS T
ENGLEWOOD CO 80112	26-4053609	501C(3	20,000				
(8) EARLY LEARNING VENTURES							
18 INVERNESS PLACE EAST							SOCIAL-EMOTIONAL TRA
ENGLEWOOD CO 80112	26-4053609	501C(3	20,000				
(9) EARLY MILESTONES COLORADO							
1536 WYNKOOP ST.							HEALTHY BEGINNINGS T
DENVER CO 80212	47-1929974	501C(3	35,000				<u> </u>
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	e 1 table				
3 Enter total number of other organizations listed in the li	ne 1 table						

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

CARTINO FOR COLORA							<u> </u>
Part I General Information on Grants a	nd Assistance	<b>:</b>					
<ol> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's procedures for records.</li> </ol>	stance?				ants or assistance	and	Yes No
Part II Grants and Other Assistance to	Domestic Ord	anization	ns and Domestic	Governments	Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient th							answered res on remineso,
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) EL CENTRO AMISTAD		( )	-				
2338 BROADWAY							EMPOWERING THRIVING
BOULDER CO 80304	47-0864016	501C(3	60,000				
(2) ELEPHANT CIRCLE							
3548 G ROAD							ADVANCING COMMUNITY-
PALISADE CO 81526	47-1648218	501C(3	75,000				
(3) EVICS FAMILY RESOURCE CENTER							
PO BOX 3373							HEALTHY BEGINNINGS T
ESTES PARK CO 80517	84-1552138	501C(3	50,000				
(4) EVICS FAMILY RESOURCE CENTER							
PO BOX 3373							PRENATAL AND EARLY P
ESTES PARK CO 80517	84-1552138	501C(3	50,000				
(5) FAMILIES PLUS							
115 GRAND AVE STE. 2							INCREASING WRAPAROUN
DELTA CO 81416	37-1494672	501C(3	70,000				
(6) FAMILY RESOURCE CENTER							
120 MAIN STREET		- 0 1 m / 0					STRENGTHENING FAMILI
STERLING CO 80751	20-5089275	501C(3	55,000				
(7) FOCUS POINTS FAMILY RESOURCE CEN	LIER						
2501 EAST 48TH AVE.		E010/3	60 000				STRENGTHENING FAMILI
DENVER CO 80216	84-1353944	5010(3	60,000				
(8) FOUR CORNERS RAINBOW YOUTH CENTE 701 CAMINO DEL RIO	ır.						SUPPORT FOR 2SLGBTOI
DURANGO CO 81301	 82-1752513	5010(3	75,000				SUPPORT FOR ZSLGBTQT
(9) FULL CIRCLE RESTORATIVE JUSTICE	1 1 1 1 2 2 3 1 3	2010(3	, 3, 000				
448 E. 1ST STREET, SUITE 208							RESTORATIVE JUSTICE
SALIDA CO 81201	26-1418606	501C(3	35,000				
2 Enter total number of section 501(c)(3) and governme		•	· · · · · · · · · · · · · · · · · · ·				
3 Enter total number of other organizations listed in the	line 1 table						
3		· · · · · · · · · · · · · · · · · · ·					

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information on Gra							
1 Does the organization maintain records to sub- the selection criteria used to award the grants			assistance, the granted				Yes No
2 Describe in Part IV the organization's procedur	res for monitoring the use of	of grant fund	ds in the United State	S.			
					Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for any recip							
1 (a) Name and address of organization or government	<b>(b)</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) GIRLS INC. OF METRO DENVER							
1499 JULIAN ST.							WHOLE GIRL HEALTHY Y
DENVER CO 80204	74-2277668	501C(3	75,000				
(2) GREAT EDUCATION COLORADO							
1355 S. COLORADO BOULEVARD							SCHOOL CHOICE IN K-1
DENVER CO 80222	56-2517232	501C(3	25,000				
(3) GREAT EXPECTATIONS							
401 23RD STREET, #204							HEALTHY BEGINNINGS T
GLENWOOD SPRINGS CO 81602	84-1001484	501C(3	60,000				
(4) GREAT EXPECTATIONS							
401 23RD STREET, #204							HOME VISITATION AND
GLENWOOD SPRINGS CO 81602	84-1001484	501C(3	60,000				
(5) GROWING HOME							
3489 W. 72ND AVE., SUITE 112	2						THRIVING, HEALTHY, A
WESTMINSTER CO 80030	84-1461503	501C(3	55,000				
(6) GUNNISON VALLEY HEALTH FOUNI	DATION						
711 N. TAYLOR ST							HEALTHY BEGINNINGS T
GUNNISON CO 81230	26-1243347	501C(3	65,000				
(7) GUNNISON VALLEY HEALTH FOUNI	DATION						
711 N. TAYLOR ST							ANTEPARTUM AND POSTP
GUNNISON CO 81230	26-1243347	501C(3	65,000				
(8) HEALING DENVER							
300 CENTER DRIVE SUITE G #36	52						HEART OF DENVER: SUP
SUPERIOR CO 80027	99-2971532	501C(4	50,000				
(9) HEART OF SAGUACHE							
P.O. BOX 18770							HEALTH EQUITY YOUTH
DENVER CO 80218	84-1493585	501C(4	30,000				
2 Enter total number of section 501(c)(3) and go							
3 Enter total number of other organizations listed	=						

Department of the Treasury

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number CARING FOR COLORADO FOUNDATION 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (q) Description of section or government grant noncash assistance noncash assistance or assistance (if applicable) other) (1) HIGH VALLEY COMMUNITY CENTER, INC. 595 GRAND AVE OUT-OF-SCHOOL TIME P 84-1599061 501C(3 DEL NORTE CO 81132 60,000 (2) HOPE COMMUNITIES 2543 CALIFORNIA ST. HOLISTIC, TWO-GENERA 84-0829068|501C(3 DENVER CO 80205 60,000 (3) ILLUMINATE COLORADO 951 20TH STREET STRENGTHENING PROTEC DENVER CO 80201 |57-1185029|501C(3 60,000 (4) INDIGENOUS WELLBRIETY PROGRAM P.O. BOX 3040 INDIGENOUS WELLBRIET CO 81302 23-7113221 OTHER DURANGO 25,000 (5) INTEGRATED COMMUNITY 443 OAK STREET HEALTHY BEGINNINGS T STEAMBOAT SPRINGS 46-1325467|501C(3 25,000 CO 80488 (6) INTEGRATED COMMUNITY 443 OAK STREET FARLY CHILDHOOD PATH 46-1325467 501C(3 25,000 STEAMBOAT SPRINGS CO 80488 (7) INVEST IN KIDS 1580 LOGAN ST. HEALTHY BEGINNINGS T CO 80203 84-1455282 501C(3 75,000 DENVER (8) INVEST IN KIDS 1580 LOGAN ST. QUALITY STATEWIDE SU DENVER CO 80203 84-1455282|501C(3 75,000 (9) JEWISH FAMILY SERVICE OF COLORADO 3201 S. TAMARAC DRIVE KIDSUCCESS: MENTAL H 84-0402701 501c(3 75,000 DENVER CO 80231 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

## 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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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information	n on Grants an	d Assistance					•	
<ul> <li>Does the organization maintain reco the selection criteria used to award</li> <li>Describe in Part IV the organization</li> </ul>	the grants or assista	ance?						Yes No
						Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for a								anoworda 100 orr omi 000
1 (a) Name and address of orgation 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) 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		42 0001004	5010(0	5 000				YOUTH AND PARENT/CAR
	80701	43-2091884	50TC(3	6,000				
(3) KIDS AT THEIR BEST 801 WEST PLATTE AVENUE	3							SUPPORTING YOUTH DEV
FORT MORGAN CC	80701	43-2091884	501C(3	60,000				
(4) KIDS FIRST HEALTH CARE 7190 COLORADO BLVD., S COMMERCE CITY CO	SUITE 450	84-0799374	501C(3	35,000				HEALTHY BEGINNINGS T
(5) KIDS FIRST HEALTH CARE 7190 COLORADO BLVD., S COMMERCE CITY CO	SUITE 450	84-0799374	5010(3	35,000				SMILE: SUPPORTING MI
(6) LA COCINA 116 EAST OAK STREET		83-3592629		·				HEALTHY BEGINNINGS T
(7) LA COCINA 116 EAST OAK STREET		83-3592629		85,000				CAPACITY BUILDING AN
(8) LA PINATA DEL APRENDIZ 7647 UMATILLA ST.	ZAJE			·				HEALTHY BEGINNINGS T
(9) LA PINATA DEL APRENDIZ 1999 BROADWAY	ZAJE	03-0412235						PARENT/CAREGIVER SOC
DENVER CC	80202	84-1267213	501C(3	45,000				
2 Enter total number of section 501(c)	. ,	•	ed in the lin	e 1 table				

# 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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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CARING FOR COLORADO FOUNDATION

Part I General Information on Grants	and Assistance	)					
1 Does the organization maintain records to substantia							
the selection criteria used to award the grants or as  2 Describe in Part IV the organization's procedures for	sistance?	of group fund	do in the United State				Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Ves" on Form 990
Part IV, line 21, for any recipient							answered res on roini 550
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of			(h) Purpose of grant
or government	(2) =:: 1	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
(1) LA PLATA YOUTH SERVICES					,		
2490 MAIN AVE							COMMUNITIES-IN-SCHOO
DURANGO CO 81301	84-1265550	501C(3	75,000				
(2) LA PUENTE HOME							
P.O. BOX 1235							ADELANTE FAMILY RESO
ALAMOSA CO 81101	74-2224631	501C(3	75,000				
(3) MAKE A CHESS MOVE MACM							
2015 E 26TH AVENUE							MAKE A CHESS MOVE: W
DENVER CO 80205	82-2514307	501C(3	50,000				
(4) MARIA DROSTE COUNSELING CENTER							
1355 S. COLORADO BLVD. SUITE C-	-100						COMPASSIONATE BEHAVI
DENVER CO 80222	84-1182130	501C(3	70,000				
(5) MARIPOSA CENTER FOR SAFETY (FOR	RMERL						
801 N. SANTA FE AVE.							SUPPORT FOR FAMILIES
PUEBLO CO 81003	84-0402720	501C(3	60,000				
(6) MERCY HOUSING MOUNTAIN PLAINS							
1600 BROADWAY, SUITE 2000							NATIVE AMER. HOUSING
DENVER CO 80202	20-1583332	501C(3	1,000,000				
(7) MORGAN COUNTY FAMILY CENTER							
411 MAIN STREET							STRENGTHS-BASED PROG
FORT MORGAN CO 80701	84-1319815	501C(3	60,000				
(8) MUSLIM YOUTH FOR POSITIVE IMPAC	T						
1880 GOLDEN EAGLE COURT							ANCHORING EXCELLENCE
BROOMFIELD CO 80020	83-0998674	501C(3	75,000				
(9) NEW LEGACY CHARTER SCHOOL							
2091 DAYTON ST.							HEALTHY BEGINNINGS T
AURORA CO 80010	46-3841363	501C(3	60,000				
2 Enter total number of section 501(c)(3) and government	nent organizations list	ed in the lin	e 1 table				
3 Enter total number of other organizations listed in the	e line 1 table						

# 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.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ARING FOR COLORADO FOUNDATION

Employer identification number QA = 1A771Q7

_	CARING FOR COLORA						0-	<u> </u>
	Part I General Information on Grants a	nd Assistance	!					
	<ol> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's procedures for n</li> </ol>	tance?				ants or assistance	and	Yes No
	Part II Grants and Other Assistance to	Domestic Ora	anization	ns and Domestic	Governments	Complete if the	organization	answered "Yes" on Form 990
	Part IV, line 21, for any recipient th							anowered res on rollings,
_	(a) Name and address of organization or government	<b>(b)</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	NEW LEGACY CHARTER SCHOOL		( )[[,	-		,		
`.	2091 DAYTON ST. URORA CO 80010	46-3841363	5010/3	60,000				POSITIVE PARENTING E
_	NORTHWEST COLORADO CENTER FOR IN	_	3010(3	00,000				
`.	NORTHWEST COLORADO CENTER FOR IN 3001 S. LINCOLN AVE, SUITE C TEAMBOAT SPRINGS CO 80487	84-1473968	501C(3	50,000				SUPPORT SERVICES FOR
١.	OUR TURN, INC. P.O. BOX 2019							STUDENT-CENTERED ADV
_	EW YORK NY 10013	45-0647583	501C(3	30,000				
`.	) PARENT POSSIBLE 800 GRANT STREET STE. 200 ENVER CO 80203	84-1169805	501C(3	72,000				HEALTHY BEGINNINGS T
`.	PARENT POSSIBLE  800 GRANT STREET STE. 200  ENVER CO 80203	84-1169805	5010(3	72,000				ENHANCED HOME VISITI
(6	PARENT POSSIBLE  800 GRANT STREET STE. 200 ENVER CO 80203	84-1169805						SUPPORT FOR THE COLO
(7	PARTNERS IN HOUSING 455 GOLD PASS HEIGHTS OLORADO SPRINGS CO 80906	84-1188208						FAMILY SELF-SUFFICIE
(8	PEAK VISTA COMMUNITY HEALTH CENT 3205 N. ACADEMY BLVD, SUITE 130 OLORADO SPRINGS CO 80917	_						HEALTHY BEGINNINGS T
(9	PEAK VISTA COMMUNITY HEALTH CENT 3205 N. ACADEMY BLVD, SUITE 130 OLORADO SPRINGS CO 80917							HOME VISITATION PROG
_	2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the l	nt organizations list						

#### 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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Inspection Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Part I

CARING FOR COLORADO FOUNDATION

84-1477197 General Information on Grants and Assistance

1 Does the organization maintain records to substitute selection criteria used to award the grants or the selection criteria used to award the grants or the selection criteria.	or assistance?						Yes No
2 Describe in Part IV the organization's procedure	es for monitoring the use of	of grant fund	ds in the United States	S			
							answered "Yes" on Form 990,
Part IV, line 21, for any recipi			· ·				T
1 (a) Name and address of organization or government	<b>(b)</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) PROJECT PAVE INC.							
4130 TEJON STREET							PROMOTING HEALTHY RE
DENVER CO 80211	84-1031533	501C(3	25,000				
(2) PUEBLO CHILD ADVOCACY CENTER							
301 W. 13TH STREET							BROADENING THE PATH
PUEBLO CO 81003	84-1071784	501C(3	20,000				
3) RAISE THE FUTURE							
1325 S COLORADO BLVD, SUITE	В700						STRENGTHENING FAMILI
DENVER CO 80222	84-0793576	501C(3	60,000				
4) RIVERSIDE EDUCATIONAL CENTER							
1177 WINTERS AVENUE							OUT-OF-SCHOOL TIME P
GRAND JUNCTION CO 81501	20-5451495	501C(3	75,000				
5) ROCKY MOUNTAIN EQUALITY							
P.O. BOX 1018							LGBTQ+ YOUTH LEADERS
BOULDER CO 80301	84-1467134	501C(3	75,000				
(6) ROCKY MOUNTAIN EQUALITY							
P.O. BOX 1018							LGBTQ+ ADVOCACY
BOULDER CO 80301	84-1467134	501C(3	15,000				
7) ROSE ANDOM CENTER							
1330 FOX STREET							HOPE AND HEALING FOR
DENVER CO 80204	90-0990929	501C(3	50,000				
8) ROSE COMMUNITY FOUNDATION							
600 SOUTH CHERRY STREET, SUI	TE 1200						FIREARM VIOLENCE PRE
	-1712 84-0920862	501C(3	25,000				
9) RURAL COMMUNITIES RESOURCE C	ENTER						
204 S. MAIN STREET							SUPPORTIVE PROGRAMS
YUMA CO 80759	84-0959903	501C(3	48,000				
2 Enter total number of section 501(c)(3) and gov	vernment organizations list	ed in the lin	ne 1 table				

### 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.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FOUNDATION

Employer identification number 84-1477197

Fart i General information on Grants							
Does the organization maintain records to substantia the selection criteria used to award the grants or ass	sistance?				ants or assistance,	and	Yes No
2 Describe in Part IV the organization's procedures for					O		
Part II Grants and Other Assistance to Part IV, line 21, for any recipient to							answered "Yes" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</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) SAFEHOUSE DENVER		,			,		
1649 N. DOWNING STREET							FAMILY-FOCUSED SERVI
DENVER CO 80218	84-0745911	501C(3	50,000				
(2) SAFEHOUSE PROGRESSIVE ALLIANCE	FOR						
835 NORTH STREET							FAMILIES FIRST PROGR
BOULDER CO 80304	74-2145368	501C(3	25,000				
(3) SAN MIGUEL RESOURCE CENTER							
P.O. BOX 3243							DOMESTIC VIOLENCE AN
TELLURIDE CO 81435	84-1248457	501C(3	50,000				
(4) SECOND CHANCE CENTER, INC.							
224 POTOMAC STREET							CHILD & FAMILY ADVOC
AURORA CO 80011	90-0794239	501C(3	60,000				
(5) SOUL 2 SOUL SISTERS							
P. O. BOX 7632							REPRODUCTIVE JUSTICE
DENVER CO 80207	81-1006094	501C(3	60,000				
(6) SPARK COMMUNITY FOUNDATION							
1766 S. FRANKLIN ST.							RURAL COLLABORATIVE
DENVER CO 80210	27-4374456	501C(3	45,000				
(7) STEPPING STONES OF THE ROARING	FORK						
1010 GARFIELD AVE.							SUPPORT FOR OLDER YO
CARBONDALE CO 81623	46-4740539	501C(3	50,000				
(8) STREET FRATERNITY							
8720 E. COLFAX AVE.							SUPPORTING YOUTH ON
DENVER CO 80220	46-0667062	501C(3	80,000				
(9) STRIDE COMMUNITY HEALTH CENTER							
7495 W. 29TH AVE.							HEALTHY BEGINNINGS T
WHEAT RIDGE CO 80033	74-2477108		· · · · · · · · · · · · · · · · · · ·				
2 Enter total number of section 501(c)(3) and government	=	ed in the lir	ne 1 table				
3 Enter total number of other organizations listed in the	line 1 table						

#### 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.

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Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

CARING FOR COLORADO FOUNDATION

General Information on Grants and Assistance

84-1477197

<ul><li>Does the organization maintain the selection criteria used to at</li><li>Describe in Part IV the organization</li></ul>	ward the grants or assist	ance?				ants or assistance,		Yes No
						Complete if the	organization	answered "Yes" on Form 990
	for any recipient tha							
1 (a) Name and address o or government	=	<b>(b)</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 HE 7495 W. 29TH AVE.	EALTH CENTER							MATERNAL-CHILD HEALT
WHEAT RIDGE	CO 80033	74-2477108	501C(3	75,000				
(2) TGTHR, FORMERLY ATT 1440 PINE STREET, S BOULDER		84-0571145	5010(3	35,000				SUPPORT FOR YOUTH EX
(3) THE PLACE 423 EAST CUCHARRAS COLORADO SPRINGS		84-1549702						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 CI 11182 E. MISSISSIPE AURORA		26-0646048	501C(3	50,000				YOUTH AND FAMILY MEN
(7) UNIVERSITY OF COLOR 1800 GRANT STREET, DENVER		ED 84-6049811	501C(3	50,000				HEALTHY BEGINNINGS T
(8) UNIVERSITY OF COLOR 1800 GRANT STREET, DENVER		ED 84-6049811						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 5	501(c)(3) and governmen	t organizations liste	ed in the lin	ne 1 table				

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

### 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.

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OMB No. 1545-0047

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 ar	nd Assistance	!					
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and	
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m	ance?	of arant fund	de in the United State				Yes No
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient that							answered res on roini 550
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	, ,	séction (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) VALLEY SETTLEMENT							
1901 GRAND AVENUE							HEALTHY BEGINNINGS T
GLENWOOD SPRINGS CO 81601	81-2401368	501C(3	60,000				
(2) VALLEY SETTLEMENT							
1901 GRAND AVENUE							FAMILY SUPPORT AND C
GLENWOOD SPRINGS CO 81601	81-2401368	501C(3	60,000				
(3) VIOLENCE FREE COLORADO							
1330 FOX ST., STE. 2							COLORADO FOR MENTAL
DENVER CO 80204	84-0742604	501C(3	25,000				
(4) VIOLENCE FREE COLORADO							
1330 FOX ST., STE. 2							FIREARM EXCISE TAX F
DENVER CO 80204	84-0742604	501C(3	10,000				
(5) VOCES UNIDAS DE LAS MONTAAS							
P.O. BOX 3157							BUILDING LATINO EQUI
	85-0993139	501C(3	60,000				
(6) WARREN VILLAGE							
1323 GILPIN STREET							BUILDING FAMILY RESI
DENVER CO 80218	84-0644270	501C(3	75,000				
(7) WE FORTIFY							
1816 WOOD AVENUE							ADDRESSING ROOT CAUS
	84-3045036	501C(3	50,000				
(8) WESTERN SLOPE NATIVE AMERICAN RES	OU						
1760 10 RD.							PLANNING GRANT FOR Y
	93-1717821	501C(3	25,000				
(9) WRAY COMMUNITY DISTRICT HOSPITAL							
1017 WEST 7TH STREET							HEALTHY BEGINNINGS T
WRAY CO 80758	84-0370617	HOSPIT	12,000				
2 Enter total number of section 501(c)(3) and government	t organizations list	ed in the lin	e 1 table				
3 Enter total number of other organizations listed in the lin	ne 1 table						

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

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 ar	nd Assistance									
1 Does the organization maintain records to substantiate	the amount of the	_	_				□ vaa □ Na			
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m			ds in the United States				Yes No			
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Yes" on Form 990.			
Part IV, line 21, for any recipient that							•			
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							EXPANDING OB ACCESS			
WRAY CO 80758	84-0370617	HOSPIT	12,000							
(2) YOUTH ON RECORD										
1292 W. 10TH AVE.		E01 @ / 0	50.000				STRENGTHENING CONNEC			
DENVER CO 80204	42-1724770	50TC(3	50,000				<u></u>			
(3) YOUTHPOWER365										
90 BENCHMARK ROAD SUITE 300 AVON CO 81620	84-1442909	E010/3	15,000				GENDER-SPECIFIC PROG			
AVON CO 81620 (4) ALAMOSA SCHOOL DISTRICT	84-1442909	2010(3	15,000				<del> </del>			
209 VICTORIA AVE							YOUTH CONNECTIONS			
ALAMOSA CO 81101	84-6011793	GOVERN	100,000				CONNECTIONS			
(5) CAON CITY SCHOOL DISTRICT							<del>                                     </del>			
101 NORTH 14TH STREET							YOUTH CONNECTIONS			
CANON CITY CO 81212	84-6013945	GOVERN	109,874							
(6) SHERIDAN SCHOOL DISTRICT										
PO BOX 1198							YOUTH CONNECTIONS			
	84-0521403	GOVERN	91,695							
(7) MESA COUNTY VALLEY SD #51										
2115 GRAND AVE							YOUTH CONNECTIONS			
GRAND JUNCTION CO 81501	84-6002839	GOVERN	100,150							
(8)										
(9)										
2 Enter total number of section 501(c)(3) and governmen	t organizations liste	ed in the lin	e 1 table							

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

Part III	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	I GIOTIO				<b>'</b>   <b>'</b>				
2									
3									
4									
5									
6									
7									
Part IV	Supplemental Information. Pro	ovide the information	required in Part I, I	ine 2; Part III, columi	n (b); and any other addit	ional information.			
SEE	SCHEDULE I SUPPLEMENTA								

### Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2023, or tax year beginning

10/01/23 , and ending 09/30/24

2023

Employer identification number

Name of the organization

CARING FOR COLORADO FOUNDATION

84-1477197

i dono iriopoduori oopy
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.

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLORADO FOUNDATION

Employer identification number

84-1477197

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account I ersonal services (such as maid, chauneur, cher)			
<b>L</b>	If any of the haves on line to are checked did the argenization follows a written notice regarding neumant			
b	of If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
_				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
2		4a		X
a	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u>X</u>
D		4c		X
C	Participate in or receive payment from an equity-based compensation arrangement?	40		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 2016 - 104(-)(2) 504(-)(4) and 504(-)(00) annulations must assume to live 5.0			
_	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:			
	The organization?	<u>5a</u>		_X_
b	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	_ <u></u>		
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
				v
	in Part III	8		_X_
_				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	l		

Regulations section 53.4958-6(c)?

9

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

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

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

(A) Name and Title	(B) Breakdown of W-2  (i) Base compensation	and/or 1099-MISC and/or (ii) Bonus & incentive compensation	1099-NEC compensation  (iii) Other reportable 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
LINDA REINER	202,938	0	C	10,663	20,443	234,044	0
1 PRESIDENT & CEO		0	C	7,108	13,628		0
	177,296	0	C	10,885			0
2 CFO/EXEC VP	19,700		C	1,209	4,019		
	146,379	0	C	4,447	16,138	166,964	
3 VP OF PHILANTHROPY	1	0	C	494	1,793	18,551	0
	i) 149,963	0	C	5,003	3,679		0
4 VP OF OPERATIONS	i) 3,060	0	C	102	75	3,237	0
	i)						
5 (1	i)						
(	i)						
6 (1	i)						
	i)						
7 (1	i)						
(	i)						
8 (1	i)						
(	i) <mark></mark>						
9 (1	1						
(	i)						
<u>10</u>	i)						
(	i)  						
11 (1	i)						
	i)						
12 (	i)						_
	i)						
13 (1	i) 						_
	i)						
14 (1	1)						
,	i)						
15	1) 2)						
	1						
<u>16</u> (i	יו						

raft I	ii Su	ppieme	ntai ini	ormatio	n														
Provide	the info	rmation.	, explana	ation, or	description	ons requii	red for Pa	art I, line	s 1a, 1b	o, 3, 4a	, 4b, 4ç	c, 5a, 5h	o, 6a, 6	6b, 7, ai	nd 8, and	for Part	II. Also	complete t	his part
or any	addition	al inforr	mation.				0		tic						7			complete t	
						15	DE	70	LIC	Ш			ノト	JY					

#### 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.

OMB No 1545-0047 2023

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Schedule O (Form 990) 2023

CARING FOR FOUNDATION COLORADO

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

Employer identification number

84-1477197 FORM 990 - ADDITIONAL INFORMATION FORM 990, PART IV, LINE 28C: IT IS NOT UNCOMMON FOR THE MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS TO BE ASSOCIATED WITH POTENTIAL GRANTEES EITHER AS BOARD MEMBERS OR PAID STAFF OF THESE ORGANIZATIONS. IN THESE INSTANCES, THE FOUNDATION'S BOARD MEMBER DISCLOSES THE CONFLICT OF INTEREST AND RECUSES HIM/HERSELF FROM GRANT AWARD DELIBERATIONS. PER THE FORM 990 INSTRUCTIONS, NO ADDITIONAL DISCLOSURE IS REQUIRED REGARDING THESE GRANT TRANSACTIONS SINCE THEY ARE DIRECTLY WITH THE TAX EXEMPT GRANTEE ORGANIZATIONS, NOT WITH THE PARTICULAR FOUNDATION BOARD MEMBER. FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE FOUNDATION MUST PROVIDE WRITTEN NOTIFICATION OF CHANGES TO THE ARTICLES OF INCORPORATION TO THE COLORADO STATE ATTORNEY GENERAL WHO WILL HAVE 30 DAYS FROM THE DATE OF SUCH NOTIFICATION TO OBJECT TO THE CHANGES. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE INDEPENDENT AUDITORS PREPARE THE FORM 990 THEN SUBMIT THE RETURN TO STAFF (CEO & CFO) FOR REVIEW. UPON APPROVAL, STAFF PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW AND RECOMMENDATION. THE FINAL DRAFT IS PRESENTED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ONCE A YEAR, THE BOARD OF DIRECTORS AND THE FOUNDATION'S STAFF COMPLETE AND SIGN THE INTERNAL CONFLICT OF INTEREST FORMS. THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ON THIS FORM AND AS THEY MAY ARISE

Employer identification number

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  PAGE 1 OF 2

CARING FOR COLORADO FOUNDATION	84-1477197
AUDIT AND SELECTION PROCESS OF AN INDEPENDENT ACCOUNTAIN	NI DID NOI CHANGE
DURING THE YEAR. C	
	DACE 2 OF 2

Department of the Treasury

Internal Revenue Service

#### **Related Organizations and Unrelated Partnerships**

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

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

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization CARING FOR COLORADO FOUNDATION 84-1477197 **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled entity? (d) (e) Legal domicile (state Public charity status Name, address, and EIN of related organization Primary activity Direct controlling Exempt Code section or foreign country) (if section 501(c)(3)) Yes No CARING FOR COLORADO CENTENNIAL FUND 1635 W 13TH AVE., STE. 303 83-2742375 **DENVER** CO 80204 CHARITABLE CO 501C3 CARING FOR Χ (2) (3) (4)

(5)

Part III	Identification of Related Organization because it had one or more related	t <b>ions Taxab</b> l organizations	le as s trea	a Partnersh ted as a part	<b>ip.</b> Complete i nership during	f the organi the tax yea	zation answered " ar.	Yes" on	Form 99	90, Part I	V, line	e 34,	
	(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of tot income	Share of end-of year assets	- Dispr portion alloc	o- Cod amour ? of Sci	(i) e V—UBI nt in box 20 hedule K-1 rm 1065)	(j) General managir partner	or Perco	(k) centage nership
(1)			,		,			res	INO		res iv		
(2)													
(3)													
(4)													
Part IV	Identification of Related Organization 34, because it had one or more	tions Taxabl related orga	<b>e as</b> nizati	<b>a Corporations</b> treated a	<b>on or Trust.</b> C s a corporation	Complete if on trust du	the organization a uring the tax year.	nswered	d "Yes" o	n Form 9	990, P	art IV	<u>',                                    </u>
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activi		(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	Sha	(g) are of ear assets	(h) Percen owners	tage	Sec 512(I cont	(i) ction (b)(13) trolled tity?
(1)												Yes	No
(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.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		3017			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more rela	ted organizations list	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		$\mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} $		1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•					_		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m Performance of services or membership or fundraising solicitations by related organization(s)							Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Χ
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	unt invol	ved	
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
			1				
<i>(</i> =\							
(5)							
(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.

Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	(h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	<b>(k)</b> Percentage ownership
-		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	1
(1)													l
													I
(2)													 
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII	Provide add	litional informatio	n for respons	es to question	ns on Schedule	e R. See instru	uctions.	
	Pub	olic	Ins	peo	ctio	n C	op	У
•								

## (Rev. November 2018)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form926 for instructions and the latest information. ▶ Attach to your income tax return for the year of the transfer or distribution. OMB No. 1545-0026

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 no	t a controlled foreign corporation?
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 ferror demonstration comparations?	Yes No
<b>b</b> Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number(s)	
	Т
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidat	ed return, was it the parent
corporation?	
If not, list the name and employer identification number (EIN) of the pa	
	arent corporation.
	arent corporation.
	T
Name of parent corporation	EIN of parent corporation
	T
Name of parent corporation	EIN of parent corporation
	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual transferor was a partner in a partnership that was the actual transferor.	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trancomplete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.	EIN of parent corporation  Yes No sferor (but is not treated as such under section 367),
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trancomplete questions 3a through 3d.	EIN of parent corporation
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	ation Regard	<b>ling Transfer of Property</b> (see in	nstructions)				
Section A—Cash	(a)	(6)	(a)		/ <sub>4</sub>  \	(a)	
Type of property	(a) Date of transfer	<b>(b)</b> Description of property	Fair market v		(d) Cost or other basis	Gain recogni transfe	
Cash	09/30/24			2,235	10		
10 Was cash the only If "Yes," skip the re	property transfer	, 1115DE	CliO		CO	X Yes [	No
Section B—Other Pro	operty (other	than intangible property subject to	section 367(d)				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market volume of tra		(d) Cost or other basis	(e) Gain recogni transfe	
Stock and	ti di ioro:	property	date of the		540.0		
securities							
Inventory							
Other property							
(not listed under							
another category)							
3 77							
Property with							
built-in loss							
Totals							
foreign corporation  If "Yes," go to line 1  b Was the transferor (including a branch If "Yes," continue to  c Immediately after th transferee foreign If "Yes," continue to  d Enter the transferre	2b. a domestic corporation that is a foreign of line 12c. If "No," the transfer, was to corporation? b line 12d. If "No," of loss amount in transfer property	" skip line 12d, and go to line 13. acluded in gross income as required under described in section 367(d)(4)?	the assets of a fore ned foreign corpora er with respect to t	eign branch ation? he		Yes Yes Yes Yes	No No No No
Section C—Intangible	e Property Su	bject to Section 367(d)					
Type of property	(a) Date of transfer	<b>(b)</b> Description of property	(c) (d) Useful Arm's leng on date of	th price	(e) Cost or other basis	Income income for year of the (see instru	ransfer
Property described	<del>                                     </del>						
in sec. 367(d)(4)							
Totals							

b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  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?  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)    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)?  Diemental Part III Information Required To Be Reported (see instructions)		Yes Yes Yes		No No No
					—
					_
					_
Dort	IV Additional Information Departing Transfer of Property (and 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.				
10	(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	X	No
b	Gain recognition under section 904(f)(5)(F)	H	Yes	-	No
C	Gain recognition under section 904(f)(5)(F)  Reconture under section 1503(d)	H	Yes	-	No
d	Recapture under section 1503(d)  Exchange gain under section 987		Yes		No
19	Exchange gain under section 987  Did this transfer result from a change in entity classification?		Yes	<del></del>	No
20a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Н	Yes	1	No
20a	If "Yes," complete lines 20b and 20c.	Ш	163	21	NO
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$				
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		Vac		Na
04	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Ш	Yes	Ш	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		V	X	NI.
	covered by section 367(e)(1)? See instructions		Yes		No
	Fol	m <b>9</b> 2	6 (Rev	<sup>,</sup> . 11-2	:018)

## Form **926** (Rev. November 2018)

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form926 for instructions and the latest information.

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

OMB No. 1545-0026

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?
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 of	ontrolled (under section 368(c)) by
five or fewer domestic corporations?	Yes No
<b>b</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
If the transfer over the state of the state	directions were to the present
<b>c</b> If the transferor was a member of an affiliated group filing a consolidate corporation?	
·	
If not, list the name and employer identification number (EIN) of the pa	rant corporation
	eni corporation.
Name of parent corporation	EIN of parent corporation
	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?	EIN of parent corporation
<ul> <li>d Have basis adjustments under section 367(a)(4) been made?</li> <li>3 If the transferor was a partner in a partnership that was the actual trans</li> </ul>	EIN of parent corporation
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d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual transcomplete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  b Did the partner pick up its pro rata share of gain on the transfer of part c Is the partner disposing of its entire interest in the partnership?  d Is the partner disposing of an interest in a limited partnership that is resecurities market?  Part II Transferee Foreign Corporation Information  4 Name of transferee (foreign corporation)  LEXINGTON CAPITAL PARTNERS X  6 Address (including country)  ONE NEXUS WAY  CAMANA BAY  CJ KY1-9005 CAYMAN ISLAN  7 Country code of country of incorporation or organization (see instruction)	EIN of parent corporation  Yes No  Interest is not treated as such under section 367),  EIN of partnership  The section 367),  Per No  Yes No  Yes No  Yes No  Solution in any  98–1620269  5b Reference ID number  (see instructions)
d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual transcomplete questions 3a through 3d. a List the name and EIN of the transferor's partnership.  Name of partnership  b Did the partner pick up its pro rata share of gain on the transfer of part c is the partner disposing of its entire interest in the partnership? d is the partner disposing of an interest in a limited partnership that is requested securities market?  Part II Transferee Foreign Corporation Information 4 Name of transferee (foreign corporation) LEXINGTON CAPITAL PARTNERS X 6 Address (including country) ONE NEXUS WAY CAMANA BAY CJ KY1-9005 CAYMAN ISLAN 7 Country code of country of incorporation or organization (see instruction CJ	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  Pership assets?  Yes No Yes No Juliarly traded on an established  Yes No (see instructions)  5a Identifying number, if any 98–1620269  5b Reference ID number (see instructions)

Form 926 (Rev. 11-2018) CARING FOR COLORADO FOUNDATION

Part III Information Regarding Transfer of Property (see instructions)

Section A—Cash						
Type of property	(a) Date of	(b) Description of	F	(c) -air market value on -date of transfer	(d) Cost or other	(e) Gain recognized on
Cash	transfer 09/30/24	property		754,481	basis	transfer
10 Was cash the only	property transfe	<i>,</i> 11130E0	GL	1011	<u> </u>	X Yes No
Section B—Other Pro	operty (other	than intangible property subject to	sectio	on 367(d))		
Type of property	(a) Date of transfer	<b>(b)</b> Description of property	F	(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						
foreign corporation  If "Yes," go to line 1  b Was the transferor (including a branch If "Yes," continue to  c Immediately after th transferee foreign of If "Yes," continue to  d Enter the transferre	a foreign brance?  2b. a domestic corp that is a foreign line 12c. If "No, the transfer, was corporation? line 12d. If "No, d loss amount in ransfer property	"skip line 12d, and go to line 13.  Included in gross income as required under described in section 367(d)(4)?	the asse ned fore er with r	ets of a foreign brand eign corporation? respect to the	ch	Yes       No         Yes       No         Yes       No         Yes       No         Yes       No
Section C—Intangible	Property Su	ubject to Section 367(d)				1
Type of property	(a) Date of transfer	<b>(b)</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

	and the transfer transfer any mangine property that, at the time of the transfer, had a deciding				
	reasonably anticipated to exceed 20 years?	Ц	Yes	∐ No	
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Ш	Yes	∐ No	
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section	D	1/		
	1.367(d)-1(c)(3)(ii) for any intangible property?	). [ ]	Yes	No 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	
		Ш		ш	
Supi	plemental Part III Information Required To Be Reported (see instructions)				-
		-			-
		-		-	-
		-		-	-
		-		-	-
					-
					-
					-
					-
					-
					-
Part	IV Additional Information Regarding Transfer of Property (see instructions)				-
1 art	Additional information regarding transfer of Froperty (see instructions)				-
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.				
16					
47	(a) Before 0.03 % (b) After 0.02 %  The of a second visit to the second visit (as instruction) > TDC SECUTION 3.5.1				
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.		.,	TT	
a	Gain recognition under section 904(f)(3)		Yes	X No	
b	Gain recognition under section 904(f)(5)(F)	Ц	Yes	X No	
С	Recapture under section 1503(d)	🔲	Yes	X No	
d	Exchange gain under section 987	📙	Yes	X No	
19	Did this transfer result from a change in entity classification?	Ц	Yes	X No	
20a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Ш	Yes	X 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) ▶ \$	_			
С	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	ك			
	covered by section 367(e)(1)? See instructions	🔲	Yes	X No	
				v. 11-2018	_

## Form **926** (Rev. November 2018)

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0026

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	
2 If the transferor was a corporation, complete questions 2a through 2d.	a controlled foreign corporation:
	entrolled (under coation 369(a)) by
fine on ferror description and the con-	
h. Did the transferous remain in evidence often the transfero	Yes No
<b>b</b> Did the transferor remain in existence after the transfer?  If not, list the controlling shareholder(s) and their identifying number(s).	Yes No
in not, list the controlling shareholder(s) and their identifying humber(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidate corporation?	
If not list the name and applicant identification number (FINI) of the not	
it not list the name and employer identification number (FIN) of the nat	rent cornoration
If not, list the name and employer identification number (EIN) of the par	rent corporation.
Name of parent corporation	EIN of parent corporation
	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual transcomplete questions 3a through 3d.	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual transcomplete questions 3a through 3d.	EIN of parent corporation
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partnership.	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  hership assets?  Yes X No
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partnership.	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  Pership assets?  Yes X No Yes X No
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is reg	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  nership assets?  Yes X No Yes X No Jularly traded on an established
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c is the partner disposing of its entire interest in the partnership?	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  nership assets? Yes X No yes X No jularly traded on an established Yes X No
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is reg securities market?	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  nership assets? Yes X No yes X No jularly traded on an established Yes X No
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c Is the partner disposing of its entire interest in the partnership?  d Is the partner disposing of an interest in a limited partnership that is register.  Part II Transferee Foreign Corporation Information	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  Pership assets? Yes X No Yes X No Jularly traded on an established Yes X No (see instructions)
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is register securities market?  Part II Transferee Foreign Corporation Information  4 Name of transferee (foreign corporation)	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  nership assets? Yes X No Yes X No Juliarly traded on an established Yes X No (see instructions)  5a Identifying number, if any
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner is the partner disposing of its entire interest in the partnership?  d Is the partner disposing of an interest in a limited partnership that is register.  Part II Transferee Foreign Corporation Information  4 Name of transferee (foreign corporation)  A5JLTD	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  nership assets? Yes X No yes X No ularly traded on an established Yes X No (see instructions)  5a Identifying number, if any FOREIGNUS
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c is the partner disposing of its entire interest in the partnership?  d Is the partner disposing of an interest in a limited partnership that is register.  Part II Transferee Foreign Corporation Information  4 Name of transferee (foreign corporation)  A5JLTD  6 Address (including country)	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  nership assets? Yes X No ularly traded on an established Yes X No (see instructions)  5a Identifying number, if any FOREIGNUS  5b Reference ID number (see instructions)
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c is the partner disposing of its entire interest in the partnership?  d is the partner disposing of an interest in a limited partnership that is register.  Part II Transferee Foreign Corporation Information  4 Name of transferee (foreign corporation)  A5JLTD  6 Address (including country)  2/F WILLOW HOUSE, CRICKET SQUARE	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  Pership assets?  Yes X No Yes X No Jularly traded on an established  Yes X No (see instructions)  5a Identifying number, if any FOREIGNUS  5b Reference ID number (see instructions)
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d. a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c is the partner disposing of its entire interest in the partnership? d is the partner disposing of an interest in a limited partnership that is reg securities market?  Part II Transferee Foreign Corporation Information  4 Name of transferee (foreign corporation)  A5JLTD  6 Address (including country)  2/F WILLOW HOUSE, CRICKET SQUARE  CJ KY1-1107 CAYMAN ISLANI  7 Country code of country of incorporation or organization (see instruction CJ	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  Pership assets?  Yes X No Yes X No Jularly traded on an established  Yes X No (see instructions)  5a Identifying number, if any FOREIGNUS  5b Reference ID number (see instructions)
Name of parent corporation  d Have basis adjustments under section 367(a)(4) been made?  3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.  a List the name and EIN of the transferor's partnership.  Name of partnership  AXIOM ASIA V  b Did the partner pick up its pro rata share of gain on the transfer of partner c Is the partner disposing of its entire interest in the partnership?  d Is the partner disposing of an interest in a limited partnership that is registed securities market?  Part II Transferee Foreign Corporation Information  4 Name of transferee (foreign corporation)  A5JLTD  6 Address (including country)  2/F WILLOW HOUSE, CRICKET SQUARE  CJ KY1-1107 CAYMAN ISLANGE  CJ KY1-1107 CAYMAN ISLANGE  COUNTRY code of country of incorporation or organization (see instruction)	EIN of parent corporation  Yes No feror (but is not treated as such under section 367),  EIN of partnership  98-1420327  Pership assets?  Yes X No Yes X No Jularly traded on an established  Yes X No (see instructions)  5a Identifying number, if any FOREIGNUS  5b Reference ID number (see instructions)

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Part III	Inform	ation Rega	rding 1	ransfer of P	roperty (see	instructions)

Section A—Cash						
Type of property	(a) Date of transfer	(b) Description of property	F	(c) -air market value on -date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/23		5.1-	213,308	Sacio	
10 Was cash the only If "Yes," skip the rer	property transfe	<i>,</i> 1113060	J	1011	CO	X Yes No
Section B—Other Pro	perty (other	than intangible property subject to	sectio	on 367(d))		
Type of property	(a) Date of transfer	(b) Description of property	F	(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						
foreign corporation? If "Yes," go to line 1  b Was the transferor (including a branch If "Yes," continue to  c Immediately after th transferee foreign of If "Yes," continue to  d Enter the transferred	a foreign brance 2b. a domestic corporation that is a foreign line 12c. If "No e transfer, was corporation? line 12d. If "No d loss amount in ansfer property	"," skip line 12d, and go to line 13.  ncluded in gross income as required under s  described in section 367(d)(4)?	e asseed fore	ets of a foreign brance eign corporation?	h	Yes No Yes No Yes No Yes No Yes No
Section C—Intangible	Property Su	ubject 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						
						000

b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  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?  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) ▶ \$  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)?  Diemental Part III Information Required To Be Reported (see instructions)		Yes Yes Yes		No No No
<b>D</b>	N. A. I.P.C. and I. C. and C. a. Daniel Prog. Transfer of Daniel Co. (1997)				
Part	IV Additional Information Regarding Transfer of Property (see instructions)				
46	Enter the transferent interest in the transferent foreign corneration before and after the transfer				
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  (a) Before 0.35 % (b) After 0.35 %				
47	Type of nonrecognition transaction (see instructions)  IRC SECTION 351				
17 18	Indicate whether any transfer reported in Part III is subject to any of the following.				
	, , , , , , , , , , , , , , , , , , ,		Yes	X	No
a	Gain recognition under section 904(f)(3)	H	Yes	X	No
b	Gain recognition under section 904(f)(5)(F)	Н	Yes	X	No
c d	Recapture under section 1503(d)	$\vdash$	Yes	X	No
19	Exchange gain under section 987	$\vdash$	Yes	X	No
20a	Did this transfer result from a change in entity classification?  Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions		Yes	X	No
20a	If "Yes," complete lines 20b and 20c.	Ш	162	Δ	NO
h	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) \$				
b	Did the domestic corporation not recognize gain or loss on the distribution of property because the				
С	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	Ш	162	Ш	MO
21	covered by section 367(e)(1)? See instructions		Vaa	X	No
	COVERED BY SECTION SUM (C)(1): SEE INSTITUTIONS		Yes	Λ	NO

## Form **926** (Rev. November 2018)

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form926 for instructions and the latest information.

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

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Inform	mation (see instructions)			
Name of transferor  CARING FOR COLORADO	FOUNDATION OF	ection	Identifying number (se 84-1477197	e instructions)
1 Is the transferee a specified 10%-owner	ed foreign corporation that is not	a controlled foreign corporation?		Yes No
2 If the transferor was a corporation, con	nplete questions 2a through 2d.			
a If the transfer was a section 361(a) or	(b) transfer, was the transferor co	ontrolled (under section 368(c)) by		
five or fewer domestic corporations?				Yes No
<b>b</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 shar	eholder	Identi	fying number	
c If the transferor was a member of an a			$\Box$	v
corporation?				Yes No
If not, list the name and employer iden	tification number (EIN) of the par	ent corporation.		
Name of parent co	prporation		parent corporation	
		EIN of p		Yes □ No
<ul> <li>d Have basis adjustments under section</li> <li>3 If the transferor was a partner in a part complete questions 3a through 3d.</li> </ul>	367(a)(4) been made?nership that was the actual trans	EIN of p		Yes No
<ul> <li>d Have basis adjustments under section</li> <li>3 If the transferor was a partner in a part complete questions 3a through 3d.</li> <li>a List the name and EIN of the transferon</li> </ul>	367(a)(4) been made?	EIN of p	der section 367),	Yes No
<ul> <li>d Have basis adjustments under section</li> <li>3 If the transferor was a partner in a part complete questions 3a through 3d.</li> </ul>	367(a)(4) been made?	EIN of p		Yes No
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner	367(a)(4) been made?	EIN of p	der section 367), of partnership	Yes No
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha	367(a)(4) been made?  nership that was the actual transitr's partnership.  ership  re of gain on the transfer of partnership.	EIN of p feror (but is not treated as such un EIN of	der section 367), of partnership	Yes No
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha  c Is the partner disposing of its entire interpretation.	367(a)(4) been made?  nership that was the actual transitive partnership.  Pership  re of gain on the transfer of partnerest in the partnership?	EIN of p	der section 367), of partnership	
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha  c Is the partner disposing of its entire int d Is the partner disposing of an interest in	367(a)(4) been made?  nership that was the actual transitive partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is reg	EIN of p  feror (but is not treated as such un  EIN of  EIN of  ership assets?	der section 367),  of partnership	Yes No
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d. a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha c Is the partner disposing of its entire int d Is the partner disposing of an interest in securities market?	367(a)(4) been made?  Inership that was the actual transitive partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is reg	EIN of p feror (but is not treated as such un EIN of EIN of mership assets?	der section 367),  of partnership	Yes No
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d. a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha c Is the partner disposing of its entire int d Is the partner disposing of an interest in securities market?	367(a)(4) been made?  Inership that was the actual transfer's partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to the partnership that the partnership that is regular to the partnership that	EIN of p feror (but is not treated as such un EIN of EIN of mership assets?	der section 367),  of partnership	Yes No Yes No
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d. a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha c Is the partner disposing of its entire int d Is the partner disposing of an interest in securities market?  Part II Transferee Foreign C	367(a)(4) been made?  nership that was the actual transitr's partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to the partnership that the partnership that is regular to the partnership that the partnershi	Fin of page 1. See instructions)	der section 367),  of partnership	Yes No Yes No
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha  c Is the partner disposing of its entire int d Is the partner disposing of an interest it securities market?  Part II Transferee Foreign C  4 Name of transferee (foreign corporation)	367(a)(4) been made?  nership that was the actual transitr's partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to the partnership that the partnership that is regular to the partnership that the partnershi	Fin of page 1. See instructions)	der section 367),  of partnership  5a Identifying number,	Yes No Yes No Yes No if any
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d. a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha c Is the partner disposing of its entire int d Is the partner disposing of an interest in securities market?  Part II Transferee Foreign C A Name of transferee (foreign corporation CLAYTON, DUBILIER 8)	367(a)(4) been made?  nership that was the actual transitr's partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to the partnership that the partnership that is regular to the partnership that the partnershi	Fin of page 1. See instructions)	der section 367),  of partnership  5a Identifying number, 98-1446590	Yes No Yes No Yes No if any
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha  c Is the partner disposing of its entire int d Is the partner disposing of an interest in securities market?  Part II Transferee Foreign C  4 Name of transferee (foreign corporation CLAYTON, DUBILIER & Address (including country)  PO BOX 309, UGLAND HOUSE	367(a)(4) been made?  nership that was the actual transitr's partnership.  Pership  The re of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to the partnership that the partnership that is regular to the partnership that the partnership th	EIN of p  feror (but is not treated as such un  EIN of  ership assets?  ularly traded on an established  see instructions)	der section 367),  of partnership  5a Identifying number, 98-1446590  5b Reference ID number	Yes No Yes No Yes No if any
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha  c Is the partner disposing of its entire int d Is the partner disposing of an interest in securities market?  Part II Transferee Foreign C  4 Name of transferee (foreign corporation CLAYTON, DUBILIER & Address (including country)  PO BOX 309, UGLAND HOUSE	367(a)(4) been made?  Inership that was the actual transitive partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to a limited partnership.	EIN of p  feror (but is not treated as such un  EIN of  ership assets?  ularly traded on an established  see instructions)	der section 367),  of partnership  5a Identifying number, 98-1446590  5b Reference ID number	Yes No Yes No Yes No if any
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha c Is the partner disposing of its entire int d Is the partner disposing of an interest in securities market?  Part II Transferee Foreign C  4 Name of transferee (foreign corporation CLAYTON, DUBILIER & CLA	367(a)(4) been made?  Inership that was the actual transitive partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to a limited	EIN of p  feror (but is not treated as such un  EIN of  ership assets?  ularly traded on an established  see instructions)	der section 367),  of partnership  5a Identifying number, 98-1446590  5b Reference ID number	Yes No Yes No Yes No if any
d Have basis adjustments under section  3 If the transferor was a partner in a part complete questions 3a through 3d.  a List the name and EIN of the transfero  Name of partner  b Did the partner pick up its pro rata sha c Is the partner disposing of its entire int d Is the partner disposing of an interest it securities market?  Part II Transferee Foreign C  4 Name of transferee (foreign corporation CLAYTON, DUBILIER & Address (including country)  PO BOX 309, UGLAND HOUSE  CJ F  7 Country code of country of incorporation	367(a)(4) been made?  Inership that was the actual transitive partnership.  Pership  The of gain on the transfer of partnerest in the partnership?  In a limited partnership that is regular to a limited	EIN of p  feror (but is not treated as such un  EIN of  ership assets?  ularly traded on an established  see instructions)	der section 367),  of partnership  5a Identifying number, 98-1446590  5b Reference ID number	Yes No Yes No Yes No if any

Cootion A	Cook						
Part III	Informa	tion Regar	ding 1	Transfer of Pro	operty (see instructions)		
Form 926 (Rev.	11-2018)	CARING	F'OR	COLORADO	FOUNDA'I'LON	84-1477197	

Section A—Cash						
Type of property	(a) Date of transfer	(b) Description of property	i	<b>(c)</b> Fair market value on ∎date of transfer	(d) Cost or other basis	<b>(e)</b> Gain recognized on transfer
10 Was cash the only If "Yes," skip the ren		, IIISDE	Ct	217,860	Co	X Yes No
Section B—Other Pro		than intangible property subject to	section			
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	i	(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						
recognition agreemed  12a Were any assets of foreign corporation?  If "Yes," go to line 1:  b Was the transferor a (including a branch If "Yes," continue to  c Immediately after the transferee foreign of If "Yes," continue to  d Enter the transferred	ent was filed? a foreign brance 2b. a domestic corporation 12c. If "No e transfer, was corporation? line 12d. If "No d loss amount in ansfer property	ch (including a branch that is a foreign disrection that transferred substantially all of the disregarded entity) to a specified 10%-ow, skip lines 12c and 12d, and go to line 13. the domestic corporation a U.S. shareholder, skip line 12d, and go to line 13. Included in gross income as required under described in section 367(d)(4)?	egarded the asserned fore	entity) transferred to ets of a foreign bran eign corporation?	ch	Yes       No         Yes       No         Yes       No         Yes       No         Yes       No         Yes       No
Section C—Intangible	Property Su	ubject to Section 367(d)				
Type of property	(a) Date of transfer	<b>(b)</b> Description of property	(c) Useful life	(d) Arm's length price on date of transfer	<b>(e)</b> Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
i Viulo						1

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?	Н	Yes	Н	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Ш	Yes		No
С	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?	Ш	Yes	Ш	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)?	Ш	Yes	Ш	No
C	elemental Davi III Information Described To De Departed (consists estimated)				
Supp	plemental Part III Information Required To Be Reported (see instructions)				
Part	IV Additional Information Regarding Transfer of Property (see instructions)				
40					
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.				
а	Gain recognition under section 904(f)(3)	. Ц	Yes	Χ	No
b	Gain recognition under section 904(f)(5)(F)	. Ц	Yes	Χ	No
С	Recapture under section 1503(d)	. Ш	Yes	X	No
d	Exchange gain under section 987	. Ш	Yes	Χ	No
19	Did this transfer result from a change in entity classification?	. Ш	Yes	Χ	No
20a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Ш	Yes	X	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) ▶ \$				
С	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	X	No

### Form **926** (Rev. November 2018)

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form926 for instructions and the latest information.

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

OMB No. 1545-0026

Attachment Sequence No. 128

Part 1 0.5. Transferor information (see instructions)	
Name of transferor  CARING FOR COLORADO FOUNDATION	Identifying number (see instructions)  84-1477197
<ul><li>1 Is the transferee a specified 10%-owned foreign corporation that is not</li><li>2 If the transferor was a corporation, complete questions 2a through 2d.</li></ul>	a controlled foreign corporation?
	antrolled (under section 369(a)) by
fire an favore demonstration and the o	
b Did the transferon promise in evidence of the the transfero	Yes No
b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying number(s).	Yes No
If not, list the controlling shareholder(s) and their identifying humber(s).	
Controlling shareholder	Identifying number
<b>c</b> If the transferor was a member of an affiliated group filing a consolidated corporation?	
If not, list the name and employer identification number (EIN) of the par	ent corporation.
Name of parent corporation	EIN of parent corporation
<b>d</b> Have basis adjustments under section 367(a)(4) been made?	Yes No
<ul><li>3 If the transferor was a partner in a partnership that was the actual transferor complete questions 3a through 3d.</li><li>a List the name and EIN of the transferor's partnership.</li></ul>	feror (but is not treated as such under section 367),
Name of partnership	EIN of partnership
DAVIDSON KEMPNER INSTITUTIONAL PTNR	13-3597020
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partner	
a la the newton dispersion of its emiliar interest in the newtonistic O	Yes X No
<b>d</b> Is the partner disposing of an interest in a limited partnership that is reg	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (	see instructions)
4 Name of transferee (foreign corporation)	5a Identifying number, if any
DKIP (CAYMAN) II LP	FOREIGNUS
6 Address (including country)	5b Reference ID number
190 ELGIN AVENUE GRAND CAYMAN	(see instructions)
CJ KY1-9005 CAYMAN ISLAND	, , ,
7 Country code of country of incorporation or organization (see instruction	· · · · · · · · · · · · · · · · · · ·
CJ	•
8 Foreign law characterization (see instructions)	
CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No

	,	O1 11 C 1 1 C	- 0	0010141		0011211	
Part III	nformat	tion Pogs	rding T	ranefor of	Dron	arty (coo	inetructione

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  10 Was cash the only If "Yes," skip the rer		, IIISDEC	8,318,467	Co	X Yes No
Section B—Other Pro		than intangible property subject to se			
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					
recognition agreement  12a Were any assets of foreign corporation?  If "Yes," go to line 1.  b Was the transferor of (including a branch of "Yes," continue to continue to the transferee foreign of the "Yes," continue to the transferred of the transferor	ent was filed? a foreign brance 2b. a domestic corporation and the second secon		assets of a foreign brand foreign corporation?	o a dch	Yes       No         Yes       No         Yes       No         Yes       No         Yes       No         Yes       No
Section C—Intangible		ubject to Section 367(d)		Г	T (n
Type of property	(a) Date of transfer	Description of Us	(c) (d) Seful Arm's length price on date of transfer	(e) Cost or other basis	Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)					
Totals					

b

15

Part IV

17

18

h

С

19

20a

b

21

Did the transferor choose to apply the 20-year inclusion period provided under Regulations section

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

Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any

Additional Information Regarding Transfer of Property (see instructions)

Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?

Enter the transferor's interest in the transferee foreign corporation before and after the transfer.

Indicate whether any transfer reported in Part III is subject to any of the following.

Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351

Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$

Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation

Did the domestic corporation not recognize gain or loss on the distribution of property because the

reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?

14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life

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

1.367(d)-1(c)(3)(ii) for any intangible property?

(a) Before 0.12 % (b) After 0.12 %

If "Yes," complete lines 20b and 20c.

Regulations section 1.367(d)-1(c)(3)(ii) ▶\$

Yes covered by section 367(e)(1)? See instructions Form **926** (Rev. 11-2018)

Yes

# Form **926** (Rev. November 2018)

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0026

Attachment Sequence No. 128

Part 1 U.S. Transferor information (see instructions)	
Name of transferor  CARING FOR COLORADO FOUNDATION	Identifying number (see instructions) $84-1477197$
<ul><li>1 Is the transferee a specified 10%-owned foreign corporation that is not</li><li>2 If the transferor was a corporation, complete questions 2a through 2d.</li></ul>	a controlled foreign corporation?
	entrolled (under coation 260(a)) by
a If the transfer was a section 361(a) or (b) transfer, was the transferor or	
	Yes No
	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 consolidate corporation?	
If not, list the name and employer identification number (EIN) of the par	rent corporation.
in too, not the flame and employer identification flames (2117) of the par	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	
<ul><li>3 If the transferor was a partner in a partnership that was the actual trans complete questions 3a through 3d.</li><li>a List the name and EIN of the transferor's partnership.</li></ul>	feror (but is not treated as such under section 367),
Name of partnership	EIN of partnership
h Did the partner pick up its are rate above of sain an the transfer of sain	perphip accepts?
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partner dispersion of its <b>partner</b> interest in the partnership?	No.
c Is the partner disposing of its <b>entire</b> interest in the partnership?	Yes No
<b>d</b> Is the partner disposing of an interest in a limited partnership that is reg	
securities market?	
Part II Transferee Foreign Corporation Information	·
4 Name of transferee (foreign corporation)	5a Identifying number, if any
STEPSTONE VC SECONDARIES V (CAYMAN	
6 Address (including country)	<b>5b</b> Reference ID number
100 PAINTERS MILL RD	(see instructions)
OWINGS MILLS CJ 21117 CAYMAN ISLANI	<u> </u>
7 Country code of country of incorporation or organization (see instruction	ns)
CJ	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No

orm 926 (Rev. 11-2018)	CARING	FOR	COLORADO	FOUNDATION

Section A—Cash	ation Regard	ding Transfer of Property (see in	structions)		
Type of property	(a) Date of transfer	(b) Description of property	Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash  10 Was cash the only If "Yes," skip the re		, IIISDE	338,674	Co	X Yes No
Section B—Other Pr	operty (other	than intangible property subject to	section 367(d))		
Type of property	(a) Date of transfer	<b>(b)</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					
recognition agreem  12a Were any assets of foreign corporation of "Yes," go to line of the waste transferor (including a branch of "Yes," continue to the transferee foreign of "Yes," continue to the transferee foreign of "Yes," continue to the transferor of the waste of the transferor of the waste of the transferor of the waste	f a foreign brand?  f a foreign brand?  12b.  a domestic corp.  that is a foreign bline 12c. If "No the transfer, was corporation?  bline 12d. If "No the loss amount is transfer property of C and question	securities subject to section 367(a) with resch (including a branch that is a foreign disrect control of the disregarded entity) to a specified 10%-own," skip lines 12c and 12d, and go to line 13. the domestic corporation a U.S. shareholder, skip line 12d, and go to line 13. Included in gross income as required under described in section 367(d)(4)? Ins 14a through 15.	ngarded entity) transferred to the assets of a foreign branched foreign corporation?  er with respect to the section 91  \$\int\$	o a Ch	Yes       No         Yes       No         Yes       No         Yes       No         Yes       No
Section C—Intangibi			(-)	(-)	(f)
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length price on date of transfer	(e) Cost or other basis	Income inclusion for year of transfer (see instructions)
Property described					
in sec. 367(d)(4)					-
Totals					

b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  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?  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) ▶ \$  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)?  Diemental Part III Information Required To Be Reported (see instructions)		Yes Yes Yes		No No No
Dant	W. Additional Information Deposition Transfer of Dranasty (and 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.				
10	(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.				
			Yes	X	No
a b	Gain recognition under section 904(f)(3)	Н	Yes	X	No
C	Gain recognition under section 904(f)(5)(F)	Н	Yes	X	No
d	Recapture under section 1503(d)  Evaluation again under section 987	Н	Yes	X	No
19	Exchange gain under section 987  Did this transfer result from a change in entity classification?	Н	Yes	X	No
20a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Н	Yes	X	No
200	If "Yes," complete lines 20b and 20c.	Ш	103	23	110
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				
Ü	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	Ш	. 00	Ш	
	covered by section 367(e)(1)? See instructions		Yes	X	No
		ш			. 10