## PUBLIC DISCLOSURE COPY

Return of Private Foundation
OMB No. 1545-0047

Department of the Treasury
or Section 4947(a)(1) Trust Treated as Private Foundation
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

2019, and ending
For calendar year 2019 or tax year beginning
Name of foundation

THE COLORADO TRUST
Number and street (or P.O. box number if mail is not delivered to street address)

1600 SHERMAN STREET
City or town, state or province, country, and ZIP or foreign postal code

DENVER, CO 80203
G Check all that apply:

Initial return Final return Address change

Initial return of a former public charity Amended return Name change
H Check type of organization: $X$ Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust $\square$ Other taxable private foundation
I Fair market value of all assets at J Accounting method: $\square$ Cash $X$ Accrual end of year (from Part II, col. (c), line 16) \$ 525,577, 178.
 Other (specify)
(Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

6a Net gain or (loss) from sale of assets not on line 10
b Gross sales price for all assets on line 6a
7 Capital gain net income (from Part IV, line 2)
8 Net short-term capital gain.
9 Income modifications
10a Gross sales less returns and allowances . . . .
b Less: Cost of goods sold
c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) AT.C.H. 1. 12 Total. Add lines 1 through 11 . . . . . . . . 2 Check $\square \begin{aligned} & \text { if the foundation is not required to } \\ & \text { attach Sch. B. . . . . . . . . . }\end{aligned}$ 3 Interest on savings and temporary cash investments. 4 Dividends and interest from securities . . . .

b Net rental income or (loss) $\qquad$

0
0
$=13$
$=14$
0
0
(a) Revenue and
expenses per books books
(b) Net investment income
66,700
to $\cdot$

Compensation of officers, directors, trustees, etc. .
$\begin{array}{ll}14 & \text { Other employee salaries and wag } \\ 15 & \text { Pension plans, employee benefits }\end{array}$
16a Legal fees (attach schedule) . . . .
b Accounting fees (attach schedule).
c Other professional fees (attach schedule). [2.] 17 Interest.
18 Taxes (attach schedule) (see instructions)[3]. 19 Depreciation (attach schedule) and depletion. 20 Occupancy. Travel, conferences, and meetings Printing and publications
 $\begin{array}{ll}24 & \text { Total operating and administrative expenses. } \\ \text { Add lines } 13 \text { through } 23 . ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~ . ~\end{array}$
25 Contributions, gifts, grants paid . . . . . . .
26 Total expenses and disbursements. Add lines 24 and 25
27 Subtract line 26 from line 12 :
a Excess of revenue over expenses and disbursements
b Net investment income (if negative, enter -0-)
c Adjusted net income (if negative, enter - 0 -).

| Part II |  | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year | End of year |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 <br> 1 |  |  | Cash - non-interest-bearing . . . . . . . . . . . . . . . . . . <br> Savings and temporary cash investments . . . . . . . . . . . Accounts receivable | 283,799. | 272,913. | 272,913. |
|  |  | 1,631,351. |  | 3,405,042. | 3,405,042. |
|  |  |  |  |  |  |
|  |  | Less: allowance for doubtful accounts |  |  |  |
| L |  | Pledges receivable |  |  |  |
|  |  | Less: allowance for doubtful accounts |  |  |  |
| 5 |  | Grants receivable. . . . . . . . . . . . . . . . . . . . . |  |  |  |
| R |  | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . Other notes and loans receivable (attach schedule) $\qquad$ Less: allowance for doubtful accounts $\qquad$ |  |  |  |
|  |  |  |  |  |
|  | 8 |  | nventories for sale or use. |  |  |  |
|  | 9 P | Prepaid expenses and deferred charges | 40,312. | 19,150. | 19,150 |
|  | $\dot{q}_{10 \mathrm{a}}^{9}$ |  | 208,987,389. | 222,800, 279. | 222,800, 279. |
|  | $11{ }^{\text {c }}$ | Investments - corporate bonds (attach schedule)ATTCH . . . . Investments - land, buildings, and equipment: bas Less: accumulate(attach schedule) | 85,632,169. | 82,135,304. | 82,135,304. |
|  |  |  | 85,632,160. | 82,135,304. | 82,135,304. |
|  |  |  |  |  |  |
|  |  |  | 167,784,177. | 208,135,995. | 208,135,995. |
|  |  |  |  |  | ATCH 8 |
|  |  |  | 252,846. | 870,009. | 870,009. |
|  |  | Other assets (describe $\quad$ ATCH 9 ) | 4,943,624. | 7,938,486. | 7,938,486 |
|  | 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1 , item I) | 469,555,667. | 525,577,178. | 525,577,178. |
|  |  | Accounts payable and accrued expenses | 714,580. | 930,823. |  |
|  | 18 | Accounts payable and accrued expenses . . . . . . . . . . . <br> Grants payable. <br> Deferred revenue. <br> Loans from officers, directors, trustees, and other disqualified persons. <br> Mortgages and other notes payable (attach schedule) <br> Other liabilities (describe <br> ATCH 10 | 7,745,757. | 4,993,868. |  |
|  | 19 |  | 2,267,219. | 2,017,619. |  |
|  | 20 |  |  |  |  |
|  |  |  |  |  |  |
|  | 22 |  | 918,254. | 671,597. |  |
|  |  | Total liabilities (add lines 17 through 22) . | 11,645,810. | 8,613,907. |  |
|  |  |  |  |  |  |
|  |  |  | 457,909, 857. | 516,963, 271. |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | 457,909,857. | 516,963,271. |  |
|  |  |  | 469,555,667. | 525,577,178. |  |

## Part III Analysis of Changes in Net Assets or Fund Balances

|  | Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return). | 1 | 457, 909, 857. |
| :---: | :---: | :---: | :---: |
| 2 | Enter amount from Part I, line 27a. | 2 | 389,169. |
| 3 | Other increases not included in line 2 (itemize) $>$ ATCH 11 | 3 | 58,664,245. |
| 4 | Add lines 1, 2, and 3 . . . . . . . . . . . . . . | 4 | 516,963, 271 . |
|  | Decreases not included in line 2 (itemize) | 5 |  |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line $29 .$. | 6 | 516,963,271. |

## Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)
1 a SEE PART IV SCHEDULE

| $\mathbf{b}$ |
| :--- |
| $\mathbf{c}$ |
| $\mathbf{d}$ |
| $\mathbf{e}$ |

(e) Gross sales price

| (e) Gross sales price |  |
| :--- | :--- |
| $\mathbf{a}$ |  |
| $\mathbf{b}$ |  |
| $\mathbf{c}$ |  |
| $\mathbf{d}$ |  |
| $\mathbf{e}$ |  |
| Complete only for assets sho |  |


| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. |  |  |
| :---: | :---: | :---: |
| (i) FMV as of $12 / 31 / 69$ | (j) Adjusted basis <br> as of $12 / 31 / 69$ | (k) Excess of col. (i) <br> over col. (j), if any |
| a |  |  |
| b |  |  |
| c |  |  |
| d |  |  |

2 Capital gain net income or (net capital loss)
$\left\{\begin{array}{l}\text { If gain, also enter in Part I, line } 7\end{array}\right.$
(loss), enter -0- in Part I, line 7

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0 - in $\}$
Part I, line 8 .
$\left.\begin{array}{l}\text { (c). See instructions. If (loss), enter -0- in } \\ \text {. . . . . . . . . . . . . . . . . . . . . . . . }\end{array}\right\}$

0.

## Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)
If section 4940(d)(2) applies, leave this part blank.
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.
1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) <br> Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) <br> Net value of noncharitable-use assets |  | (d) Distribution ratio (col. (b) divided by col. (c)) |
| :---: | :---: | :---: | :---: | :---: |
| 2018 | 23,180, 742. | 492,662,476. |  | 0.047052 |
| 2017 | 18,089, 254. | 475,281, 729. |  | 0.038060 |
| 2016 | 18,217,300. | 439,282, 080. |  | 0.041471 |
| 2015 | 16,886,776. | 450,227,372. |  | 0.037507 |
| 2014 | 12,960,473. | 455,253,973. |  | 0.028469 |
| Total of line 1, column (d) |  |  | 2 | 0.192559 |
| Average distribution ratio for the 5 -year base period - divide the total on line 2 by 5.0 , or by the number of years the foundation has been in existence if less than 5 years . . . . . . . . |  |  | 3 | 0.038512 |
| Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 |  |  | 4 | 491,477, 936. |
| Multiply line 4 by line 3. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  | 5 | 18,927, 798. |
| Enter 1\% of net investment income (1\% of Part I, line 27b) . . . . . . . . . . . . . . . . . . |  |  | 6 | 217,233. |
| Add lines 5 and 6. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  | 7 | 19, 145, 031. |
| Enter qualifying distributions from Part XII, line 4. . . . . . . . . . . . . . . . . . . . . . . . |  |  | 8 | 25,131, 840. |

If line 8 is equal to or greater than line 7 , check the box in Part VI, line 1 b , and complete that part using a $1 \%$ tax rate. See the Part VI instructions.

## Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here $>\square$ and enter "N/A" on line 1. . . . ) Date of ruling or determination letter: $\qquad$ (attach copy of letter if necessary - see instructions)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here $>X$ and enter $1 \%$ of Part I, line 27b
c All other domestic foundations enter $2 \%$ of line 27b. Exempt foreign organizations, enter $4 \%$ of Part I, line 12, col. (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)
3 Add lines 1 and 2 .
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter $-0-$ )
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-
6 Credits/Payments:
a 2019 estimated tax payments and 2018 overpayment credited to 2019.
b Exempt foreign organizations - tax withheld at source
c Tax paid with application for extension of time to file (Form 8868)
d Backup withholding erroneously withheld
Total credits and payments. Add lines 6a through 6d
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed
$\left.\begin{array}{|l|r} & \\ \hline & \\ \hline & \\ \hline & \\ \hline & \\ \hline & \\ \hline & 3\end{array}\right)$

11 Enter the amount of line 10 to be: Credited to 2020 estimated tax

## Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
b Did it spend more than $\$ 100$ during the year (either directly or indirectly) for political purposes? See the instructions for the definition
If the answer is "Yes" to $\mathbf{1 a}$ or $\mathbf{1 b}$, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.
c Did the foundation file Form 1120-POL for this year?


## Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

|  | Yes | No |
| :---: | :---: | :---: |
| 11 |  | $X$ |
| 12 |  | $X$ |
| 13 | $X$ |  | Website address WWW.COLORADOTRUST.ORG

14 The books are in care of $\rightarrow$ THE COLORADO TRUST Telephone no. $\downarrow$ 303-837-1200 Located at 1600 SHERMAN STREET DENVER, CO ZIP+4 80203
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here . and enter the amount of tax-exempt interest received or accrued during the year .
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . . . . . $\square$ Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?. $\qquad$
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).

b If any answer is "Yes" to $1 \mathrm{a}(1)$-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance, check here


Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(\mathrm{j})(3)$ or $4942(\mathrm{j})(5)$ ):
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6 d and 6 e ) for tax year(s) beginning before 2019? $\square$ Yes $\qquad$ No If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)
c If the provisions of section $4942(\mathrm{a})(2)$ are being applied to any of the years listed in 2 a , list the years here.
$\rightarrow$
3a Did the foundation hold more than a $2 \%$ direct or indirect interest in any business enterprise at any time during the year? $\square$
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5 -year period (or longer period approved by the Commissioner under section 4943 (c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10 -, 15 -, or 20 -year first phase holding period? (Use Form 4720 , Schedule C , to determine if the foundation had excess business holdings in 2019.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?


1b
X

| $1 b$ |  | $X$ |
| :---: | :--- | :--- |
|  |  |  |
| $1 c$ |  | $X$ |

1c
X


-,
2b


$\qquad$





## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?


X No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
$\square$
$\qquad$
$\square$ Yes
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions $\qquad$
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
 Yes
 Yes

b If any answer is "Yes" to $5 \mathrm{a}(1)$-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here
$\qquad$
$\qquad$
$\qquad$


If the answer is "Yes" to question $5 \mathrm{a}(4)$, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
 Yes
 No If "Yes," attach the statement required by Regulations section 53.4945-5(d).
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? $\qquad$ Yes $\qquad$ No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\qquad$ . .
 If "Yes" to 6b, file Form 8870.
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?. . $\square$ Yes $\quad$ X No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?
8 Is the foundation 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?.

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (a) Name and address | (b) Title, and average <br> hours per week <br> devoted to position | (c) Compensation <br> (If not paid, <br> enter -0-) | (d) Contributions to <br> employee benefit plans <br> and deferred compensation | (e) Expense account, <br> other allowances |
| :--- | ---: | ---: | ---: | ---: |
|  |  | $926,391$. | $127,864$. |  |
| ATCH 12 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than $\$ 50,000$ | (b) Title, and average <br> hours per week <br> devoted to position | (d) Contributions to <br> employe benefit <br> plans and deferred <br> compensation | (e) Expense account, <br> other allowances |  |
| :--- | :---: | :---: | :---: | :---: |
| ATCH 13 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| :---: | :---: | :---: |
| ATCH 14 |  | 2,435,036 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total number of others receiving over \$50,000 for professional ser | . . . . . . . . $\downarrow$ | 15 |


| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| :---: | :---: |
| 1 N/A |  |
| 2 |  |
| 3 |  |
| 4 |  |
| Part IX-B Summary of Program-Related Investments (see instructions) |  |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 LOW INTEREST RATE LOAN TO SUPPORT URBAN LAND CONSERVANCY - |  |
| ROOTS. TO REVITALIZE HEALTHY COMMUNITIES IN DENVER |  |
| METROPOLITAN ARE BY EXPANDING AFFORDABLE HOUSING. | 1,000,000. |
| 2 LOW INTEREST RATE LOAN TO INDIEDWELL COLORADO. TO OFFER HIGH |  |
| QUALITY, SUSTAINABLE, HEALTHY HOMES TO UNDERSERVED |  |
| COMMUNITIES THAT ARE AFFORDABLE FOR LOW-INCOME HOUSEHOLDS. | 1,000,000. |
| All other program-related investments. See instructions. |  |
| 3 LOW INTEREST RATE LOAN TO IMPACT CHARITABLE. THE LOAN IS FOR |  |
| PREDEVELOPMENT AND PROPERTY ACQUISTION SUPPORTING THE |  |
| DEVELOPMENT OF AN AFFORDABLE HOUSING COMMUNITY IN DENVER,CO. | 750,000 |
|  | 2,750,000 |

## Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,

 see instructions.)|  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |  |  |
| :---: | :---: | :---: | :---: |
| a | Average monthly fair market value of securities | 1a | 493, 303, 136. |
| b | Average of monthly cash balances. | 1b | 5,087,644. |
| c | Fair market value of all other assets (see instructions). | 1c | 571,592. |
| d | Total (add lines 1a, b, and c) | 1d | 498,962,372. |
|  | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) |  |  |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 |  |
| 3 | Subtract line 2 from line 1d. | 3 | 498, 962,372. |
|  | Cash deemed held for charitable activities. Enter $1 \quad 1 / 2 \%$ of line 3 (for greater amount, see instructions). | 4 | 7,484,436. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 491,477,936. |
|  | Minimum investment return. Enter $5 \%$ of line 5 | 6 | 24,573,897. |

## Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations

 and certain foreign organizations, check here $\square$ and do not complete this part.)

## Part XII Qualifying Distributions (see instructions)

| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26. | 12 | 21,854,002. |
| :---: | :---: | :---: | :---: |
| b | Program-related investments - total from Part IX-B. | 1b | 2,750,000. |
|  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes. | 2 | 527,838. |
| 3 | Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) | 3 a |  |
| b | Cash distribution test (attach the required schedule) | 3b |  |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 25,131,840. |
|  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1\% of Part I, line 27b. See instructions. | 5 | 217,233. |
|  | Adjusted qualifying distributions. Subtract line 5 from | 6 | 24,914,607 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019
a Enter amount for 2018 only.
b Total for prior years: 2017
2016
-••••

3 Excess distributions carryover, if any, to 2019
a From 2014

b From 2015 $\square$
c From 2016
d From 2017
e From 2018
$\qquad$
f Total of lines 3a through
4 Qualifying distributions for 2019 from Part XII, line 4: \$ 25,131,840.
a Applied to 2018, but not more than line 2a . . .
b Applied to undistributed income of prior years (Election required - see instructions)
c Treated as distributions out of corpus (Election required - see instructions)
d Applied to 2019 distributable amount
e Remaining amount distributed out of corpus. . .
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)

6 Enter the net total of each column as indicated below:
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5
b Prior years' undistributed income. Subtract line $4 b$ from line $2 b$
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed
d Subtract line 6 c from line 6b. Taxable amount - see instructions
e Undistributed income for 2018. Subtract $4 a$ from line $2 a$. Taxable amount - see instructions
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)

8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . . . .

10 Analysis of line 9:
a Excess from 2015
b Excess from 2016

c Excess from 2017
d Excess from 2018
e Excess from 2019 $\square$

| $\stackrel{\text { (a) }}{\text { Corpus }}$ | (b) <br> Years prior to 2018 | ${ }_{2018}$ | $\begin{gathered} (\mathrm{d}) \\ 2019 \end{gathered}$ |
| :---: | :---: | :---: | :---: |
|  |  |  | 24,404,257. |
|  |  | 20,369, 797. |  |
|  |  |  |  |
|  |  |  |  |
| 0. |  |  |  |
|  |  | 20,369, 797. |  |
| - |  |  |  |
|  |  |  |  |
|  |  |  | 4,762,043. |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  | 19,642, 214. |
|  |  |  |  |
|  |  |  |  |
| 0. |  |  |  |
|  |  |  |  |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)
$1 \mathbf{a}$ If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling
b Check box to indicate whether the foundation is a private operating foundation described in section $\quad \square \quad$ 4942(j)(3) or $\square$ 4942(j)(5)
2a Enter the lesser of the adjusted net income from Part $I$ or the minimum investment return from Part X for each year listed. . . . . . . .
b $85 \%$ of line 2 a
c Qualifying distributions from Part XII, line 4, for each year listed
d Amounts included in line 2 c not used directly for active conduct of exempt activities . . . . .
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2 d from line 2c
3 Complete 3 a , b, or c c for the alternative test relied upon: . .
a "Assets" alternative test - enter:
(1) Value of all assets. . . .
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .
b "Endowment" alternative testenter $2 / 3$ of minimum investment return shown in Part X , line 6 for each year listed . . .
c "Support" alternative test - enter:
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . .
(2) Support from general public and 5 or more exempt organizations as exempt organizations as
provided in section 4942 (j)(3)(B)(iii) . . . . . .
(3) Largest amount of support from an exempt 4) Gross investment income .

| Tax year | Prior 3 years |  |  | (e) Total |
| :---: | :---: | :---: | :---: | :---: |
| (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 |  |
|  |  |  |  |  |
|  |  |  |  |  |
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## Part XV Supplementary Information (Complete this part only if the foundation had $\$ 5,000$ or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than $2 \%$ of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $\$ 5,000$ ). (See section 507 (d)(2).)
N/A
b List any managers of the foundation who own $10 \%$ or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a $10 \%$ or greater interest.

N/A
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here $X$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
a The name, address, and telephone number or email address of the person to whom applications should be addressed:
b The form in which applications should be submitted and information and materials they should include:
c Any submission deadlines:
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)
3 Grants and Contributions Paid During the Year or Approved for Future Payment


| Part XVI-A Analysis of Income-Producing Activities |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Enter gross amounts unless otherwise indicated. | Unrelated business income |  | Excluded by section 512, 513, or 514 |  | (e) <br> Related or exempt function income (See instructions.) |
|  | $\begin{gathered} \text { (a) } \\ \text { Business code } \end{gathered}$ | $\stackrel{\text { (b) }}{\text { Amount }}$ | (c) <br> Exclusion code | $\begin{aligned} & \text { Amount } \\ & \hline \text { (d) } \\ & \hline \end{aligned}$ |  |
| 1 Program service revenue: <br> a $\qquad$ |  |  |  |  |  |
| ${ }_{\mathrm{b}} \square$ |  |  |  |  |  |
| b |  |  |  |  |  |
| d |  |  |  |  |  |
| e |  |  |  |  |  |
| $f$ - |  |  |  |  |  |
| g Fees and contracts from government agencies |  |  |  |  |  |
| 2 Membership dues and assessments . . . . |  |  |  |  |  |
| 3 Interest on savings and temporary cash investments. |  |  |  |  |  |
| 4 Dividends and interest from securities . . . . |  |  | 14 | 2,177,094. |  |
| 4 Dividends and interest from securities . . . .      <br> 5 Net rental income or (loss) from real estate:      |  |  |  |  |  |
| a Debt-financed property. . . . . . . . . . <br> b Not debt-financed property . . . . . . . . |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 6 Net rental income or (loss) from personal property |  |  |  |  |  |
| 7 Other investment income . . . . . . . . . | 523000 | 38,545. | 14 | 213,096. |  |
| 8 Gain or (loss) from sales of assets other than inventory | 523000 | 175,528. | 18 | 18,367,129. |  |
|  | 9 Net income or (loss) from special events . . . |  |  |  |  |
| 10 Gross profit or (loss) from sales of inventory |  |  |  |  |  |
| 11 Other revenue: a $\qquad$ |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| e |  |  |  |  |  |
| 12 Subtotal. Add columns (b), (d), and (e) . . |  | 214,073. |  | 20,757,319. |  |
| 13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcu | culations.) |  |  | . 13 | 20,971,392. |

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)


## Part XVII <br> Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501 (c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| $1 a(1)$ |  | $X$ |
| $1 a(2)$ |  | $X$ |
| $1 b(1)$ |  | $X$ |
| $1 b(2)$ |  | $X$ |
| $1 b(3)$ |  | $X$ |
| $1 b(4)$ |  | $X$ |
| $1 b(5)$ |  | $X$ |
| $1 b(6)$ |  | $X$ |
| $1 c$ |  | $X$ |

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
| :--- | :--- | :--- | :--- |
|  | N/A |  | N/A |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section $527 ?$
b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| :--- | ---: | ---: |
|  |  |  |
|  |  |  |



| Cumulative e-File History 2019 |  |
| :--- | :--- |
| FED |  |
| Tax Return <br> 8139GX <br> Taxpayer <br> The Colorado Trust | Return Type <br> Submitted Date |
| Acknowledgement Date | $2020-04-14$ 15:26:24 |
| Status | Accepted |
| Submission ID | 84022720201055000032 |

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME


Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organization
THE COLORADO TRUST
Schedule of Contributors
Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Organization type (check one):

## Filers of:

Form 990 or 990-EZ

## Section:



501(c)( ) (enter number) organization
$\square$ 4947(a)(1) nonexempt charitable trust not treated as a private foundation527 political organization

Form 990-PF501(c)(3) exempt private foundation4947(a)(1) nonexempt charitable trust treated as a private foundation501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule



For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $\$ 5,000$ or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

$\square$ For an organization described in section 501(c)(3) filing Form 990 or 990 -EZ that met the $331 / 3 \%$ support test of the regulations under sections $509(\mathrm{a})(1)$ and $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{vi})$, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $\$ 5,000$; or (2) $2 \%$ of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 -EZ that received from any one contributor, during the year, total contributions of more than $\$ 1,000$ exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 -EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $\$ 1,000$. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year
. \$
$\qquad$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 1 |  | 60,000. |   <br> Person $X$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 2 |  | 6,700. |   <br> Person $X$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | $\square$ |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | - |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) <br> Type of contribution |
|  |  | - |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | - |   <br> Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| JSA <br> 9E1253 1.000 <br> 8139GX 5974 11/12/2020 5:47:10 PM |  | Schedule B (Form 990, 990-EZ, or 990-PF) (2019) |  |
|  |  | 1128304 | PAG |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.


Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or
(10) that total more than $\$ 1,000$ for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $\mathbf{\$ 1 , 0 0 0}$ or less for the year. (Enter this information once. See instructions.) $\$$
Use duplicate copies of Part III if additional space is needed.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4
Relationship of transferor to transferee
$\square$
$\square$

## FORM 990PF - GENERAL EXPLANATION ATTACHMENT

FORM 990-PF, PART I, LINE 16C
ATTACHMENT 2:

* INDEPENDENT EVALUATIONS ARE CONDUCTED FOR A LARGE MAJORITY OF GRANT MAKING PROGRAMS OF THE COLORADO TRUST TO HELP IDENTIFY WHERE THE TRUST AND GRANTEES SHOULD ADJUST STRATEGIES AS WELL AS DETERMINE EFFECTIVENESS OF DIFFERENT STRATEGIES AND TO HELP SHAPE FUTURE PROGRAMS BY IDENTIFYING EMERGING NEEDS WITHIN COLORADO. THE RESULTS OF THESE EVALUATIONS ARE WIDELY COMMUNICATED TO GRANTEES AND TO OTHER FOUNDATIONS NATIONALLY SO THEY CAN BENEFIT FROM LESSONS LEARNED BY THE TRUST. ALTHOUGH THESE EXPENSES ARE CLASSIFIED AS "OPERATING AND ADMINISTRATIVE" FOR TAX PURPOSES THEY ARE AN ESSENTIAL COMPONENT OF RESPONSIBLE GRANT-MAKING.
** PROGRAM RELATED CONSULTANTS ARE RETAINED FOR MOST GRANT STRATEGIES. THESE CONSULTANTS PROVIDE ESSENTIAL SERVICE IN THE FORM OF TECHNICAL ASSISTANCE TO BOTH GRANTEES AND STAFF. THEY ARE ALSO RETAINED TO ADVANCE PROGRAMMATIC EFFORTS IN A HIGHLY ACCOUNTABLE WAY. ALTHOUGH THESE EXPENSES ARE CLASSIFIED AS "OPERATING AND ADMINISTRATIVE" FOR TAX PURPOSES THEY ARE AN ESSENTIAL COMPONENT OF RESPONSIBLE GRANT MAKING.
THE COLORADO TRUST

FORM 990PF，PART I－OTHER INCOME



FORM 990PF，PART I－OTHER PROFESSIONAL FEES


| 84－0994055 |
| :--- |
| ATTACHMENT 3 |

TOTALS



## DESCRIPTION


TOTALS
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FORM 990PF，PART II－CORPORATE BONDS


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DESCRIPTION
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## TOTALS



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the colorado trust
2019 FORM 990－PF

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FORM 990PF，PART II－OTHER ASSETS

## DESCRIPTION

THE COLORADO TRUST
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|  |  | $\begin{aligned} & \alpha_{1}^{\infty} \\ & \\ & \end{aligned}$ |

ATTACHMENT 9
> $\begin{array}{r}458,646 . \\ 156,278 . \\ 17,306 . \\ 52,928 . \\ 7,253,328 . \\ \hline 7,938,486 . \\ \hline \hline\end{array}$

## ATTACHMENT 10

FORM 990PF, PART II - OTHER LIABILITIES
FOMM

## DESCRIPTION

DEFERRED EXCISE TAX PAYABLE
BEGINNING ENDING

BOOK VALUE BOOK VALUE

918, 254.
671, 597.

TOTALS
918, 254. 671,597.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMORTIZATION DEFERRED GAIN
UNREALIZED GAIN ON INVESTMENTS
2019 INCREASE IN DEFERRED EXCISE TAX LIABILITY

AMOUNT

249, 600.
58, 127, 356.
287, 289.
TOTAL $\quad 58,664,245$.

| 84-0994055 |
| :--- |
| ATTACHMENT 12 |


| EXPENSE ACCT |
| :--- |
| AND OTHER |
| ALLOWANCES |


|  | लं $\stackrel{\text { ® }}{ }$ N- | $\begin{aligned} & \text { i} \\ & \underset{\sim}{*} \\ & \text { i} \end{aligned}$ | $\odot$ | $\odot$ | $\stackrel{\circ}{\circ}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |

COMPENSATION
$428,411$.
$95,477$.
$29,000$.
$29,000$.
$29,000$.

| THE COLORADO TRUST |
| :--- |
| FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES |

$$
\begin{aligned}
& \text { 84-0994055 } \\
& \hline \text { ATTACHMENT } 12\left(\text { CONT }^{\prime} \mathrm{D}\right) \\
& \hline \hline
\end{aligned}
$$

$$
\begin{aligned}
& \text { EXPENSE ACCT } \\
& \text { AND OTHER } \\
& \text { ALLOWANCES } \\
& \hline
\end{aligned}
$$

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| :--- |
| $\underline{\text { ATTACHMENT } 12\left(\text { CONT }^{\prime} \text { D }\right)}$ |


| EXPENSE ACCT |
| :--- |
| AND OTHER |
| ALLOWANCES |


THE COLORADO TRUST 2019 FORM 990－PF
FORM 990PF，PART VIII－LIST OF OFFICERS，DIRECTORS，AND TRUSTEES
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION
2，400．
－ 0

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29， 000 ．

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|  | $84-0994055$ |
| :--- | :--- |
| ATTACHMENT 13 |  |


| COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
| :---: | :---: | :---: |
| 188, 199. | 45,556. | 0. |
| 158,499. | 42,185. | 0. |
| 151,500. | 43,518. | 0. |
| 146,601. | 39,833. | 0. |
| 109,457. | 31, 211. | 0. |
| 754, 256. | 202,303. | 0. |

DIRECTOR OF PROGRAMS
40.00

## CONTROLLER

DIR RESEARCH/EVAL
DIR COMMUNICATIONS 40.00

ASST DIR COMM
40.00
TOTAL COMPENSATION
the colorado trust
NAME AND ADDRESS
GWYN BARLEY
1600 SHERMAN STREET
DENVER, CO 80203

DEBBIE MCCUISTON
1600 SHERMAN STREET
DENVER, CO 80203

NANCY CSUTI
1600 SHERMAN STREET
DENVER, CO 80203
JULLIAN KESNER
1600 SHERMAN STREET
DENVER, CO 80203
KRISTIN JONES
1600 SHERMAN STREET
DENVER, CO 80203

## NAME AND ADDRESS

THE PITON FOUNDATION
1705 17TH ST., STE 200
DENVER, CO 80202
TRANSFORMATIVE ALLIANCES, LLC 1454 JERSEY ST. UNIT 4 DENVER, CO 80220

COMMUNITY SCIENCE, INC.
438 N FREDERICK AVE, STE 315 GAITHERSBURG, MD 20877

CHANGE MATRIX, LLC
3700 QUEBEC STREET \#100-367
DENVER, CO 80207-1639
ELEMENTAL PARTNERS, LLC 1132 HAMPSHIRE STREET
SAN FRANCISCO, CA 94110

| ATTACHMENT 14 |  |
| :--- | :---: |
| TYPE OF SERVICE | COMPENSATION |
| INVESTMENT SERVICES | $1,050,000$. |
| EDU FACILITATOR SRVC | $308,422$. |
| CONSULTING | $375,306$. |
| CONSULTING | $429,000$. |
| CONSULTING | $272,308$. |


|  | ATTACHMENT 15 |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 2，000． |
| TO SUPPORT PROGRAM | 480. |
| TO SUPPORT PROGRAM | 1，000． |
| EVENT SPONSORSHIP | 14，500． |
| TO SUPPORT PROGRAM | 10，000． |
| EVENT SPONSORSHIP | 3，000． |

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THE COLORADO TRUST

| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
| :--- |
| AND |
| FOUNDATION STATUS OF RECIPIENT |


| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
| :--- |
| AND |
| FOUNDATION STATUS OF RECIPIENT |

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 1，500． |
| TO SUPPORT PROGRAM | 500. |
| TO SUPPORT PROGRAM | 3，000． |
| EVENT SPONSORSHIP | 3，000． |
| TO SUPPORT PROGRAM | 3，000． |

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THE COLORADO TRUST

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\begin{aligned}
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\text { ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR } \\
\text { AND } \\
\text { FOUNDATION STATUS OF RECIPIENT } \\
\hline
\end{array} \\
& \begin{array}{l}
\text { NONE } \\
\text { PC }
\end{array} \\
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\end{array} \\
& \begin{array}{l}
\text { NONE } \\
\text { PC }
\end{array} \\
& \begin{array}{l}
\text { NONE } \\
\text { PC }
\end{array} \\
& \begin{array}{l}
\text { ALPINE ACHIEVERS INITIATIVE } \\
\text { P.O. BOX } 399 \\
\text { SAGUACHE, CO } 81149
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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| AND |
| FOUNDATION STATUS OF RECIPIENT |

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DENVER，CO 80238

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| PURPOSE OF GRANT OR CONTRIBUTION |  |  |  | ATTACHMENT 15 （CONT＇D） <br> AMOUNT |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  | SUPPORT | PROGRAM |  |  | 5，000． |
|  | SUPPORT | PROGRAM |  |  | 2，000． |
|  | SUPPORT | PROGRAM |  |  | 10，000． |
|  | SUPPORT | PROGRAM |  |  | 5，000． |
| T0 | SUPPORT | PROGRAM |  |  | 25，000． |
|  | NERAL OPE | ERATING |  |  | 80，454． |

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AND
FOUNDATION STATUS OF RECIPIENT
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ARKANSAS VALLEY RESOURCE CENTER
P．O．BOX 716
LA JUNTA，CO 81050

[^0]ANTONITO，CO 81120
ARAPAHOE COMMUNITY COLLEGE FOUNDATION， 5900 SOUTH SANTA FE DRIVE CAMPUS BOX 43 LITTLETON，CO 80160
arkansas valley regional medical center 1100 CARSON AVENUE

LA JUNTA，CO 81050－2799
RECIPIENT NAME AND ADDRESS
ANTONITO SENIOR CITIZENS ASSOCIATION PO BOX 296
RECIPIENT NAME AND ADDRESS
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## FORM 990PF，PART XV－GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 1，500． |
| HEALTH EQUITY LEARNING SERIES | 2，465． |
| TO SUPPORT PROGRAM | 3，000． |
| TO SUPPORT PROGRAM | 500. |
| GENERAL OPERATING EZ | 10，000． |
| TO SUPPORT PROGRAM | 2，500． |

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 3，200． |
| TO SUPPORT PROGRAM | 1，500． |
| PROJECT APPLICATION | 65，058． |
| TO SUPPORT PROGRAM | 1，000． |
| TO SUPPORT PROGRAM | 2，000． |
| TO SUPPORT PROGRAM | 2，000． |

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THE COLORADO TRUST

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| FOUNDATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
| STATUS OF RECIPIENT |


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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 2，000． |
| EVENT SPONSORSHIP | 1，000． |
| TO SUPPORT PROGRAM | 4，000． |
| EVENT SPONSORSHIP | 2，000． |
| TO SUPPORT PROGRAM | 23，000． |
| PROJECT APPLICATION | 120，454． |

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ELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT
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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| HEALTH EQUITY LEARNING SERIES | 2，500． |
| TO SUPPORT PROGRAM | 5，000． |
| TO SUPPORT PROGRAM | 4， 000. |
| GENERAL OPERATING EZ | 5，500． |
| TO SUPPORT PROGRAM | 2，200． |
| TO SUPPORT PROGRAM | 7，000． |

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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| FOUNDATION STATUS OF RECIPIENT |

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 480. |
| EVENT SPONSORSHIP | 2，000． |
| TO SUPPORT PROGRAM | 500. |
| TO SUPPORT PROGRAM | 10， 000. |
| TO SUPPORT PROGRAM | 500. |
| EVENT SPONSORSHIP | 2，500． |

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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| FOUNDATION STATUS OF RECIPIENT |

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THE COLORADO TRUST
COLORADO SPRINGS，CO 80901

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 1，500． |
| TO SUPPORT PROGRAM | 4，750． |
| TO SUPPORT PROGRAM | 3，000． |
| TO SUPPORT PROGRAM | 25，000． |
| TO SUPPORT PROGRAM | 7，500． |
| TO SUPPORT PROGRAM | 10，000． |

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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| FOUNDATION STATUS OF RECIPIENT |

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THE COLORADO TRUST
RECIPIENT NAME AND ADDRESS
CITY OF YUMA
PO BOX 265
YUMA，CO 80759
CLEAR CREEK ROCK HOUSE
PO BOX 1256
IDAHO SPRINGS，CO 80452
CLINICA COLORADO
8300 NORTH ALCOTT STREET，\＃300
WESTMINSTER，CO 80031
CLOUD CITY CONSERVATION CENTER
PO BOX 459
LEADVILLE，CO 80461
COLLABORATIVE HEALING INITIATIVE WITHIN COMMUNITIE
5405 E 33RD AVE
DENVER，CO 80207


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[^2]|  | ATTACHMENT 15 (CONT'D) |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| GENERAL OPERATING EZ | 10,000. |
| TO SUPPORT PROGRAM | 500. |
| GENERAL OPERATING EZ | 2,500. |
| HEALTH EQUITY LEARNING SERIES | 77,954. |
| PROJECT APPLICATION | 25,000. |
| GENERAL OPERATING EZ | 5,000. |

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PURPOSE OF GRANT OR CONTRIBUTION
GENERAL OPERATING EZ
TO SUPPORT PROGRAM
GENERAL OPERATING EZ
PRONECT APPLICATION
HEALTH EQUITY LEARNING SERIES
OPERATING EZ
GRAL

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| GENERAL OPERATING | 75，454． |
| PROJECT APPLICATION | 1，247，933． |
| TO SUPPORT PROGRAM | 13，000． |
| EVENT SPONSORSHIP | 3，000． |
| PROJECT APPLICATION | 25，000． |
| TO SUPPORT PROGRAM | 20，000． |

THE COLORADO TRUST
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ELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

 COLORADO LATINO LEADERSHIP AND RESEARCH ORGANIZATI
PO BOX 17932
DENVER，CO 80217
COLORADO MESA UNIVERSITY FOUNDATION
1450 NORTH 12TH
GRAND JUNCTION，CO 81501

|  | ATTACHMENT 15 (CONT'D) |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| health equity learning series | 2,463,447. |
| EVENT SPONSORSHIP | 3,000. |
| GENERAL OPERATING EZ | 2,500. |
| General operating ez | 21,000. |
| TO SUPPORT PROGRAM | 5,000. |
| TO SUPPORT PROGRAM | 1,200. |

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ELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
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| FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR |
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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 8，000． |
| PROJECT APPLICATION | 25，000． |
| EVENT SPONSORSHIP | 1，500． |
| TO SUPPORT PROGRAM | 22，000． |
| TO SUPPORT PROGRAM | 20，000． |
| TO SUPPORT PROGRAM | 100. |

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THE COLORADO TRUST
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

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& \text { COLORADO SEMINARY } \\
& 2101 \text { SOUTH UNIVERSITY BLVD., SUITE 335D }
\end{aligned}
$$

COLORADO SPRINGS FOOD RESCUE 917 E．MORENO AVENUE SUITE \＃130
COLORADO SPRINGS，CO 80208
COLORADO STATE UNIVERSITY 2200 BONFORTE BOULEVARD
PUEBLO，CO 80903
COLORADO STATE UNIVERSITY FOUNDATION
P．O．BOX 1870
FORT COLLINS，CO 81001
COLORADO URBAN LEADERSHIP FOUNDATION 1550 LARIMER ST SUITE \＃518 DENVER，CO 80522
COLORADO WATER TRUST INC
3264 LARIMER STREET SUITE D
3264 LARIMER STREET SUITE D
DENVER，CO 80202

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 2，280． |
| GENERAL OPERATING EZ | 4，000． |
| TO SUPPORT PROGRAM | 3，000． |
| EVENT SPONSORSHIP | 1，000． |
| TO SUPPORT PROGRAM | 7，800． |
| TO SUPPORT PROGRAM | 15，200． |

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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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THE COLORADO TRUST
denver，co 80634

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EVENT SPONSORSHIP
TO SUPPORT PROGRAM
TO SUPPORT PROGRAM
EVENT SPONSORSHIP

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FOUNDATION STATUS OF RECIPIENT
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RECIPIENT NAME AND ADDRESS
COMPANEROS FOUR CORNERS IMMIGRANT RESOURCE CENTER

COMPANEROS FOUR CORNERS IMMIGRANT RESOURCE CENTER
701 CAMINO DEL RIO，SUITE 319 DURANGO，CO 80203

CONEJOS COUNTY CLEAN WATER，INC．


CONNECTIONS 4 KIDS
PO BOX 427
CRAIG，CO 811
COSTILLA COUNTY ECONOMIC DEVELOPMENT COUNCIL
PO BOX 9
COUNCIL OF NEIGHBORS AND ORGANIZATIONS
1506 N HANCOCK AVE
COLORADO SPRINGS，CO 81152

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 3，000． |
| GENERAL OPERATING EZ | 2，500． |
| TO SUPPORT PROGRAM | 50. |
| EVENT SPONSORSHIP | 1，000． |
| TO SUPPORT PROGRAM | 3，000． |
| TO SUPPORT PROGRAM | 2，000． |

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| ELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| AND |
| FOUNDATION STATUS OF RECIPIENT |


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DENVER，CO 80903
CYSTIC FIBROSIS FOUNDATION HEADQUARTERS
CULTIVANDO！
7190 COLORADO BLVD．，SUITE 300
COMMERCE CITY，CO 80205 4550 MONTGOMERY AVENUE SUITE 1100 N
BETHESDA，MD 80022
DEL NORTE HIGH JR．／SR．HIGH SCHOOL
1055 9TH STREET DEL NORTE
DEL NORTE，CO 20814－5231
denver area youth services
1530 WEST 13TH AVENUE 1530 WEST 13TH AVENUE
DENVER，CO 81132
DENVER AUDUBON
9308 S．WADSWORTH BLVD．
LITTLETON，CO 80204

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| PURPOSE OF GRANT OR CONTRIBUTION |  |  | ATTACHMENT 15 （CONT＇D） |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | AMOUNT |
| TO SUPPORT | PROGRAM |  |  | 15，000． |
| TO SUPPORT | PROGRAM |  |  | 5，000． |
| TO SUPPORT | PROGRAM |  |  | 200. |
| TO SUPPORT | PROGRAM |  |  | 3，000． |
| TO SUPPORT | PROGRAM |  |  | 3，000． |
| TO SUPPORT | PROGRAM |  |  | 1，200． |

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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| FOUNDATION STATUS OF RECIPIENT |

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THE COLORADO TRUST

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 500. |
| TO SUPPORT PROGRAM | 21，700． |
| PROJECT APPLICATION | 65，850． |
| TO SUPPORT PROGRAM | 26，386． |
| TO SUPPORT PROGRAM | 20，000． |
| EVENT SPONSORSHIP | 1，500． |

THE COLORADO TRUST
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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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EAGLE RIVER YOUTH COALITION
P．O．BOX 4613
EDWARDS，CO 81324


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PURPOSE OF GRANT OR CONTRIBUTION
HEALTH EQUITY LEARNING SERIES
HEALTH EQUITY LEARNING SERIES
EVENT SPONSORSHIP
PROJECT APPLICATION
TO SUPPORT PROGRAM
TO SUPPORT PROGRAM
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THE COLORADO TRUST

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| FOUNDATION STATUS OF RECIPIENT |

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NONE
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MERRIFIELD，VA 80203

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 4，000． |
| TO SUPPORT PROGRAM | 15，000． |
| TO SUPPORT PROGRAM | 24，200． |
| GENERAL OPERATING EZ | 5，000． |
| TO SUPPORT PROGRAM | 1，000． |
| TO SUPPORT PROGRAM | 6，000． |

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THE COLORADO TRUST

[^3]| PURPOSE OF GRANT OR CONTRIBUTION |  |  | ATTACHMENT 15 （CONT＇D） |  |
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|  |  |  |  | AMOUNT |
| TO SUPPORT | PROGRAM |  |  | 5，900． |
| TO SUPPORT | PROGRAM |  |  | 1，000． |
| TO SUPPORT | PROGRAM |  |  | 10，000． |
| TO SUPPORT | PROGRAM |  |  | 1，500． |
| TO SUPPORT | PROGRAM |  |  | 8，000． |
| TO SUPPORT | PROGRAM |  |  | 500. |

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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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NONE
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FREEDOM HOOVES THERAPEUTIC RIDING OF NORTHWEST COL
PO BOX 963
CRAIG，CO 8
CRAIG，CO 81301


THE COLORADO TRUST
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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| HEALTH EQUITY LEARNING SERIES | 1，266． |
| TO SUPPORT PROGRAM | 3，000． |
| GENERAL OPERATING EZ | 7，500． |
| GENERAL OPERATING | 75，454． |
| TO SUPPORT PROGRAM | 2，500． |
| EVENT SPONSORSHIP | 1，500． |

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THE COLORADO TRUST

[^4]|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 7，390． |
| TO SUPPORT PROGRAM | 21，100． |
| GENERAL OPERATING EZ | 5，000． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 600. |
| TO SUPPORT PROGRAM | 3，600． |

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THE COLORADO TRUST

| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| AND |
| FOUNDATION STATUS OF RECIPIENT |

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16097 S．GOLDEN ROAD
GOLDEN，CO 80211－3243

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 3，000． |
| EVENT SPONSORSHIP | 1，000． |
| EVENT SPONSORSHIP | 1，000． |
| HEALTH EQUITY LEARNING SERIES | 5，500． |
| TO SUPPORT PROGRAM | 213. |
| TO SUPPORT PROGRAM | 2，000． |

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THE COLORADO TRUST

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 2，500． |
| TO SUPPORT PROGRAM | 3，000． |
| EVENT SPONSORSHIP | 500. |
| TO SUPPORT PROGRAM | 5，000． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 5，000． |

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& \text { FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR } 9 \\
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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| GENERAL OPERATING EZ | 4，000． |
| TO SUPPORT PROGRAM | 2，500． |
| TO SUPPORT PROGRAM | 6，000． |
| TO SUPPORT PROGRAM | 400. |
| TO SUPPORT PROGRAM | 16，000． |
| GENERAL OPERATING EZ | 5，000． |

THE COLORADO TRUST
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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| AND |
| FOUNDATION STATUS OF RECIPIENT |

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10100 GRANT STREET

INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL
10100 GRANT STREET
THORNTON，CO 80308
JEFFERSON CENTER FOR MENTAL HEALTH
4851 INDEPENDENCE STREET \＃200
WHEAT RIDGE，CO 80229
STEAMBOAT SPRINGS，CO 81050
INTERFAITH NETWORK ON MENTAL ILLNESS
P．O．BOX 17293
BOULDER，CO 80488
INTERFAITH NETWORK ON MENTAL ILLNESS
P．O．BOX 17293
BOULDER，CO 80488
RECIPIENT NAME AND ADDRESS
INTEGRATED COMMUNITY
P，O，BOX 880587
P．O．BOX 880587
 1400 N．7TH STREET

GRAND JUNCTION，CO 80033－6715
JOSEPH CENTER
740 GUNNISON AVE．SUITE 104
GRAND JUNCTION，CO 81501

|  | ATTACHMENT 15 (CONT'D) |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 5,000. |
| TO SUPPORT PROGRAM | 500. |
| EVENT SPONSORSHIP | 750. |
| EVENT SPONSORSHIP | 1,500. |
| EVENT SPONSORSHIP | 1,000. |
| TO SUPPORT PROGRAM | 7,500. |

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THE COLORADO TRUST










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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| AND |
| FOUNDATION STATUS OF RECIPIENT |

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NONE
NONE
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NONE
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NONE
PC
LATINO COMMUNITY FOUNDATION OF COLORADO INC
LA JUNTA ASSOCIATED CHARITIES，INC． 517 COLORADO AVENUE
LA JUNTA，CO 80216
LA RAZA SERVICES，INC．
3131 WEST 14TH AVENUE
LARIMER COUNTY DEPARTMENT OF HEALTH AND ENVIRONMEN
1525 BLUE SPRUCE DRIVE
FORT COLLINS，CO 80204
STEAMBOAT SPRINGS，CO 80224

ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
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THE COLORADO TRUST
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& \text { RECIPIENT NAME AND ADDRESS } \\
& \text { MAFO, INC. } \\
& \text { PO BOX } 7569 \\
& \text { SAINT CLOUD, MN } 80033 \\
& \text { MAKE A CHESS MOVE } \\
& 119 \text { PARK AVENUE WEST } \\
& \text { DENVER, CO 56302-7569 } \\
& \text { MANCOS CREATIVE ARTS DISTRICT } \\
& \text { PO BOX } 754 \\
& \text { MANCOS, CO 80205 } \\
& \text { MANNA - THE DURANGO SOUP KITCHEN } \\
& \text { PO BOX 1196 } \\
& \text { DURANGO, CO 81328 } \\
& \text { MENTAL HEALTH AMERICA OF COLORADO } \\
& \text { 1120 LINCOLN STREET SUITE 1606 } \\
& \text { DENVER, CO 81302-1196 } \\
& \text { MENTAL HEALTH AMERICA OF PUEBLO } \\
& \text { PO BOX 1423 } \\
& \text { PUEBLO, CO 80203 }
\end{aligned}
$$

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 12，000． |
| EVENT SPONSORSHIP | 3，000． |
| TO SUPPORT PROGRAM | 5，000． |
| EVENT SPONSORSHIP | 1，500． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 150. |


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THE COLORADO TRUST
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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 16，600． |
| TO SUPPORT PROGRAM | 12，000． |
| TO SUPPORT PROGRAM | 12，000． |
| TO SUPPORT PROGRAM | 10，000． |
| EVENT SPONSORSHIP | 1，000． |
| TO SUPPORT PROGRAM | 5，000． |

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THE COLORADO TRUST
ELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
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FOUNDATION STATUS OF RECIPIENT
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ャ0ع8zTI Wd 0I: Lt:G MIDWESTERN COLORADO MENTAL HEALTH CENTER
2130 EAST MAIN MONTROSE，CO 80203

MILE HIGH MINISTRIES 913 N．WYANDOT STREET DENVER，CO 81401

| PURPOSE OF GRANT OR CONTRIBUTION |  |  |  | ATTACHMENT 15 （CONT＇D） |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | AMOUNT |
|  | SUPPORT | PROGRAM |  |  | 3，000． |
|  | SUPPORT | PROGRAM |  |  | 350. |
|  | SUPPORT | PROGRAM |  |  | 2，500． |
|  | VNT SPONS | SORSHIP |  |  | 3，500． |
|  | SUPPORT | PROGRAM |  |  | 3，000． |
|  | VENT SPONS | SORSHIP |  |  | 1，200． |

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MONTROSE COMMUNITY FOUNDATION
P．O．BOX 3020
MONTROSE，CO 80239
MONTROSE，CO 80239
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RECIPIENT NAME AND ADDRESS
MONTROSE ROTARY CLUB YOUTH FOUNDATION INC
16350 WOODGATE RD．
MONTROSE，CO 81402
MORGAN COMMUNITY COLLEGE
920 BARLOW ROAD
FORT MORGAN，CO 81401
MORGAN COUNTY FAMILY CENTER，INC．
411 MAIN STREET SUITE 100
FORT MORGAN，CO 80701
MORGAN COUNTY FAMILY CENTER，INC．
411 MAIN STREET SUITE 100
FORT MORGAN，CO 80701－2945
MORGAN STRONG
120 BALSAM STREET
FORT MORGAN，CO 80701－2945
MOUNT ST．VINCENT HOME，INC．
4159 LOWELL BOULEVARD
DENVER，CO 80701

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 12，500． |
| TO SUPPORT PROGRAM | 100. |
| GENERAL OPERATING EZ | 3，750． |
| TO SUPPORT PROGRAM | 30， 000. |
| PROJECT APPLICATION | 25，000． |
| GENERAL OPERATING EZ | 7，250． |

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PO DENVER，CO 2000

| PURPOSE OF GRANT OR CONTRIBUTION |  |  | ATTACHMENT 15 （CONT＇D） |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | AMOUNT |
| TO SUPPORT | PROGRAM |  |  | 200. |
| TO SUPPORT | PROGRAM |  |  | 600. |
| TO SUPPORT | PROGRAM |  |  | 25，000． |
| TO SUPPORT | PROGRAM |  |  | 2，000． |
| TO SUPPORT | PROGRAM |  |  | 10，600． |
| TO SUPPORT | PROGRAM |  |  | 4，626． |

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> | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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FORM 990PF，PART XV－GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR


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\begin{aligned}
& \text { RECIPIENT NAME AND ADDRESS } \\
& \text { NORTH SIDE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATI } \\
& 2960 \text { N SPEER BOULEVARD } \\
& \text { DENVER, CO } 80226 \\
& \text { NORTHERN CHAFFEE COUNTY LIBRARY DISTRICT } \\
& \text { PO BOX } 2019 \\
& \text { BUENA VISTA, CO 80211 } \\
& \text { NORTHWEST COLORADO CENTER FOR INDEPENDENCE } \\
& \text { 1855 SHIELD DRIVE UNIT \#300 } \\
& \text { STEAMBOAT SPRINGS, CO 81211 } \\
& \text { NORTHWEST COLORADO COMMUNITY HEALTH PARTNERSHIP } \\
& \text { 941 LINCOLN AVE., SUITE 100G } \\
& \text { STEAMBOAT SPRINGS, CO 80487 } \\
& \text { NORTHWEST COLORADO VISITING NURSE ASSOCIATION } \\
& \text { 940 CENTRAL PARK DRIVE, SUITE 101 } \\
& \text { STEAMBOAT SPRINGS, CO 80488 } \\
& \text { OLATHE COMMUNITY CLINIC, INC. } \\
& \text { PO BOX 529, 308 MAIN STREET } \\
& \text { OLATHE, CO 80487 }
\end{aligned}
$$

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 50. |
| TO SUPPORT PROGRAM | 21，000． |
| TO SUPPORT PROGRAM | 1，500． |
| EVENT SPONSORSHIP | 500. |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 500. |


| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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THE COLORADO TRUST
RECIPIENT NAME AND ADDRESS
RECIPIENT NAME AND ADDRESS
OLD FRIENDS SENIOR DOGS，INC．
12110 LEBANON ROAD
MOUNT JULIET，TN $81425-0529$
ONEMORGAN COUNTY
106 E．KIOWA AVENUE
FORT MORGAN，CO 37122
ORMAO DANCE COMPANY
10 S SPRUCE ST
COLORADO SPRINGS，CO 80701
OTERO COUNTY HEALTH DEPARTMENT
13 WEST THIRD STREET，ROOM 111
LAJUNTA，CO 80905
OTERO JUNIOR COLLEGE FOUNDATION
1802 COLORADO AVE
LA JUNTA，CO 81050
OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH
381 RIVERSIDE DRIVE SUITE 110
FRANKLIN，TN 81050
$\underline{\underline{\text { ATTACHMENT } 15 \quad\left(\text { CONT }^{\prime} \mathrm{D}\right)}}$



|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 200. |
| TO SUPPORT PROGRAM | 5，000． |
| TO SUPPORT PROGRAM | 48，000． |
| HEALTH EQUITY LEARNING SERIES | 3，003． |
| TO SUPPORT PROGRAM | 8，500． |
| HEALTH EQUITY LEARNING SERIES | 5，500． |

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FORT COLLINS，CO 80207

|  | ATTACHMENT 15 (CONT'D) |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| HEALTH EQUITY LEARNING SERIES | 2,495. |
| TO SUPPORT PROGRAM | 200. |
| TO SUPPORT PROGRAM | 1,000. |
| EVENT SPONSORSHIP | 3,000. |
| TO SUPPORT PROGRAM | 10,000. |
| EVENT SPONSORSHIP | 1,000. |


| FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR |
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RELATIONSHIP
$\underline{\underline{\text { ATTACHMENT } 15 \quad\left(\text { CONT }^{\prime} \mathrm{D}\right)}}$
THE COLORADO TRUST
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\begin{aligned}
& \text { RECIPIENT NAME AND ADDRESS } \\
& \text { QUALITY HEALTH NETWORK } \\
& 744 \text { HORIZON COURT SUITE } 210 \\
& \text { GRAND JUNCTION, CO } 81005 \\
& \text { QUEER ASTERISK } \\
& \text { 1155 SHERMAN ST SUITE } 311 \\
& \text { DENVER, CO 81506 } \\
& \text { REACH PIKES PEAK } \\
& \text { 31 N TEJON \#312 } \\
& \text { COLORADO SPRINGS, CO } 80203 \\
& \text { REACHING OUT TO COMMUNITY AND KIDS } \\
& \text { PO BOX 364 128 E. HWY } 491 \\
& \text { DOVE CREEK, CO 80903 } \\
& \text { RED RIBBON PROJECT } \\
& \text { PO BOX 6058 } \\
& \text { AVON, CO 81324 } \\
& \text { RED WIND CONSULTING, INC. } \\
& \text { 3578 HARTSEL DRIVE E368 } \\
& \text { COLORADO SPRINGS, CO } 81620
\end{aligned}
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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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|  | ATTACHMENT 15 （CONT＇D） |
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| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 300. |
| GENERAL OPERATING EZ | 3，950． |
| EVENT SPONSORSHIP | 13，000． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 150. |

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THE COLORADO TRUST

[^6]|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| GENERAL OPERATING | 75，454． |
| EVENT SPONSORSHIP | 1，000． |
| GENERAL OPERATING EZ | 5，000． |
| TO SUPPORT PROGRAM | 2，000． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 30. |

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ESTES PARK，CO 8150

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 5，000． |
| TO SUPPORT PROGRAM | 7，500． |
| TO SUPPORT PROGRAM | 10，000． |
| EVENT SPONSORSHIP | 750. |
| TO SUPPORT PROGRAM | 62，185． |
| TO SUPPORT PROGRAM | 2，500． |

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THE COLORADO TRUST

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SALIDA，CO 8075

|  | ATTACHMENT 15 （CONT＇D） |
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| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 500. |
| TO SUPPORT PROGRAM | 5，000． |
| EVENT SPONSORSHIP | 3，000． |
| GENERAL OPERATING EZ | 5，000． |
| GENERAL OPERATING EZ | 7，500． |
| TO SUPPORT PROGRAM | 5，000． |

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THE COLORADO TRUST

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| THE COLORADO TRUST 2019 FORM 990－PF |
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| FORM 990PF，PART XV－GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR |
|  |
|  |
| RECIPIENT NAME AND ADDRESS |


|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 30，000． |
| TO SUPPORT PROGRAM | 2，000． |
| EVENT SPONSORSHIP | 3，000． |
| TO SUPPORT PROGRAM | 200. |
| TO SUPPORT PROGRAM | 1，000． |
| TO SUPPORT PROGRAM | 5，000． |

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THE COLORADO TRUST
Jd－066 WYOJ 6โ0Z

| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| FOUNDATION STATUS OF RECIPIENT |

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THE COLORADO TRUST
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| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| FOUNDATION STATUS OF RECIPIENT |

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NONE
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NONE
PC

SILVERTHORNE，CO 80220

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 1，000． |
| TO SUPPORT PROGRAM | 1，500． |
| TO SUPPORT PROGRAM | 7，000． |
| EVENT SPONSORSHIP | 1，000． |
| TO SUPPORT PROGRAM | 28，000． |
| TO SUPPORT PROGRAM | 5，000． |

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THE COLORADO TRUST

| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| AND |
| FOUNDATION STATUS OF RECIPIENT |

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NONE
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TEACHING TREE EARLY CHILDHOOD LEARNING CENTER
424 PINE STREET SUITE 100
FORT COLLINS，CO $80220-0206$
THE CENTER FOR AFRICAN AMERICAN HEALTH
3601 MARTIN LUTHER KING BOULEVARD
DENVER，CO 80524
THE CHILDREN＇S MUSEUM OF DENVER
2121 CHILDREN＇S MUSEUM DRIVE
DENVER，CO 80205

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 1，200． |
| PROJECT APPLICATION | 691，533． |
| PROJECT APPLICATION | 500，000． |
| TO SUPPORT PROGRAM | 1，500． |
| TO SUPPORT PROGRAM | 8，000． |
| GENERAL OPERATING EZ | 5，000． |

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THE COLORADO TRUST

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the colorado trust

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P．O．BOX 20466
STANFORD，CA 48207
THE WOMEN＇S FOUNDATION OF COLORADO，INC．
1901 EAST ASBURY AVENUE
DENVER，CO $94309-0466$

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 5，000． |
| GENERAL OPERATING | 96，454． |
| TO SUPPORT PROGRAM | 3，000． |
| GENERAL OPERATING EZ | 5，000． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 1，000． |

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THE COLORADO TRUST

> RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
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NONE
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NONE
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NONE
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NONE
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> FORM 990PF，PART XV－GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR
> DENVER，CO 8022
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PURPOSE OF GRANT OR CONTRIBUTION
TO SUPPORT PROGRAM
GENERAL OPERATING EZ
HEALTH EQUITY LEARNING SERIES
TO SUPPORT PROGRAM
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TO SUPPORT PROGRAM

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HEALTH EQUITY LEARNING SERIES
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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| EVENT SPONSORSHIP | 4，000． |
| PROJECT APPLICATION | 100， 454. |
| TO SUPPORT PROGRAM | 2，000． |
| TO SUPPORT PROGRAM | 22，000． |
| TO SUPPORT PROGRAM | 85，000． |
| TO SUPPORT PROGRAM | 300. |

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THE COLORADO TRUST

| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
| :--- |
| AND |
| FOUNDATION STATUS OF RECIPIENT |

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NONE
PC

NONE
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$\sum_{2}^{\text {し }} 0$
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|  | ATTACHMENT 15 (CONT'D) |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 12,591. |
| TO SUPPORT PROGRAM | 5,000. |
| PROJECT APPLICATION | 5,000. |
| TO SUPPORT PROGRAM | 10,000. |
| TO SUPPORT PROGRAM | 1,500. |
| EVENT SPONSORSHIP | 2,000. |

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the colorado trust
LATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT
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VETERANS COMMUNITY PROJECT
KANSAS CITY, MO 81132
VIVE
4100 XAVIER St.
DENVER, CO 64131
DENVER, CO 64131

|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| PROJECT APPLICATION | 25，000． |
| TO SUPPORT PROGRAM | 53，800． |
| TO SUPPORT PROGRAM | 2，200． |
| TO SUPPORT PROGRAM | 5，000． |
| TO SUPPORT PROGRAM | 1，000． |
| TO SUPPORT PROGRAM | 4，500． |

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THE COLORADO TRUST
RECIPIENT NAME AND ADDRESS

| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
| :--- |
| AND |
| FOUNDATION STATUS OF RECIPIENT |

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| health equity learning series | 28，974． |
| EVENT SPONSORSHIP | 7，000． |
| general operating | 75，454． |
| EVENT SPONSORSHIP | 2，000． |
| TO SUPPORT PROGRAM | 15，000． |
| TO SUPPORT PROGRAM | 100. |

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THE COLORADO TRUST

| AND |
| :--- |
| FOUNDATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
| OF RECIPIENT |

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NONE
NONE
PC
岂
岂 $0 \quad$ 岂 0
WESTERN COLORADO AREA HEALTH EDUCATION CENTER WESTERN COLORADO AREA HEALTH EDUCATION CENTER
2938 NORTH AVENUE UNIT B GRAND JUNCTION，CO 81424
WESTERN COLORADO CONGRESS
P O BOX 1931
GRAND JUNCTION，CO 81504
WESTERN COLORADO FOOD AND AGRICULTURE COUNCIL
PO BOX 3152
WESTERN COLORADO MIGRANT AND RURAL COALITION
4540 COLOROW ROAD
OLATHE，CO 81402
WESTERN REGIONAL ADVOCACY PROJECT
2940 16TH STREET SUITE 200－2
WESTERN RESOURCE ADVOCATES
2260 BASELINE ROAD SUITE 200
BOULDER，CO 94103

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the colorado trust


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| ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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| AND |
| FOUNDATION STATUS OF RECIPIENT |

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|  | ATTACHMENT 15 （CONT＇D） |
| :---: | :---: |
| PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| TO SUPPORT PROGRAM | 1，000． |
| EVENT SPONSORSHIP | 36，500． |
| TO SUPPORT PROGRAM | 10，000． |
| TO SUPPORT PROGRAM | 500. |
| TO SUPPORT PROGRAM | 1，500． |
| TO SUPPORT PROGRAM | 6，000． |

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THE COLORADO TRUST

| AND |
| :--- |
| ANIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
| FOUNDATION STATUS OF RECIPIENT |

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宸：宸：
P．O．BOX 1911
WHEAT RIDGE，CO 81008

\begin{abstract}


the colorado trust
ョd－066 WyO』 6โ0Z
$$
\begin{aligned}
& \text { FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT } \\
& \hline
\end{aligned}
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$\rightarrow($

| Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? | Yes | X | No |
| :--- | :--- | :--- | :--- |

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.
Note: Form 5227 filers need to complete only Parts I and II.

## Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)



Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)


For Paperwork Reduction Act Notice, see the Instructions for Form 1041.
Schedule D (Form 1041) 2019


Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Canyover Worksheet, as necessary.

## Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
a The loss on line 19, column (3) or b $\$ 3,000$ $\square$
Note: If the loss on line 19, column (3), is more than $\$ 3,000$, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

## Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18 a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line $2 b(2)$, and Form 1041, line 23, is more than zero.
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line $4 g$ are more than zero.

Form 990-T trusts. Complete this part only if both lines 18 a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

| 21 | Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39). . | 21 |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 22 | Enter the smaller of line 18 a or 19 in column (2) but not less than zero. |  |  |  |  |
| 23 | Enter the estate's or trust's qualified dividends from Form 1041, line $2 \mathrm{~b}(2)$ (or enter the qualified dividends included in income in Part I of Form 990-T) . . |  |  |  |  |
| 24 | Add lines 22 and 23 . . . . . . . . . . . . . . . . 24 |  |  |  |  |
| 25 | If the estate or trust is filing Form 4952, enter the amount from line 4 g ; otherwise, enter $-0-\ldots 25$ |  |  |  |  |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- | 26 |  |  |  |
| 27 | Subtract line 26 from line 21. If zero or less, enter -0- | 27 |  |  |  |
| 28 | Enter the smaller of the amount on line 21 or \$2,650 | 28 |  |  |  |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 29 |  |  |  |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed |  |  | 30 |  |
| 31 | Enter the smaller of line 21 or line 26. | 31 |  |  |  |
| 32 | Subtract line 30 from line 26. | 32 |  |  |  |
| 33 | Enter the smaller of line 21 or \$12,950. | 33 |  |  |  |
| 34 | Add lines 27 and 30 | 34 |  |  |  |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 |  |  |  |
| 36 | Enter the smaller of line 32 or line 35 | 36 |  |  |  |
| 37 | Multiply line 36 by 15\% (0.15) . |  | . $>$ | 37 |  |
| 38 | Enter the amount from line 31 | 38 |  |  |  |
| 39 | Add lines 30 and 36 | 39 |  |  |  |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0- | 40 |  |  |  |
| 41 | Multiply line 40 by 20\% (0.20) . |  | . $>$ | 41 |  |
| 42 | Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . | 42 |  |  |  |
| 43 | Add lines 37, 41, and 42. | 43 |  |  |  |
| 44 | Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . | 44 |  |  |  |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here a G, Part I, line 1a (or Form 990-T, line 41) |  | m 1041, Schedule | 45 |  |

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).
You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.
$\square$ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B

| 1 <br> (a) <br> Description of property (Example: $100 \mathrm{sh} . \mathrm{XYZ}$ Co.) | (b) <br> Date acquired <br> (Mo., day, yr.) | (c) <br> Date sold or disposed of (Mo., day, yr.) | (d) <br> Proceeds (sales price) (see instructions) | (e) <br> Cost or other basis. See the Note below and see Column (e) in the separate instructions | Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions. |  | (h) <br> Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | (f) <br> Code(s) from instructions | (g) Amount of adjustment |  |
| GAINS FROM PASS THROUG INVESTMENTS |  |  | 5,415, 036. |  |  |  | 5,415, 036. |
| SALES OF PUBLICLY <br> TRADED SECURITIES |  |  | 10664975. |  |  |  | 10664975. |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule $D$, line 8b (if Box $D$ above above is checked), or line 10 (if Bo | (d), (e), (g), an here and inc is checked), li F above is | (h) (subtract de on your 9 (if Box E ecked) | 16080011. |  |  |  | 16080011. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column $(\mathrm{g})$ to correct the basis. See Column $(g)$ in the separate instructions for how to figure the amount of the adjustment.


H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here PASS-THROUGH UBI . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.
1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . . . $\square$ Yes $\quad$ X No If "Yes," enter the name and identifying number of the parent corporation
J The books are in care of $\rightarrow$ THE COLORADO TRUST Telephone number 303-837-1200

| Part I Unrelated Trade or Business Income |  |  | (A) Income | (B) Expenses | (C) Net |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Gross receipts or sales $\qquad$ <br> Less returns and allowances | 1c |  |  |  |
| 2 | Cost of goods sold (Schedule A, line 7). | 2 |  |  |  |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 |  |  |  |
| 4a | Capital gain net income (attach Schedule D) | 4a | 175,528. |  | 175,528. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). | 4b |  |  |  |
| c | Capital loss deduction for trusts | 4c |  |  |  |
| 5 | Income (loss) from a partnership or an S corporation (attach statement). | 5 | 38,545. | ATCH 1 | 38,545. |
| 6 | Rent income (Schedule C) . | 6 |  |  |  |
| 7 | Unrelated debt-financed income (Schedule E) | 7 |  |  |  |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 |  |  |  |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 |  |  |  |
| 10 | Exploited exempt activity income (Schedule I) | 10 |  |  |  |
| 11 | Advertising income (Schedule J). | 11 |  |  |  |
|  | Other income (See instructions; attach schedule) | 12 |  |  |  |
| 13 | Total. Combine lines 3 through 12 . | 13 | 214,073. |  | 214,073. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K). | 14 |  |
| :---: | :---: | :---: | :---: |
| 15 | Salaries and wages | 15 |  |
| 16 | Repairs and maintenance | 16 |  |
| 17 | Bad debts. | 17 |  |
| 18 | Interest (attach schedule) (see instructions). | 18 |  |
| 19 | Taxes and licenses | 19 | 2,942. |
| 20 | Depreciation (attach Form 4562). . . . . . . . . . . . . . . . . . . . . . . . 20 |  |  |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return . . . . . . . 21a | 21b |  |
| 22 | Depletion. | 22 |  |
| 23 | Contributions to deferred compensation plans | 23 |  |
| 24 | Employee benefit programs | 24 |  |
| 25 | Excess exempt expenses (Schedule I). | 25 |  |
| 26 | Excess readership costs (Schedule J). | 26 |  |
| 27 | Other deductions (attach schedule) | 27 |  |
| 28 | Total deductions. Add lines 14 through 27. | 28 | 2,942. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | 211,131. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 30 |  |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | 31 | 211,131. |

## Part III Total Unrelated Business Taxable Income

|  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 211,131. |
| :---: | :---: | :---: | :---: |
| 33 | Amounts paid for disallowed fringes | 33 |  |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 |  |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | 211, 131. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .AT.CH . 2 . . . | 36 | 211,131. |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 |  |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37 . If line 38 is greater than line 37 , enter the smaller of zero or line 37 |  |  |

## Part IV Tax Computation



## Part V Tax and Payments

46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).
b Other credits (see instructions).
c General business credit. Attach Form 3800 (see instructions)
d Credit for prior year minimum tax (attach Form 8801 or 8827).

| 46a |  |  |  |
| :---: | :---: | :---: | :---: |
| 46b |  |  |  |
| 46c |  |  |  |
| 46d |  |  |  |
|  | . . . . . . . . . . | 46e |  |
|  |  | 47 |  |
|  | Other (attach schedule). | 48 |  |
|  |  | 49 | 0 |

47 Subtract line 46 e from line 45
48 Other taxes. Check if from:
$\qquad$ Form 4255 $\qquad$ Form $8611 \quad$. . . . . . . . . . . . . . . . . .
Form $8697 \quad \square$ Form 8866 Other (attach schedule) .
49 Total tax. Add lines 47 and 48 (see instructions)
502019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.
51a Payments: A 2018 overpayment credited to 2019
b 2019 estimated tax payments
c Tax deposited with Form 8868.
d Foreign organizations: Tax paid or withheld at source (see instructions)
e Backup withholding (see instructions)
f Credit for small employer health insurance premiums (attach Form 8941)
g Other credits, adjustments, and payments:
 Form 2439 Other $\qquad$ Total |51a $\square$ Form 4136 $\qquad$ . 51g
52 Total payments. Add lines 51a through 51g
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached.
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed
. 52

55 Overpayment. If line 52 is larger than the total of lines 49,50 , and 53 , enter amount overpaid . . . . . . . . . . 55
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax $\square$ Refunded
56

## Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here -
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
59 Enter the amount of tax-exempt interest received or accrued during the tax year $>\$$


Cumulative e-File History 2019

Federal Extension3
Tax Return Return Type

8139GX
Taxpayer
The Colorado Trust

Submitted Date 2020-04-14 15:11:21
Acknowledgement Date 2020-04-14 15:26:24
Status Accepted
Submission ID 84022720201055000033

## Form 990-T (2019)




## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property
(1)
(2)
(3)
(4)

| 2. Rent received or accrued |  | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| :---: | :---: | :---: |
| (a) From personal property (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ ) | (b) From real and personal property (if the percentage of rent for personal property exceeds $50 \%$ or if the rent is based on profit or income) |  |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |
| (4) |  |  |
| Total | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). |  |  |


| Schedule E - Unrelated Debt-Financed Income (see instructions) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 1. Description of debt-financed property |  | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |  |
|  |  | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) |  | 6. Column 4 divided by column 5 | 7. Gross income reportable (column $2 \times$ column 6) | 8. Allocable deductions (column $6 \times$ total of columns 3(a) and 3(b)) |
| (1) |  | \% |  |  |
| (2) |  | \% |  |  |
| (3) |  | \% |  |  |
| (4) |  | \% |  |  |
|  |  |  | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Totals . |  |  |  |  |
|  |  |  |  |  |

THE COLORADO TRUST


Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

|  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Description of exploited activity | 2. Gross <br> unrelated <br> business income <br> from trade or <br> business | 3. Expenses <br> directly <br> connected with <br> production of <br> unrelated <br> business income | 4. Net income (loss) <br> from unrelated trade <br> or business (column <br> 2 minus column 3). <br> If a gain, compute <br> cols. 5 through 7. | 5. Gross income <br> from activity that <br> is not unrelated <br> business income | 6. Expenses <br> attributable to <br> column 5 |
| $(1)$ |  |  | 7. Excess exempt <br> expenses <br> (column 6 minus <br> column 5, but not <br> more than <br> column 4). |  |  |
| $(2)$ |  |  |  |  |  |
| $(3)$ |  |  |  |  |  |
| $(4)$ |  |  |  |  |  |

Schedule J-Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross <br> advertising <br> income | 3. Direct <br> advertising costs | 4. Advertising <br> gain or (loss) (col. <br> 2 minus col. 3). If <br> a gain, compute <br> cols. 5 through 7. | 5. Circulation <br> income | 7. Excess readership <br> costs (column 6 <br> minus column 5, but <br> not more than <br> column 4). |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $(1)$ |  |  |  |  |  |
| $(2)$ |  |  |  |  |  |
| $(3)$ |  |  |  |  |  |
| T(4) |  |  |  |  |  |

Form 990-T (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)


Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
| :---: | :---: | :---: | :---: |
| (1) |  | \% |  |
| (2) |  | \% |  |
| (3) |  | \% |  |
| (4) |  | \% |  |
| Total. Enter here and on page 1, Part II, line 14. . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS
COMMONFUND GLOBAL DISTRESSED INVESTORS, LLC (EIN 56-2676315) -21.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP (EIN 20-8306365)
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, LP (EIN 26-3669321)
OMMONFUND CAPITAL INTERNATIONAL PARTNERS VIII, LP (EIN 32-0433003)
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP (EIN 51-0605779)
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP (EIN 26-3180228)
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP (EIN 37-1656529)

16,339.
-7, 042 .
72, 252 .
COMMONFUND PRIVATE EQUITY PARTNERS VII, LP (EIN 20-8306306)
COMMONFUND PRIVATE EQUITY PARTNERS VIII, LP (EIN 27-4641880)
COMMONFUND PRIVATE EQUITY PARTNERS IX, LP (EIN 36-4778201)
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP (EIN 11-3814030)
COMMONFUND CAPITAL VENTURE PARTNERS IX, LP (EIN 26-4138517) -3,234.
COMMONFUND CAPITAL VENTURE PARTNERS X, LP (EIN 80-0788864) -2,140.
COMMONFUND CAPITAL VENTURE PARTNERS XI, LP (EIN 47-2004432)
RCP FUND IX, LP (EIN 36-4766444)
ACOF V DP-B AIV LP (EIN 81-4656942)
ACOF V LP (EIN 47-5234503)
RIVERGLADE CAPITAL, L.P. (EIN 32-0542450)
AF ENERGY IV AIV 3, LP (EIN 82-3985837)
BLACKSTONE PROPERTY PARTNERS L.P. (EIN 47-1940924)
AF ENERGY IV AIV 3, LP (EIN 81-4656942)
INCOME (LOSS) FROM PARTNERSHIPS
-8, 153 .
-49, 736 .
2, 055.
7,760.
17, 201.
-72.
-10, 877.
2, 055 .
38,545.

| LOSS YEAR ENDING | ORIGINAL LOSS | LOSS AVAILABLE IN CURRENT YEAR | LOSS CLAIMED <br> IN CURRENT YEAR |
| :---: | :---: | :---: | :---: |
| 12/31/1999 |  |  |  |
| 12/31/2000 |  |  |  |
| 12/31/2001 |  |  |  |
| 12/31/2002 |  |  |  |
| 12/31/2003 |  |  |  |
| 12/31/2004 |  |  |  |
| 12/31/2005 |  |  |  |
| 12/31/2006 |  |  |  |
| 12/31/2007 |  |  |  |
| 12/31/2008 |  |  |  |
| 12/31/2009 |  |  |  |
| 12/31/2010 |  |  |  |
| 12/31/2011 |  |  |  |
| 12/31/2012 94,775. |  |  |  |
| 12/31/2013 | 102, 385. | 31,857. | 31,857. |
| 12/31/2014 | 132,512. | 132,512. | 132,512. |
| 12/31/2015 | 215, 219. | 215, 219. | 46,762. |
| 12/31/2016 | 296,378. | 296,378. |  |
| 12/31/2017 |  |  |  |
| TOTAL: | 841,269. | 675,966. | 211,131. |
| NET OPERATING LOSS AVAILABLE FROM |  | IOR YEARS | 675,966. |
| TAXABLE INCOME | NE 35 ON PAGE 2, | 90T) ) . . . | 211,131. |
|  | NET OPERATING LOS | DEDUCTION | 211,131. |

$>$ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Internal Revenue Service
$>$ Go to www.irs.gov/Form1120 for instructions and the latest information.

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.
Part I Short-Term Capital Gains and Losses (See instructions.)


## Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

| 16 |  |
| :---: | ---: |
| 17 | $175,528$. |
| 18 | $175,528$. |

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . .
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

Schedule D (Form 1120) 2019

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).
You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.


Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column $(\mathrm{g})$ to correct the basis. See Column $(\mathrm{g})$ in the separate instructions for how to figure the amount of the adjustment.

Company Name: THE COLORADO TRUST
EIN: 84-0994055
FYE:

FORM 990-PF, PART I, LINE 19 AND PART II, LINE 14 - FIXED ASSETS and DEPRECIATION

| Description | Cost | Current Depreciation | Accumulated Depreciation | Net Book Value |
| :---: | :---: | :---: | :---: | :---: |
| Land |  | NONE | NONE |  |
| Land Improvements |  |  |  |  |
| Buildings | 66,877. | 5,647. | 42,736. | 24,141. |
| Leasehold Improvements | 684,449. |  |  | 684,449. |
| Equipment | 827,974. | 74, 027. | 671, 086. | 156, 888. |
| Furniture \& Fixtures | 333,167. | 1,937. | 328, 636. | 4,531. |
| Property, Plant \& Equipment | 1,912,467. | 81,611. | 1,042,458. | 870,009. |
| Construction in Progress |  | NONE | NONE |  |
| Total Fixed Assets, line 14 | 1,912,467. |  | 1,042,458. | 870,009. |
| Total Depreciation Expense, line 19 |  | 81,611. |  |  |

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

FEDERAL ELECTIONS

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

FORM \& LINE/INSTRUCTION REFERENCE: FORM 990-T, PART I, LINE 5

REGULATION REFERENCE: IRS SEC. 59(E)(1); REG. 1.59-1(B)(1)

THE COLORADO TRUST
EIN: 84-0994055
YEAR-END: 6/30/2018
PURSUANT TO IRC SECTION 59(E)(4), TAXPAYER HEREBY ELECTS TO CAPITALIZE AND AMORTIZE THE FOLLOWING EXPENDITURES OVER THE PERIOD TIME INDICATED.

TYPE OF EXPENDITURES: INTANGIBLE DRILLING COSTS CODE SECTION NO.: IRC SEC. 263(C)
AMORTIZATION PERIOD: 5 YEARS (60 MONTHS)
TAX PAYER ELECTS TO CAPITALIZE AND AMORTIZE INTANGIBLE DRILLING COSTS REPORTED ON THE FOLLOWING K-1'S:

COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP EIN: (51-0605779) AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 2,236

COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP EIN: (26-3180228) AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 11,831

COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP EIN: (37-1656529) AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 77,257

COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, L.P. EIN: (27-4641880) AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 924

COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS IX, L.P. EIN: (36-4778201) AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 341

FEDERAL FOOTNOTES
*THE 2018 FORM 990-T AS ORIGINALLY FILED REDUCED THE 2018 CARYFORWARD NET OPERATING LOSS OF \$675,966 BY \$72,622 PAID FOR DISALLOWED FRINGE BENEFITS. ORIGINALLY CARRYING FORWARD \$603,344 OF A NET OPERATING LOSS.
WITH THE 2019 RETRO ACTIVE REPEAL OF INTERNAL REVENUE CODE SECTION 512(A)(7) ASSESSING UNRELATED BUSINESS INCOME TAX ON DISALLOWED FRINGE BENEFITS, THE PREVIOUS \$72,622 REDUCTION TO THE \$675,966 CARRYFORWARD NET OPERATING LOSS IS NO LONGER APPLICABLE AND THE NET OPERATING LOSS CARRY FORWARD SCHEDULE HAS BEEN UPDATED TO REFLECT THE FULL \$675,966 LOSS.


[^0]:    aURORA，CO 80010
    ASIAN PACIFIC DEVELOPMENT CENTER
    ARTSPACE PROJECTS INC 2415 PONTIAC STREET DENVER，CO 80207

[^1]:    | ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
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    | AND |
    | FOUNDATION STATUS OF RECIPIENT |

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    BEYO BOX 742
    PO
    DOVE CREEK，CO 81324

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    | FOUNDATION STATUS OF RECIPIENT |

    

    1580 LINCOLN STRE
    DENVER，CO 80203

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    BALTIMORE，MD 8020

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    PARACHUTE，CO 8047

[^5]:    RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
    FOUNDATION STATUS OF RECIPIENT
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    NONE
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    PC
    RELATIONSHI THE YEAR

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    REFUGEE \＆IMMIGRANT CENTER FOR EDUCATION \＆LEGAL S
    2800 S IH 35 FRONTAGE RD SUITE 2015
    AUSTIN，TX 80920
    REGENTS OF THE UNIVERSITY OF COLORADO
    REGIONAL HOME VISITATION DBA BABY BEAR HUGS
    13001 EAST 17TH PLA
    AURORA，CO 78704
    REGIS UNIVERSITY
    3333 REGIS BOULEVARD B－4
    DENVER，CO 80759
    RENEW RESPITE
    3065 CRAIG COURT
    CASTLE ROCK，CO 80221－1099
    RETURNED PEACE CORPS VOLUNTEERS OF COLORADO
    PO BOX 18995
    DENVER，CO 80109

[^7]:    | ATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |
    | :--- |
    | AND |
    | FOUNDATION STATUS OF RECIPIENT |

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    宸：宸：

    318 ORCHARD AVE．，P O BOX 1744
    the gathering place a drop in center for women
    the denver health and hospitals foundation 777 BANNOCK MC 0111
    THE COLORADO EPISCOPAL FOUNDATION 1300 WASHINGTON STREET

    DENVER，CO 80001－0006
    THE DENVER FOUNDATION 55 MADISON STREET，SUITE 800 DENVER，CO 80203

    DENVER，CO 80206－5423 1535 HIGH STREET 1535 HIGH STREET
    DENVER，CO 80204

    PAONIA，CO 80218

