

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

A For the 2024 calendar year, or tax year beginning 10/01/24, and ending 09/30/25

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: CARING FOR COLORADO FOUNDATION
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 1635 W 13TH AVE, SUITE 303
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: DENVER CO 80204
D Employer identification number: 84-1477197
E Telephone number: 720-524-0770
G Gross receipts: \$ 6,180,784
H(a) Is this a group return for subordinates? Yes No (X)
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

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

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: CREATING EQUITY IN HEALTH, WELL-BEING AND OPPORTUNITY FOR COLORADO'S YOUNG PEOPLE AND THEIR FAMILIES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 20. 6 Total number of volunteers (estimate if necessary) 6 15. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -162,307. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 8 Contributions and grants (Part VIII, line 1h) 8 0. 9 Program service revenue (Part VIII, line 2g) 9 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,825,840 6,275,615. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 53,099 -176,052. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,878,939 6,099,563. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 9,637,695 13,577,624. 14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 2,457,274 2,255,482. 16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 16b 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,461,492 1,169,164. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 13,556,461 17,002,270. 19 Revenue less expenses. Subtract line 18 from line 12 19 -9,677,522 -10,902,707. 20 Total assets (Part X, line 16) 20 253,355,117 253,501,940. 21 Total liabilities (Part X, line 26) 21 38,403,853 32,625,755. 22 Net assets or fund balances. Subtract line 21 from line 20 22 214,951,264 220,876,185.

Part II Signature Block

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

Sign Here: Signature of officer: LINDA REINER, PRESIDENT & CEO, Date:
Paid Preparer Use Only: Preparer's name: MARIA MONTOYA, Preparer's signature: MARIA MONTOYA, Date: 02/09/26, Check self-employed: [], PTIN: P01363907, Firm's name: KUNDINGER, CORDER & MONTOYA, P.C., Firm's EIN: 84-1255164, Firm's address: 475 LINCOLN STREET, SUITE 200, DENVER, CO 80203, Phone no.: 303-534-5953

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION WORKS TO IMPROVE THE LIVES OF YOUNG PEOPLE AND THEIR FAMILIES IN COLORADO THROUGH COLLABORATION, PARTNERSHIP, SHARED KNOWLEDGE AND GRANT-MAKING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 15,527,962 including grants of \$ 13,577,624) (Revenue \$) THE FOUNDATION PROVIDES GRANTS AND DEVELOPS PROGRAMS THAT HELP MEET AND SERVE THE HEALTH CARE NEEDS OF THE CITIZENS OF COLORADO

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

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

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

4e Total program service expenses 15,527,962

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
1b	Enter the number of voting members included on line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 LINDA REINER 1635 W 13TH AVE, SUITE 303
 DENVER CO 80204 720-524-0770

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA REINER PRESIDENT & CEO	24.00 16.00			X				217,186	144,791	49,393
(2) HEIDI VAN LAW CFO/EXEC VP	36.00 4.00			X				195,404	21,712	41,359
(3) MEGAN WILSON VP OF OPERATIONS	39.00 1.00			X				181,939	3,713	41,476
(4) MELANIE BRAVO VP OF PHILANTHROPY	36.00 4.00			X				163,767	18,196	28,495
(5) JEFF BONTRAGER VP INITIATIVES	15.00 25.00			X				63,764	104,037	18,195
(6) GINA FERGUSON SR PHILANTHROPY LEAD	16.00 24.00					X		46,196	69,293	39,110
(7) AMY MAILLET DIRECTOR OF COMM	34.00 6.00					X		92,307	16,290	38,053
(8) JUANA ROSA CAVERO DIRECTOR OF REPROCOL	0.00 40.00					X		0	116,906	28,215
(9) SARAH DUTCHER SENIOR PHILANTH LEAD	36.00 4.00					X		98,775	10,975	25,626
(10) LYNN BORUP DIRECTOR	0.00 0.00	X						0	0	0
(11) KRAIG BURLESON DIRECTOR	0.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KRISTINA DANIEL										
(12) SECRETARY	0.00	X		X			0	0	0	
(13) LANDON MASCARENAZ ED.D.										
(13) DIRECTOR	1.00	X					0	0	0	
(14) ANNE GARCIA										
(14) TREASURER	0.00	X		X			0	0	0	
(15) STEVEN FEDERICO, MD										
(15) DIRECTOR	1.00	X					0	0	0	
(16) WILL HAYS, MSSW										
(16) DIRECTOR	1.00	X					0	0	0	
(17) MARDI MOORE										
(17) CHAIR	0.00	X		X			0	0	0	
(18) LUIS MURILLO										
(18) DIRECTOR	0.00	X					0	0	0	
(19) NIM PATEL										
(19) DIRECTOR	0.00	X					0	0	0	
1b Subtotal							1,059,338	505,913	309,922	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,059,338	505,913	309,922	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,091,130			2,091,130	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,265,706			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	81,221				
	c Gain or (loss)	7c	4,184,485				
	d Net gain or (loss)		4,184,485		13,745	4,170,740	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a ORDINARY BUSINESS LOSS	Business Code	900099	-176,052		-176,052	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-176,052			
12 Total revenue. See instructions			6,099,563	0	-162,307	6,261,870	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,577,624	13,577,624		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	966,703	516,473	450,230	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	929,502	464,751	464,751	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,941		56,941	
9 Other employee benefits	172,410	154,380	18,030	
10 Payroll taxes	129,926	90,834	39,092	
11 Fees for services (nonemployees):				
a Management				
b Legal	30,801		30,801	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	135,000		135,000	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	159,303	103,043	56,260	
12 Advertising and promotion				
13 Office expenses	68,979	45,100	23,879	
14 Information technology	113,645	79,452	34,193	
15 Royalties				
16 Occupancy	294,834	206,122	88,712	
17 Travel	86,350	50,605	35,745	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,187	36,484	15,703	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	138,123	138,123		
b COMMUNICATIONS	76,362	58,182	18,180	
c OTHER	13,580	6,789	6,791	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,002,270	15,527,962	1,474,308	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	173,153	2 423,232
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	48,579	9 44,051
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 408,449	
	b	Less: accumulated depreciation	10b 287,884	10c 120,565
	11	Investments—publicly traded securities	57,384,847	11 57,739,754
	12	Investments—other securities. See Part IV, line 11	193,737,634	12 193,576,067
	13	Investments—program-related. See Part IV, line 11	239,047	13 250,001
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	1,592,242	15 1,348,270
16	Total assets. Add lines 1 through 15 (must equal line 33)	253,355,117	16 253,501,940	
Liabilities	17	Accounts payable and accrued expenses	4,496,451	17 2,916,103
	18	Grants payable	5,224,917	18 49,620
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	28,682,485	25 29,660,032
	26	Total liabilities. Add lines 17 through 25	38,403,853	26 32,625,755
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27		Net assets without donor restrictions	214,951,264	27 220,876,185
28		Net assets with donor restrictions		28
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29		Capital stock or trust principal, or current funds		29
30		Paid-in or capital surplus, or land, building, or equipment fund		30
31		Retained earnings, endowment, accumulated income, or other funds		31
32		Total net assets or fund balances	214,951,264	32 220,876,185
33	Total liabilities and net assets/fund balances	253,355,117	33 253,501,940	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,099,563
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,002,270
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,902,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	214,951,264
5	Net unrealized gains (losses) on investments	5	14,788,102
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	2,039,526
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	220,876,185

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) BRENDA HOLLAND, PH.D (12) DIRECTOR	0.00 0.00	X						0	0	0
(21) CONNIE RULE (13) DIRECTOR	0.00 0.00	X						0	0	0
(22) BRIAN TURNER (14) DIRECTOR	0.00 0.00	X						0	0	0
(23) CHRISTOPHER URBINA (15) DIRECTOR	0.00 0.00	X						0	0	0
(24) KATHLEEN WASSERMAN (16) DIRECTOR	0.00 0.00	X						0	0	0
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

CARING FOR COLORADO FOUNDATION

84-1477197

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		73,251	54,616	18,635
d Equipment		335,198	233,268	101,930
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				120,565

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other ALTERNATIVE INVESTMENTS	193,576,067	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	193,576,067	

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INVESTMENTS HELD FOR CENTENNIAL FUND	28,311,762
(3) LEASE OBLIGATION	1,348,270
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	29,660,032

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,752,665
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	14,788,102	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	14,788,102
3	Subtract line 2e from line 1		3	5,964,563
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	135,000	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	135,000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,099,563

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

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

1	Total expenses and losses per audited financial statements		1	14,827,744
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	14,827,744
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	135,000	
b	Other (Describe in Part XIII.)	4b	2,039,526	
c	Add lines 4a and 4b		4c	2,174,526
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	17,002,270

Part XIII Supplemental Information

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

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
 CANCELLATION OF GRANT AWARDED IN A PRIOR YEAR \$ 2,039,526

Part XIII Supplemental Information *(continued)*

Public Inspection Copy

**SCHEDULE F
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN -			INVESTMENTS		99,464,942
(1) EUROPE			INVESTMENTS		5,840,778
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					105,305,720
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					105,305,720

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

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

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

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

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

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN -	\$ 0	\$ 99,464,942
EUROPE	\$ 0	\$ 5,840,778

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	9TO5 COLORADO 4130 TEJON ST. SUITE A DENVER CO 80211	34-1246311	501C(3)	75,000				EMPOWERING COLORADO
(2)	ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVE. ALAMOSA CO 81101	84-6011793	GOVERN	25,000				YOUTH WELL-BEING IN
(3)	ANTONITO TOGETHER P.O. BOX 18770 DENVER CO 80218	84-1493585	501C(4)	100,000				YOUTH-DRIVEN BELONGI
(4)	AURORA COMMUNITY CONNECTION FAMILY 9801 E. COLFAX AVE. AURORA CO 80010	26-2222571	501C(3)	75,000				TRANSITION GRANT FUN
(5)	BELL POLICY CENTER 303 E. 17TH AVENUE, SUITE 400 DENVER CO 80203	84-1550841	501C(3)	15,000				GRADUATED INCOME TAX
(6)	BENT COUNTY COMMUNITY CENTER P.O. BOX 505 LAS ANIMAS CO 81054	84-1137463	501C(3)	150,000				SAFE INCLUSIVE SPACE
(7)	BOYS & GIRLS CLUBS OF METRO DENVER 2017 W. 9TH AVE. DENVER CO 80204	84-0510404	501C(3)	240,000				COMPREHENSIVE OUT-OF
(8)	BOYS & GIRLS CLUBS OF THE SAN LUIS P.O. BOX 1032 ALAMOSA CO 81101	84-1215393	501C(3)	225,000				TRAUMA-INFORMED YOUT
(9)	BOYS AND GIRLS CLUBS OF PUEBLO COUN 635 W CORONA AVE., SUITE 100 PUEBLO CO 81004	23-7307508	501C(3)	300,000				YOUTH SUPPORT THROUG

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 122

3 Enter total number of other organizations listed in the line 1 table 4

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOYS AND GIRLS CLUBS OF THE HIGH 360 9TH ST. FAIRPLAY CO 80440	RO 68-0538363	501C(3)	150,000				EMPOWERING RURAL YOUTH
(2)	BRANSON SCHOOL DISTRICT RE-82 101 SADDLEROCK DRIVE BRANSON CO 81027	84-6002789	GOVERN	25,000				YOUTH WELL-BEING IN
(3)	CAMPO SCHOOL DISTRICT RE-6 PO BOX 70 CAMPO CO 81029	84-6013868	GOVERN	25,000				YOUTH WELL-BEING IN
(4)	CASA OF THE 7TH JUDICIAL DISTRICT 147 N. TOWNSEND AVE. MONTROSE CO 81401	84-1546403	501C(3)	225,000				AT-RISK YOUNG PEOPLE
(5)	CATHOLIC CHARITIES OF SOUTHERN COLO 429 WEST 10TH STREET PUEBLO CO 81003	84-0471001	501C(3)	300,000				STRENGTHENING YOUTH
(6)	CENTER FOR AFRICAN AMERICAN HEALTH 3350 HUDSON STREET DENVER CO 80207	84-1477546	501C(3)	50,000				CAPACITY BUILDING FO
(7)	CENTER FOR AFRICAN AMERICAN HEALTH 3350 HUDSON STREET DENVER CO 80207	84-1477546	501C(3)	100,000				ADVANCING HEALTH EQU
(8)	CENTER FOR HEALTH PROGRESS P.O. BOX 18877 DENVER CO 80204	43-2007393	501C(3)	75,000				STRENGTHENING COVERA
(9)	CENTER VIKING YOUTH CLUB P.O. BOX 883 CENTER CO 81125	47-2117199	501C(3)	200,000				CULTIVATING COMMUNIT

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTRO DE LA FAMILIA 1645 S. MURRAY BOULEVARD COLORADO SPRINGS CO 80916	84-1435999	501C(3)	25,000				TRANSITION GRANT FUN
(2)	CHERAW SCHOOL DISTRICT 31 110 LAKEVIEW AVE. CHERAW CO 81030	84-6001765	GOVERN	25,000				YOUTH WELL-BEING IN
(3)	CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING JR BLVD. DENVER CO 80205	84-0432238	501C(3)	50,000				IMPROVING BIRTH EQUI
(4)	COLORADO CENTER ON LAW AND POLICY 789 SHERMAN STREET, SUITE 300 DENVER CO 80203	84-1264154	501C(3)	50,000				ADVOCACY FOR LOW-INC
(5)	COLORADO CHILDREN'S CAMPAIGN 1700 BROADWAY, SUITE 840 DENVER CO 80290	74-2374672	501C(3)	75,000				SUPPORT FOR COLORADO
(6)	COLORADO CONSUMER HEALTH INITIATIVE 1420 OGDEN SUITE A1 DENVER CO 80218	84-1145452	501C(3)	30,000				COLORADO HEALTH POLI
(7)	COLORADO IMMIGRANT RIGHTS COALITION 2525 W. ALAMEDA AVE DENVER CO 80219	73-1675486	501C(3)	50,000				KEEP FAMILIES TOGETH
(8)	COLORADO NONPROFIT ASSOCIATION 1600 DOWNING STREET, SUITE 750 DENVER CO 80218	84-0942908	501C(3)	25,000				STRENGTHENING AND AD
(9)	COLORADO STATEWIDE PARENT COALITION P.O. BOX 11849 DENVER CO 80221	74-2563848	501C(3)	50,000				BREAKING BARRIERS FO

- 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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COLORADO YOUTH CONGRESS 3840 YORK STREET #100 DENVER CO 80205	82-4121769	501C(3)	40,000				YOUTH-ADULT PARTNERS
(2)	COMMUNITY RESOURCE CENTER 303 E 17TH AVE., SUITE 405 DENVER CO 80203	84-0838406	501C(3)	30,000				STRENGTHENING AND AD
(3)	COMPAEROS: FOUR CORNERS IMMIGRANT 1099 MAIN AVE #215 DURANGO CO 81301	37-1640345	501C(3)	225,000				EMPOWERING RURAL IMM
(4)	CREEDE SCHOOL DISTRICT P. O. BOX 429 CREEDE CO 81130	84-0941176	GOVERN	25,000				YOUTH WELL-BEING IN
(5)	DENVER INDIAN FAMILY RESOURCE CENTE 1633 FILLMORE ST. GL2 DENVER CO 80206	84-1568837	501C(3)	200,000				HEALING OUR WAKANYEJ
(6)	EL CENTRO AMISTAD 2338 BROADWAY BOULDER CO 80304	47-0864016	501C(3)	225,000				RAICES VIVAS YOUTH P
(7)	ELEPHANT CIRCLE 3548 G ROAD PALISADE CO 81526	47-1648218	501C(3)	75,000				ADVANCING COMMUNITY-
(8)	EVERY CHILD PEDIATRICS 9197 GRANT STREET THORNTON CO 80229	84-1321485	501C(3)	100,000				SUPPORTING SCHOOL-BA
(9)	FAMILIES PLUS 2050 SOUTH MAIN ST DELTA CO 81416	37-1494672	501C(3)	300,000				EMPOWERING YOUTH AND

- 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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FAMILY RESOURCE CENTER 120 MAIN STREET STERLING CO 80751	20-5089275	501C(3)	100,000				REDUCING HEALTH INEQ
(2)	FLORENCE CRITTENTON SERVICES OF COL 96 SOUTH ZUNI ST. DENVER CO 80223	84-0429686	501C(3)	300,000				PROVIDING WRAPAROUND
(3)	FOCUS POINTS FAMILY RESOURCE CENTER 2501 EAST 48TH AVE. DENVER CO 80216	84-1353944	501C(3)	240,000				IMMIGRANT YOUTH AND
(4)	FORTALEZA FAMILIAR 3532 FRANKLIN ST. SUITE L DENVER CO 80205	84-1499624	501C(3)	100,000				RESILIENCE FOR 2SLGB
(5)	FOUR CORNERS RAINBOW YOUTH CENTER 701 CAMINO DEL RIO DURANGO CO 81301	82-1752513	501C(3)	300,000				YOUTH AND FAMILIES W
(6)	FOWLER SCHOOL DISTRICT R4J 601 W. GRANT AVE FOWLER CO 81039	84-6014360	GOVERN	25,000				YOUTH WELL-BEING IN
(7)	FULL CIRCLE OF LAKE COUNTY 115 E. 7TH STREET LEADVILLE CO 80461	84-1386727	501C(3)	200,000				ECOSYSTEM OF SUPPORT
(8)	FULL CIRCLE RESTORATIVE JUSTICE 448 E. 1ST STREET, SUITE 208 SALIDA CO 81201	26-1418606	501C(3)	300,000				BUILDING YOUTH RESIL
(9)	FUNDAMENTAL NEEDS 14881 COUNTY RD 26 DOLORES CO 81323	85-3603760	501C(3)	75,000				CORTEZ MAKERSPACE

- 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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GIRLS INC. OF METRO DENVER 1499 JULIAN ST. DENVER CO 80204	74-2277668	501C(3)	75,000				TRANSITION GRANT FUN
(2)	GREAT EDUCATION COLORADO 1355 S. COLORADO BOULEVARD DENVER CO 80222	56-2517232	501C(3)	15,000				FISCAL REFORM IN EDU
(3)	GROWING HOME 3489 W. 72ND AVE., SUITE 112 WESTMINSTER CO 80030	84-1461503	501C(3)	55,000				TRANSITION GRANT FUN
(4)	HEART OF SAGUACHE P.O. BOX 18770 DENVER CO 80218	84-1493585	501C(4)	30,000				HEALTH EQUITY YOUTH
(5)	HIGH VALLEY COMMUNITY CENTER, INC. 595 GRAND AVE. DEL NORTE CO 81132	84-1599061	501C(3)	60,000				TRANSITION GRANT FUN
(6)	HILLTOP COMMUNITY RESOURCES, INC. 1331 HERMOSA AVE. GRAND JUNCTION CO 81506	74-2321009	501C(3)	150,000				CONNECTIONS FOR YOUT
(7)	HOLLY SCHOOL DISTRICT RE-3 206 N 3RD ST HOLLY CO 81047	84-6011860	GOVERN	25,000				YOUTH WELL-BEING IN
(8)	HOPE COMMUNITIES 2543 CALIFORNIA ST. DENVER CO 80205	84-0829068	501C(3)	60,000				TRANSITION GRANT FUN
(9)	IMPACT CHARITABLE 1536 WYNKOOP ST. STE. 223 DENVER CO 80202	47-1180598	501C(3)	85,000				CARE CO PLANNING GRA

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

**Open to Public
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Name of the organization

CARING FOR COLORADO FOUNDATION

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84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	INDIGENOUS WELLBRIETY PROGRAM P.O. BOX 3040 DURANGO CO 81302	23-7113221	OTHER	90,000				INDIGENOUS WELLBRIET
(2)	INSIDE OUT YOUTH SERVICES 516 W. COLORADO AVENUE COLORADO SPRINGS CO 80905	84-1407299	501C(3)	200,000				SAFE AND AFFIRMING C
(3)	JEWISH FAMILY SERVICE OF COLORADO 3201 S. TAMARAC DRIVE DENVER CO 80231	84-0402701	501C(3)	75,000				TRANSITION GRANT FUN
(4)	KEEP KIDS FED COLORADO 3840 YORK ST. DENVER CO 80205-3536	39-2390890	501C(4)	20,000				ADVOCACY FOR HEALTHY
(5)	KIDS AT THEIR BEST 801 WEST PLATTE AVENUE FORT MORGAN CO 80701	43-2091884	501C(3)	300,000				EMPOWERING RURAL YOU
(6)	KIM SCHOOL DISTRICT R-88 425 STATE STREET KIM CO 81049	84-6001550	GOVERN	25,000				YOUTH WELL-BEING IN
(7)	LA PLATA YOUTH SERVICES 2309 FOREST AVE DURANGO CO 81301	84-1265550	501C(3)	150,000				SUPPORTING AT-RISK Y
(8)	LA PUENTE HOME P.O. BOX 1235 ALAMOSA CO 81101	74-2224631	501C(3)	300,000				STRENGTHENING FAMILY
(9)	LAMAR RE-2 210 W. PEARL LAMAR CO 81052	84-6011826	GOVERN	25,000				YOUTH WELL-BEING IN

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LAS ANIMAS SCHOOL DISTRICT RE-1 1021 2ND STREET LAS ANIMAS CO 81054	84-6014863	GOVERN	25,000				YOUTH WELL-BEING IN
(2)	LATINO COMMUNITY FOUNDATION OF COLO 2250 S. ONEIDA STREET, SUITE 102 DENVER CO 80224	83-0718126	501C(3)	30,000				STRENGTHENING AND AD
(3)	LOVING BEYOND UNDERSTANDING 1000 N 9TH STREET GRAND JUNCTION CO 81501	88-3621951	501C(3)	150,000				LGBTQ+ YOUTH & FAMIL
(4)	MANZANOLA SCHOOL DISTRICT 3J 32475 COUNTY ROAD 11.5 MANZANOLA CO 81058	84-1303045	GOVERN	25,000				YOUTH WELL-BEING IN
(5)	MARIA DROSTE COUNSELING CENTER 1355 S. COLORADO BLVD. SUITE 100 DENVER CO 80222	84-1182130	501C(3)	70,000				TRANSITION GRANT FUN
(6)	MARIPOSA CENTER FOR SAFETY 801 N. SANTA FE AVE. PUEBLO CO 81003	84-0402720	501C(3)	75,000				TRANSITION GRANT FUN
(7)	MCCLAVE SCHOOL DISTRICT RE-2 308 N LINCOLN AVE MCCLAVE CO 81057	84-6014681	GOVERN	25,000				YOUTH WELL-BEING IN
(8)	MOFFAT CONSOLIDATED SCHOOL DISTRICT 501 GARFIELD AVENUE MOFFAT CO 81143	84-6001938	GOVERN	25,000				YOUTH WELL-BEING IN
(9)	MONTE VISTA SCHOOL DISTRICT C8 59 N. BROADWAY ST MONTE VISTA CO 81144	84-6001901	GOVERN	25,000				YOUTH WELL-BEING IN

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MOUNTAIN VALLEY SCHOOL DISTRICT RE- P.O. BOX 127 SAGUACHE CO 81149	84-6001937	GOVERN	25,000				YOUTH WELL-BEING IN
(2)	NEW ERA COLORADO FOUNDATION 789 N. SHERMAN ST., SUITE 460 DENVER CO 80210	26-1389272	501C(3)	15,000				ORGANIZING FOR FISCA
(3)	NORTH CONEJOS SCHOOL DISTRICT 17887 US HWY 285 LA JARA CO 81140	84-6001052	GOVERN	25,000				YOUTH WELL-BEING IN
(4)	NORTHWEST COLORADO CENTER FOR INDEP 3001 S. LINCOLN AVE STEAMBOAT SPRINGS CO 80487	84-1473968	501C(3)	50,000				TRANSITION GRANT FUN
(5)	PAGOSA COMMUNITY INITIATIVE 550B HOT SPRINGS BLVD PAGOSA SPRINGS CO 81147	88-2891080	501C(3)	200,000				STRENGTHENING ARCHUL
(6)	PARENT POSSIBLE 800 GRANT STREET STE. 200 DENVER CO 80203	84-1169805	501C(3)	40,000				SUPPORT FOR THE COLO
(7)	PARTNERS IN HOUSING 455 GOLD PASS HEIGHTS COLORADO SPRINGS CO 80906	84-1188208	501C(3)	50,000				TRANSITION GRANT FUN
(8)	PHILANTHROPY COLORADO 2900 WELTON ST DENVER CO 80205	71-0947313	501C(3)	25,000				STRENGTHENING AND AD
(9)	PRIMERO REORGANIZED 2 20200 STATE HIGHWAY 12 WESTON CO 81091	84-6006704	GOVERN	25,000				YOUTH WELL-BEING IN

- 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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PUEBLO DEPARTMENT OF PUBLIC HEALTH 101 WEST 9TH STREET PUEBLO CO 81003	84-6003013	GOVERN	60,000				REDUCING BARRIERS TO
(2)	RAISE THE FUTURE 1325 S COLORADO BLVD, SUITE B700 DENVER CO 80222	84-0793576	501C(3)	120,000				TRAUMA-HEALING SUPPO
(3)	RIVERSIDE EDUCATIONAL CENTER 1177 WINTERS AVENUE GRAND JUNCTION CO 81501	20-5451495	501C(3)	300,000				HEALTHY OUT-OF-SCHOO
(4)	ROCKY FORD SCHOOL DISTRICT R2 101 MELONEER DRIVE ROCKY FORD CO 81067	84-6013479	GOVERN	25,000				YOUTH WELL-BEING IN
(5)	ROCKY MOUNTAIN EQUALITY P.O. BOX 1018 BOULDER CO 80301	84-1467134	501C(3)	300,000				SUPPORTING AND CONNE
(6)	ROSE ANDOM CENTER 1330 FOX STREET DENVER CO 80204	90-0990929	501C(3)	300,000				YOUTH EMPOWERMENT AN
(7)	ROSE COMMUNITY FOUNDATION 4500 SOUTH CHERRY STREET, SUITE 900 DENVER CO 80246	84-0920862	501C(3)	30,000				FUND FOR FEDERAL MED
(8)	RURAL COMMUNITIES RESOURCE CENTER 204 S. MAIN STREET YUMA CO 80759	84-0959903	501C(3)	195,000				ENGAGING AND SUPPORT
(9)	SAFEHOUSE DENVER 1649 N. DOWNING STREET DENVER CO 80218	84-0745911	501C(3)	50,000				TRANSITION GRANT FUN

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAFEHOUSE PROGRESSIVE ALLIANCE FOR 835 NORTH STREET BOULDER CO 80304	74-2145368	501C(3)	25,000				TRANSITION GRANT FUN
(2)	SAN MIGUEL RESOURCE CENTER P.O. BOX 3243 TELLURIDE CO 81435	84-1248457	501C(3)	50,000				TRANSITION GRANT FUN
(3)	SANFORD SCHOOL DISTRICT 6-J PO BOX 39 SANFORD CO 81151	84-6004012	GOVERN	25,000				YOUTH WELL-BEING IN
(4)	SARGENT SCHOOL DISTRICT RE-33J 7090 N. ROAD 2E MONTE VISTA CO 81144	84-6001898	GOVERN	25,000				YOUTH WELL-BEING IN
(5)	SECOND CHANCE CENTER, INC. 224 POTOMAC STREET AURORA CO 80011	90-0794239	501C(3)	240,000				JUSTICE-INVOLVED PAR
(6)	SEDGWICK COUNTY ECONOMIC DEVELOPMEN 125 CEDAR ST. BOX #1 JULESBURG CO 80737	84-1004883	501C(3)	100,000				SEDGCO SAFE SPACE FO
(7)	SHOOTING STARS CULTURAL AND LEADERS 3533 N. MARION ST. DENVER CO 80205	47-5606568	501C(3)	100,000				YOUNG PEOPLE ROOTED
(8)	SIERRA GRANDE SCHOOL 17523 HWY 160 BLANCA CO 81123	84-0568701	GOVERN	25,000				YOUTH WELL-BEING IN
(9)	SOUL 2 SOUL SISTERS P. O. BOX 7632 DENVER CO 80207	81-1006094	501C(3)	60,000				REPRODUCTIVE JUSTICE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	STEPPING STONES OF THE ROARING FORK 1010 GARFIELD AVE. CARBONDALE CO 81623	46-4740539	501C(3)	255,000				EMPOWERING YOUTH TO
(2)	STREET FRATERNITY 8720 E. COLFAX AVE. DENVER CO 80220	46-0667062	501C(3)	300,000				SUPPORTING YOUTH ON
(3)	TGTHR, FORMERLY ATTENTION HOMES 1440 PINE STREET, SUITE B BOULDER CO 80302	84-0571145	501C(3)	35,000				TRANSITION GRANT FUN
(4)	THE PLACE 423 EAST CUCHARRAS STREET COLORADO SPRINGS CO 80903	84-1549702	501C(3)	100,000				FACILITATING SAFETY
(5)	TIGRAY COMMUNITY COLORADO 11182 E. MISSISSIPPI AVE. AURORA CO 80012	26-0646048	501C(3)	100,000				BUILDING TIGRAI COMM
(6)	TRANSFORMATIVE LEADERSHIP FOR CHANG P.O. BOX 9038 DENVER CO 80209-9998	88-3569824	501C(3)	30,000				STRENGTHENING AND AD
(7)	UPPER RIO GRANDE SCHOOL DISTRICT 950 FRENCH ST DEL NORTE CO 81132	C7 84-6001899	GOVERN	25,000				YOUTH WELL-BEING IN
(8)	URBAN PEAK DENVER 1630 S. ACOMA ST DENVER CO 80223	84-1212246	501C(3)	100,000				INDEPENDENCE AND SEL
(9)	VILAS SCHOOL DISTRICT RE-5 202 COLLINGWOOD AVE. VILAS CO 81087	84-6013736	GOVERN	25,000				YOUTH WELL-BEING IN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VOCES UNIDAS DE LAS MONTAAS P.O. BOX 3157 GLENWOOD SPRINGS CO 81601	85-0993139	501C(3)	60,000				BUILDING LATINO EQUI
(2)	VUELA FOR HEALTH 3532 FRANKLIN ST. DENVER CO 80205	84-1444277	501C(3)	150,000				BUILDING INTERGENERA
(3)	WALSH SCHOOL DISTRICT RE-1 301 N. CALIFORNIA WALSH CO 81090	84-6013311	GOVERN	25,000				YOUTH WELL-BEING IN
(4)	WARREN VILLAGE 1323 GILPIN STREET DENVER CO 80218	84-0644270	501C(3)	75,000				TRANSITION GRANT FUN
(5)	WE FORTIFY 1816 WOOD AVENUE COLORADO SPRINGS CO 80907	84-3045036	501C(3)	100,000				ADDRESSING ROOT CAUS
(6)	WESTERN SLOPE NATIVE AMERICAN RESOU 341 S 1ST STREET GRAND JUNCTION CO 81501	93-1717821	501C(3)	150,000				SONS AND DAUGHTERS O
(7)	WILEY RE13JT 2680 510 WARD STREET WILEY CO 81092	84-6001821	GOVERN	25,000				YOUTH WELL-BEING IN
(8)	YOUTHPOWER365 90 BENCHMARK ROAD SUITE 300 AVON CO 81620	84-1442909	501C(3)	100,000				EMPOWERING YOUTH AND
(9)	CANON CITY SCHOOL DISTRICT 101 NORTH 14TH STREET CANON CITY CO 81212	84-6013945	GOVERN	7,999				YOUTH CONNECTIONS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MESA COUNTY VALLEY SD #51 2115 GRAND AVE GRAND JUNCTION CO 81501	84-6002839	GOVERN	62,000				YOUTH CONNECTIONS
(2)	SHERIDAN SCHOOL DISTRICT PO BOX 1198 ENGLEWOOD CO 80150	84-0521403	GOVERN	16,170				YOUTH CONNECTIONS
(3)	ALAMOSA SCHOOL DISTRICT 209 VICTORIA AVE ALAMOSA CO 81101	84-6011793	GOVERN	29,620				YOUTH CONNECTIONS
(4)	CANON CITY SCHOOL DISTRICT 101 NORTH 14TH STREET CANON CITY CO 81212	84-6013945	GOVERN	57,000				YOUTH CONNECTIONS
(5)	CENTENNIAL SCHOOL DISTRICT 14644 HWY 159 SAN LUIS CO 81152	84-0518168	GOVERN	25,000				YOUTH WELL-BEING IN
(6)	CENTER CONSOLIDATED SCHOOL DISTRICT 550 SYLVESTER AVE. CENTER CO 81125	84-6001943	GOVERN	25,000				YOUTH WELL-BEING IN
(7)	HUERFANO SCHOOL DISTRICT RE-1 201 E. 5TH ST. WALSENBURG CO 81089	84-6011993	GOVERN	25,000				YOUTH WELL-BEING IN
(8)	SOUTH CONEJOS SCHOOL DISTRICT RE-10 13099 COUNTY RD G. P.O. BOX 398 ANTONITO CO 81120	84-6001045	GOVERN	25,000				YOUTH WELL-BEING IN
(9)	CARING FOR COLORADO CENTENNIAL FUND 1635 W 13TH AVE, SUITE 303 DENVER CO 80204	83-2742375	501C(3)	650,000	662,834	MV	OVERHEAD	YOUTH WELL-BEING AND

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

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

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I
(Form 990)**

Supplemental Information

2024

For calendar year 2024, or tax year beginning 10/01/24, and ending 09/30/25

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

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

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

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

**Open to Public
Inspection**

CARING FOR COLORADO FOUNDATION

Employer identification number
84-1477197

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA REINER PRESIDENT & CEO	(i)	217,186	0	0	10,905	18,731	246,822	0
	(ii)	144,791	0	0	7,270	12,487	164,548	0
2 HEIDI VAN LAW CFO/EXEC VP	(i)	195,404	0	0	11,337	25,886	232,627	0
	(ii)	21,712	0	0	1,260	2,876	25,848	0
3 MEGAN WILSON VP OF OPERATIONS	(i)	181,939	0	0	10,631	30,015	222,585	0
	(ii)	3,713	0	0	217	613	4,543	0
4 MELANIE BRAVO VP OF PHILANTHROPY	(i)	163,767	0	0	4,990	20,656	189,413	0
	(ii)	18,196	0	0	554	2,295	21,045	0
5 JEFF BONTRAGER VP INITIATIVES	(i)	63,764	0	0	1,965	4,949	70,678	0
	(ii)	104,037	0	0	3,206	8,075	115,318	0
6 GINA FERGUSON SR PHILANTHROPY LEAD	(i)	46,196	0	0	3,393	12,251	61,840	0
	(ii)	69,293	0	0	5,089	18,377	92,759	0
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Public Inspection Copy

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

FORM 990 - ADDITIONAL INFORMATION

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

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE FOUNDATION MUST PROVIDE WRITTEN NOTIFICATION OF CHANGES TO THE ARTICLES OF INCORPORATION TO THE COLORADO STATE ATTORNEY GENERAL WHO WILL HAVE 30 DAYS FROM THE DATE OF SUCH NOTIFICATION TO OBJECT TO THE CHANGES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE INDEPENDENT AUDITORS PREPARE THE FORM 990 THEN SUBMIT THE RETURN TO STAFF (CEO & CFO) FOR REVIEW. UPON APPROVAL, STAFF PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW AND RECOMMENDATION. THE FINAL DRAFT IS PRESENTED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ONCE A YEAR, THE BOARD OF DIRECTORS AND THE FOUNDATION'S STAFF COMPLETE AND SIGN THE INTERNAL CONFLICT OF INTEREST FORMS. THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ON THIS FORM AND AS THEY MAY ARISE DURING THE YEAR. IF CONFLICTS ARISE WITH POTENTIAL GRANTEE'S, 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.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	Employer identification number
CARING FOR COLORADO FOUNDATION	84-1477197

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
CANCELANON OF PRIOR YEAR GRANT \$ 2,039,526

FORM 990, PART XII - ADDITIONAL INFORMATION
LINE 2C: THE FOUNDATION'S OVERSIGHT PROCESS OF THE FINANCIAL STATEMENT
AUDIT AND SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE
DURING THE YEAR.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

CARING FOR COLORADO FOUNDATION

Employer identification number

84-1477197

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARING FOR COLORADO CENTENNIAL FUND 1635 W 13TH AVE., STE. 303 83-2742375 DENVER CO 80204	CHARITABLE	CO	501C3	7	CARING FOR		X
(2)							
(3)							
(4)							
(5)							

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information.

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

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