DLN: 93493288016979 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 **C** Name of organization D Employer identification number B Check if applicable The Catholic Foundation No Colorado ☐ Address change 84-1481641 ☐ Name change % THE ORGANIZATION Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 6160 S Syracuse Way Suite 211 ☐ Application pending (303) 468-9885 City or town, state or province, country, and ZIP or foreign postal code DENVER, CO $\,\,80210$ G Gross receipts \$ 174,448,060 Name and address of principal officer H(a) Is this a group return for STEVEN STEMPER □Yes ☑No subordinates? 6160 S Syracuse Way 211 H(b) Are all subordinates Greenwood Village, CO 80111 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW THECATHOLICFOUNDATION COM L Year of formation 1998 M State of legal domicile CO K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE CATHOLIC FDN INSPIRES CHARITABLE GIVING & PLANNING THAT SPREADS THE GOSPEL, TEACHES OUR CHILDREN, PREPARES OUR PRIESTS, CARES FOR OUR POOR, & STRENGTHENS OUR PARISHES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 13 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 447,668 b Net unrelated business taxable income from Form 990-T, line 34 7b 386.047 **Prior Year Current Year** 7,987,750 10,062,257 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,083,968 962,496 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 403,383 303,500 9,475,101 11,328,253 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 11,352,002 10,068,770 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 921,032 1,105,864 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶158,159 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,193,868 974,827 13,466,902 12,149,461 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -3,991,801 -821,208 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 135,801,141 122,963,381 26,688,790 21 Total liabilities (Part X, line 26) . 31,618,561 104,182,580 96,274,591 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here DEACON STEVEN STEMPER PRESIDENT Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | If P00958966 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 111 South Tejon Suite 800 Phone no (719) 471-4290 Colorado Springs, CO 809039848 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (2018) | | | | | | Page 2 | | | | | | |
|------|------------------------|---|--------------------|-----------------------------|--|---------|---------------|--|--|--|--|--|--|
| Pa | statement | of Program Service | e Accomplisi | nments | | | | | | | | | |
| | Check If Sche | edule O contains a respo | onse or note to a | iny line in this Part III . | | | ✓ | | | | | | |
| 1 | Briefly describe the | organization's mission | | | | | | | | | | | |
| FINA | NCIAL STEWARDSHIP | , TO FAITHFULLY STEW | ARD AND DISTR | | JRCH IN NORTHERN COLORADO E ED TO THE FOUNDATION, AND T ES AND SUPPORT | | | | | | | | |
| 2 | | | ant program serv | vices during the year wh | ich were not listed on | | | | | | | | |
| | the prior Form 990 c | | | | | 🗌 Yes 🗸 | No | | | | | | |
| | • | ese new services on Sch | | | | | | | | | | | |
| 3 | - | 5, | nake significant o | thanges in how it conduc | cts, any program | | | | | | | | |
| | services? | | | | | □Yes | ⊻ No | | | | | | |
| | If "Yes," describe the | If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses | | | | | | | | | | | |
| 4 | Section 501(c)(3) ar | | ons are required | to report the amount of | argest program services, as meas grants and allocations to others, | | | | | | | | |
| 4a | (Code |) (Expenses \$ | 1,592,282 | ıncludıng grants of \$ | 1,592,282) (Revenue \$ |) | | | | | | | |
| | See Additional Data | | | | | · | | | | | | | |
| 4b | (Code |) (Expenses \$ | 3,314,137 | including grants of \$ | 3,304,350) (Revenue \$ |) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | 2,693,107 | including grants of \$ | 2,547,107) (Revenue \$ |) | | | | | | | |
| | See Additional Data | | | | | | | | | | | | |
| | See Additional Data | Table | | | | | | | | | | | |
| 4d | | ices (Describe in Schedi | • | | | | | | | | | | |
| | (Expenses \$ | 2,641,573 incl | uding grants of | \$ 2,625,03 | 31) (Revenue \$ |) | | | | | | | |
| 4e | Total program ser | vice expenses > | 10,241,0 | 99 | | | | | | | | | |

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a No **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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No

| 3 Det the organization issuer "Yes" to First VIII, Section A, Imp 3, 4, or 5 about compensation of the organization's current and firmer of inforcs, directors, trustees, key employees, and highest compensated employees? If "Yes, complete Schedule 2 and Det the organization have a law-everified than 1,000 and of the law of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and 24d | rm | 990 (2018) | | | Page 4 |
|---|-----|--|-----|-----|--------|
| 3 Det the organization assien "Yes" to Fart VII, Section A, Inne 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, complete Schedule 2 and Det the organization have a tax-exempt bond size with an outstanding principal amount of more than \$100,000 as of complete Schedule Ir. I"No." go to line 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization on the process of the organizations of the organization structure of the organization structure of the organization structure of the organization organizati | Par | Checklist of Required Schedules (continued) | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 14 Part IV as usual and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule K. If "Yo," go to line 25a. 24b Did the organization miseral may proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization and an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are are "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are many time of the organizations. 24d Did the organization are many time of the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part II. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 25b Did the organization are page in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions) 25a Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions) 25a Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule IV, Part IV. 25a Did the organization receive more than \$250.00 in non-cash contributions? If "Yes," complete | | | | Yes | No |
| the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No.," go to line 25b. b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bothos? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bothos? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction while schedule L, Part II. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offices, director, trustes, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee for a family member thereoff was an organization receive | :3 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | Yes | |
| c Did the organization maintain an escriov account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24d d Did the organization acts as in on behalf of issuer for bonds outstanding at any time during the year? 24d d Did the organization acts as in on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization river for some officers, directors, trustes, key employees, bighest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of the espersors? If "Yes," complete Schedule I, Part IV. 3 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV. 3 A carriert or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV. 3 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV. 3 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV. 3 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. 3 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III. 3 Did the organization of the schedule III. 4 Did the organization of the schedule III. 5 Did the organization of | .4a | the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and | 24a | | No |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24h | | |
| Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was averested to the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization sport professor. It is not organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part I i is not a 55% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II is instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part II is instruction, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part II is or indirect owner? If 'Yes,' complete Schedule L, Part II is or indirect owner? If 'Yes,' complete Schedule L, Part II is or indirect owner? If 'Yes,' complete Schedule L, Part II is organization receive more than 25% 500 in non-cash contributions? If 'Yes,' complete Schedule N, Part I is only one of the organization receive more than 25% 500 in non-cash contributions? If 'Yes,' complete Schedule N, Part I is of the organization receive contributions of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule N, Part I is of the organization receive organization receive and cease operations? If 'Yes,' complete Schedule N, Part I is of the organization receive and cease operations? If 'Yes,' complete Schedule N, Part I is of the organization receive and the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If yes to line 35a, did the organization receive any payment from or engage i | С | | | | |
| Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 1 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E22 1 b If "Yes," complete Schedule L, Part I 2 c If "Yes," complete Schedule L, Part I 2 c If "Yes," complete Schedule L, Part I 3 b Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 3 b Id the organization reported a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 3 b A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 4 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 5 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 5 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 6 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 7 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 8 c All Engage Al | d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 3 Was the organization provide a grant or other assistance to an officer, director, trustee, sey employee, substantial contributions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or the following parties (see Schedule L, Part IV a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? Ti "Yes," complete Schedule N, Part II Did the organization on \$100% of an entity disregarded as separate from the organization under Regulations sections \$301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part V, Inne 2 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 Did the organizat | !5a | Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," | 25a | | No |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 1. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 1. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 1. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. Did the organization a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 2. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 2. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 M 3 | b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 25b | | No |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II 3 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a | 26 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? | 26 | | No |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28b N 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization on wn 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Bid bid the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 Did the organization complete Schedule O and provide explana | 27 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27 | | No |
| Part IV | 8 | | | | |
| Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V | а | | 28a | | No |
| pid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3 and 301 7701-3 if "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13) 'If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI II and II be an an an an an analysis of the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI II nes 11b and 19? Note. All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V. | b | | 28b | | No |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | С | | 28c | | No |
| contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V | 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒 | 29 | Yes | |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 0 | | 30 | | No |
| If "Yes," complete Schedule N, Part II | 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 33 Yes Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 2 | | 32 | | No |
| Part V, line 1 | 3 | , | 33 | Yes | |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 5 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 4 | nd.1 | 34 | | No |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| organization? If "Yes," complete Schedule R, Part V, line 2 | b | | 35b | | |
| Is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| All Form 990 filers are required to complete Schedule O | 7 | | 37 | | No |
| Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | 8 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. | 38 | Yes | |
| · | Pa | | | | |
| · | | | | | |
| 1 1.55 1 | | | | Yes | No |

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

| Par | rt VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI | ule O See instructions | • | onse to i | lines 🗹 | | |
|-----|---|---|--------------------------------|------------|-----------|------------|--|--|
| Se | ction | A. Governing Body and Management | | | | | | |
| | | | | | Yes | No | | |
| 1a | Enter | the number of voting members of the governing body at the end of the tax year | 1a 13 | | | | | |
| | body, | re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O | | | | | | |
| b | Enter | the number of voting members included in line 1a, above, who are independent | 1b 13 | | | | | |
| 2 | | ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee? | ss relationship with any other | 2 | | No | | |
| 3 | | e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p | | 3 | | No | | |
| 4 | Did th | e organization make any significant changes to its governing documents since the | prior Form 990 was filed? . | 4 | | No | | |
| 5 | Did th | e organization become aware during the year of a significant diversion of the organ | nization's assets? | 5 | | No | | |
| 6 | Did th | e organization have members or stockholders? | | 6 | | No | | |
| 7a | 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | |
| b | | ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body? | | 7b | | No | | |
| 8 | | e organization contemporaneously document the meetings held or written actions llowing | undertaken during the year by | | | | | |
| а | The g | overning body? | | 8a | Yes | | | |
| Ь | Each | committee with authority to act on behalf of the governing body? | | 8 b | Yes | | | |
| 9 | | re any officer, director, trustee, or key employee listed in Part VII, Section A, who disation's mailing address? If "Yes," provide the names and addresses in Schedule C | | 9 | | No | | |
| Se | ction | B. Policies (This Section B requests information about policies not requ | ired by the Internal Revenue | e Code | e.) | | | |
| | | | | | Yes | No | | |
| 10a | Did th | e organization have local chapters, branches, or affiliates? | | 10a | | No | | |
| b | | s," did the organization have written policies and procedures governing the activities ranches to ensure their operations are consistent with the organization's exempt pi | | 10b | | | | |
| 11a | Has th | ne organization provided a complete copy of this Form 990 to all members of its go | verning body before filing the | 11a | Yes | | | |
| b | Descr | ibe in Schedule O the process, if any, used by the organization to review this Form | 990 | | | | | |
| 12a | Did th | e organization have a written conflict of interest policy? If "No," go to line 13 . | | 12a | Yes | | | |
| b | Were conflic | officers, directors, or trustees, and key employees required to disclose annually int | erests that could give rise to | 12b | Yes | | | |
| С | | e organization regularly and consistently monitor and enforce compliance with the fule O how this was done | policy? If "Yes," describe in | 12c | Yes | | | |
| 13 | Did th | e organization have a written whistleblower policy? | | 13 | Yes | | | |
| 14 | Did th | e organization have a written document retention and destruction policy? | | 14 | Yes | | | |
| 15 | | e process for determining compensation of the following persons include a review and, comparability data, and contemporaneous substantiation of the deliberation and | | | | | | |
| а | The o | rganization's CEO, Executive Director, or top management official | | 15a | Yes | | | |
| b | Other | officers or key employees of the organization | | 15b | | No | | |
| | If "Ye | s" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | |
| 16a | | e organization invest in, contribute assets to, or participate in a joint venture or sille entity during the year? | milar arrangement with a | 16a | | No | | |
| b | ın joir | s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements? | ard the organization's exempt | 16b | | | | |
| Se | ction | C. Disclosure | | -05 | | | | |
| 17 | | ne States with which a copy of this Form 990 is required to be filed | | | | | | |
| 18 | Section | on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the | | | | | | |
| | | own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc | chedule O) | | | | | |
| 19 | Descr | ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year | • | | | | | |
| 20 | | the name, address, and telephone number of the person who possesses the organ ORGANIZATION 6160 S SYRACUSE WAY 211 Greenwood Village, CO 80111 (30) | | | | | | |

Part VII

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

| (A) Name and Title | (B) Average hours per | Position than o | ne bo | οx, ι | t ch unle: | ss per | son | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|--|---|-----------------------------------|-----------------------|-------|---------------|------------------------------|--------|--|---|---|
| | week (list any hours for related organizations | , | dırect | | rust | | | from the organization (W- 2/1099- MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related |
| | below dotted line) | Individual trustee or director | Institutional Trust⊬ë | Cel | employee | Highest compensated employee | Former | | | organizations |
| (1) BISHOP JORGE RODRIGUEZ | 1 0 | × | | | | | | 0 | 0 | |
| DIRECTOR | 0 0 | | | | | | | 0 | 0 | 0 |
| (2) Jım Baron | 1 0 | l | | ,, | | | | | | |
| Secretary | 0 0 | X | | × | | | | 0 | 0 | 0 |
| (3) JOE Desplinter | 1 0 | | | | | | | _ | _ | _ |
| Treasurer | 0.0 | X | | X | | | | 0 | 0 | 0 |
| (4) John Zimmerman Director | 10 | Х | | | | | | 0 | 0 | 0 |
| (5) Nancy Bauman Director | 1 0 | | | | | | | 0 | 0 | 0 |
| (6) Norma Frank | 0 0 1 0 | | | | | | | | | |
| Chair | | Х | | х | | | | 0 | 0 | 0 |
| | 1 0 1 0 | | | | | | | | | |
| (7) Rev Randy Dollins Director | 1 0 | Х | | | | | | 0 | 0 | 0 |
| (8) ARCHBISHOP Samuel J Aquila Director | 10 | Х | | | | | | 0 | 0 | 0 |
| (9) Rick Wagner Vice Chair | 10 | х | | х | | | | 0 | 0 | 0 |
| (10) Pat Bridges | 1 0 | | | | | | | | | |
| Director | 0.0 | Х | | | | | | 0 | 0 | 0 |
| (11) Terry Gallagher Director | 10 | Х | | | | | | 0 | 0 | 0 |
| (12) Tricia Jansen Director | 10 | × | | | | | | 0 | 0 | 0 |
| (13) Adam Truitt Director | 10 | х | | | | | | 0 | 0 | 0 |
| (14) DAVID FANTZ ADMINISTRATIVE OFFICER | 30 0 | | | х | | | | 131,009 | 0 | 11,236 |
| (15) Steven Stemper | 30 0 50 0 | | | | | | | | | |
| | | | | х | | | | 223,456 | 0 | 34,431 |
| President and CEO | 10 0 40 0 | | | | | | | | | |
| (16) Michelle Fehn - Director of | | | | | | × | | 144,763 | 0 | 23,520 |
| Accounting and Operations | 20 0 | | | | - | | - | | | |
| | | 1 | l | l | 1 | l | 1 | 1 | | |

| | | | | | | | | | Page 8 |
|--|--|---|---|---|---|--|--|---|--|
| Directors, Trustees | , Key I | Empl | loye | es, | and I | High | nest Compensate | d Employees (co | ntinued) |
| (B) Average hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | | (F) Estimated amount of other compensation from the organization and |
| organizations below dotted line) | individual trustee or director | Institutional Trustee | Lot | | Highest compensated amplifyee | Former | 2/1099-MISC) | 2/1099-MISC) | related organizations |
| | (B) Average hours per week (list any hours for related organizations below dotted | (B) Average hours per week (list any hours for related organizations below dotted line) Position is be is be in a diagram. | (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) | (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not than one box, u is both an off director/tr or director/ individual trustee | (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not che than one box, unles is both an officer director/truste or director/truste or director linguistic in the statutional line is the statution of the | (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check mother than one box, unless pers is both an officer and a director/trustee) Institutional Trustee Officer Institutional Trustee Officer Institutional Trustee | (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organizations below dotted line) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) (C) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) (C) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W- 2/1099-MISC) | Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Formula director/trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) Formula director/trustee Officer in the organization (W-2/1099-MISC) Position (do not check more than one box, unless person is both an officer and a director/trustee) Formula director/trustee Officer in the organization (W-2/1099-MISC) |

| | | onnpensated | 0,00 | | Trustee | r trustee | | |
|--|--|-------------|------|--|---------|-----------|--|--|
|--|--|-------------|------|--|---------|-----------|--|--|

| 1b Sub-Total | 1b Sub-Total | | | | | | | | | |
|---|--------------|--|--|--|--|---|--|---------|---|--------|
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | ▶ | | 499,228 | 0 | 69,187 |

| | Sub-Total | 0 | | 69,187 |
|---|--|---|-----|--------|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 3 | | | |
| | | | Yes | No |
| _ | | | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |

| | Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) | 499,228 | | 0 | | 69,187 |
|---|---|-------------------------|-----------|---|-----|--------|
| 2 | Total number of individuals (including but not limited to those listed above) w of reportable compensation from the organization \blacktriangleright 3 | no received more than | \$100,000 | | | |
| | | | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | ' ' | 3 | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? If "Yes," compundividual | lete Schedule J for suc | | 4 | Yes | |

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

| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes | |
|---|---|--------|-------|----|
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |
| S | ection B. Independent Contractors | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co | mpensa | ation | |

| | services rendered to the organization? If "Yes," complete Schedule J for such person | | 5 | | No | | | |
|----|---|-----|---|----|----|--|--|--|
| Se | | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | |
| | (A) | (B) | | 10 | | | | |

| non-site organization reports compensation and statement year or making that or making the organization of | | | | | | | | | |
|--|-------------------------|--------------|--|--|--|--|--|--|--|
| (A) | (B) | (C) | | | | | | | |
| Name and business address | Description of services | Compensation | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Name and business address | Description of services | Compensation | | | | |
|--|-------------------------|--------------|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 | | | | | | |

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|---|--|---------|---------------------------------------|------------------------|---|---|--|
| Part | | 3 rcc=: | onee or note to ser | line in this Bort VIII | | | |
| | Check if Schedule O contains | a respo | onse or note to any | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a Federated campaigns | 1a | | | revenue | | 512 - 514 |
| nts Ints | b Membership dues | 1b | | | | | |
| 3rai nou | c Fundraising events | 1c | | | | | |
| , (S | d Related organizations | 1d | | | | | |
| <u> </u> | e Government grants (contributions) | 1e | | | | | |
| ns, Sim | f All other contributions, gifts, grants, | | | | | | |
| er e | and similar amounts not included above | 1f | 10,062,257 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contributions included | | 104 004 | | | | |
| Cont and I | in lines 1a - 1f \$ | | | | | | |
| | I Total. Add lines 14-11 | • | | 10,062,257 | | | 1 |
| R. | 2a | | Business | Code | | | |
| Program Service Revenue | | _ | | | | | |
| رد د | b — | | | | | | |
| ř. | d ————— | | | | | | |
| <u>د</u> | е ———— | | | | | | |
| ogra | f All other program service revenue | 1 | | | | | |
| Ě | 9Total. Add lines 2a-2f | | • | 0 | | | |
| | 3 Investment income (including divided similar amounts) | | interest, and other | 1,230,517 | 7 | 447,668 | 782,849 |
| | 4 Income from investment of tax-ex | | ond proceeds | • | 0 | | |
| | 5 Royalties | | | • | D . | | |
| | (ı) Rea | I | (II) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less rental expenses | | | 1 | | | |
| | c Rental income or | 0 | | 0 | | | |
| | (loss) | | | | | | |
| | d Net rental income or (loss) | | · · · · · · · · · · · · · · · · · · · | | 0 | | |
| | (1) Securi | ties | (II) Other | - | | | |
| | | 327,740 | 24,04 | 6 | | | |
| | than inventory | | | | | | |
| | | 095,755 | 24,05 | 2 | | | |
| | sales expenses | 268,015 | | 6 | | | |
| | d Net gain or (loss) | | ▶ | -268,021 | 1 | | -268,021 |
| | 8a Gross income from fundraising ev | _ | | | | | |
| ıμe | (not including \$ contributions reported on line 1c) | of | | | | | |
| ₹ N | See Part IV, line 18 | | 0 | _ | | | |
| æ | b Less direct expenses c Net income or (loss) from fundrai | | | | | | |
| Other Revenue | 9a Gross income from gaming activit | | ents • | | | | |
| 0 | See Part IV, line 19 | | | | | | |
| | b Less direct expenses | a b | 0 | ⊣ | | | |
| | c Net income or (loss) from gaming | | les | | o | | |
| | 10a Gross sales of inventory, less | | | | | | |
| | returns and allowances | a |] | | | | |
| | b Less cost of goods sold | b | 0 | 1 | | | |
| | c Net income or (loss) from sales of | invent | | | o l | | |
| | Miscellaneous Revenue | | Business Code | | | | |
| | 11aREIMBURSEMENT INCOME | | 90009 | 9 303,500 | | | 303,500 |
| | h | | • | | | | |
| | b | | | | | | |
| | с | | | | | + | |
| | | | | | | | |
| | d All other revenue | | | | | + | |
| | e Total. Add lines 11a-11d | | 🕨 | | | | |
| | 12 Total revenue. See Instructions | | | 303,500 | J | | |
| | | | · P | 11,328,253 | 3 | 447,668 | 818,328 Form 990 (2018) |

| Form 990 (2018) | | | | Page 10 |
|---|------------------------|--|---|----------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co | _ | · | . , | |
| Check if Schedule O contains a response or note to any | line in this Part IX . | | | <u> ⊔</u> |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 10,018,270 | 10,018,270 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | 50,500 | 50,500 | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 400,132 | | 400,132 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 555,978 | | 547,923 | 8,055 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 36,996 | | 36,996 | |
| 9 Other employee benefits | 46,691 | | 46,691 | |
| 10 Payroll taxes | 66,067 | | 66,067 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 7,997 | | 7,997 | |
| c Accounting | 68,400 | | 68,400 | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 73,648 | | 73,648 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 35,341 | | 5,394 | 29,947 |
| 12 Advertising and promotion | 14,571 | | | 14,571 |
| 13 Office expenses | 45,471 | 1,520 | 32,660 | 11,291 |
| 14 Information technology | 164,653 | | 164,653 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 58,982 | | 58,982 | |
| 17 Travel | 24,027 | | | 24,027 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | 0 | | | <u> </u> |
| 19 Conferences, conventions, and meetings | 13,325 | | 11,051 | 2,274 |
| 20 Interest | 162,254 | 155,787 | 6,467 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 73,529 | | 73,529 | |
| 23 Insurance | 54,971 | | 19,884 | 35,087 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | · | |
| a UBI TAXES | 37,774 | | 37,774 | |
| b DEVELOPMENT MARKETING | 107,907 | | 75,000 | 32,907 |
| c ROSARIES & PRAYER BOOKS | 15,022 | 15,022 | | |
| d OTHER GIFTS | 2,512 | | 2,512 | |
| e All other expenses | 14,443 | | 14,443 | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,149,461 | 10,241,099 | 1,750,203 | 158,159 |

Form **990** (2018)

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

0

0

122.963.381

311,193

948.524

40.000 0

0

0

0

3.200.003

22.189.070

26.688.790

42.850.907

50,290,805

3.132.879

96,274,591

122,963,381

Form **990** (2018)

Form 990 (2018)

13

14

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16

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34

Liabilities 22

Fund Balance

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here > 🗹 and

Intangible assets . . .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

| | Beginning of year | | End of year |
|--|-------------------|---|-------------|
| 1 Cash-non-interest-bearing | 384,262 | 1 | 719,966 |
| 2 Savings and temporary cash investments | 2,827,311 | 2 | 1,905,702 |
| 3 Pledges and grants receivable, net | 9,923,670 | 3 | 9,107,809 |
| 4 Accounts receivable, net | 0 | 4 | 0 |

| | , | | | |
|---|---|---|---|--|
| 4 | Accounts receivable, net | 0 | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ | 0 | 6 | |

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 582.000 Notes and loans receivable, net Inventories for sale or use .

Assets 173.737 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,815,164

2.153 0 61.890 10a basis Complete Part VI of Schedule D 127,038 1,945,319 b Less accumulated depreciation 10b 10c 1,688,126 46,193,313 86,666,511 11 11 Investments—publicly traded securities . 73.481.483 12 22.811.224 12 Investments—other securities See Part IV, line 11 . 0 13 0

> 0 14

> > 15

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31 32

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34

290.046

610.239

394.090

43.243

3.333.336

27.237.653

31.618.561

48.866.516

52,600,642

2.715.422

104,182,580

135,801,141

0 20 ٥

135.801.141

Audit Act and OMB Circular A-133? 3a

3b

Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: Software Version:

EIN: 84-1481641

Name: The Catholic Foundation No Colorado

Form 990 (2018)

Form 990, Part III, Line 4a:

THROUGH THE FUNDING OF RELIGIOUS EDUCATION, CATECHIST TRAINING, AND CURRICULUM DEVELOPMENT, THE FOUNDATION HELPS SPREAD THE GOSPEL

Form 990, Part III, Line 4b: COMMITTED TO TEACHING OUR CHILDREN, THE CATHOLIC FOUNDATION AWARDS GRANTS TO CATHOLIC SCHOOLS ACROSS NORTHERN COLORADO TO BENEFIT

SCHOLARSHIP PROGRAMS, PROVIDE TUITION ASSISTANCE, AND ENABLE THE SCHOOLS TO PROVIDE A JUST WAGE TO THEIR TEACHERS

Form 990, Part III, Line 4c: THE CATHOLIC FOUNDATION SUPPORTS THE PREPARATION OF PRIESTS THROUGH GRANTS, SUPPORTING THE OPERATIONS AND NEEDS OF ST. JOHN VIANNEY THEOLOGICAL SEMINARY AND REDEMPTORIS MATER MISSIONARY SEMINARIES

| ı | orm 990, Part III - 4 Program Service Accomplishments (See the Instructions) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. | | | | | | | | |
| | Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to | | | | | | | | |
| | athers the total expenses and revenue if any for each program convice reported | | | | | | | | |

| others, the total ex | cpenses, and revenue, it an | y, for cuen pre | ogram service reportear | | |
|----------------------|-----------------------------|-----------------|-------------------------|-------------------------|---|
| (Code |) (Expenses \$ | 2,641,573 | including grants of \$ | 2,625,031) (Revenue \$ |) |

SEE SCH O, PART III, LINE 4D NARRATIVE

(Code) (Expenses \$) (Revenue \$

including grants of \$

FOR DETAIL ON OTHER PROGRAMS

| SCHEDULE A (Form 990 or 990EZ) | | | | ublic Charity Status and Public Support e if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. | | | | 2018 |
|---|------------------------------------|-----------------------------------|---|---|---------------------------------------|-------------------------------------|---|---|
| Department of th | | | ► Go to | www.irs.gov/Form | | | | Open to Public Inspection |
| nternal Revenue Name of the The Catholic Fo | organizat | i on Colorado | | | | | Employer identific | <u> </u> |
| | | | | (41) | | | 84-1481641 | |
| Part I | | | | us (All organization e it is (For lines 1 thro | | | see instructions. | |
| - | | • | | ssociation of churches | • | | (A)(i). | |
| 2 | A school de | scribed in sec | tion 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| _ 🗀 | | | | vice organization desci | , | | iii). | |
| 4 🗆 | · | esearch organ | • | red in conjunction with | | | • | nter the hospital's |
| | | tion operated iv). (Comple | | it of a college or unive | rsity owned or o | perated by a gov | ernmental unit descr | bed in section 170 |
| 6 🗌 | A federal, s | ate, or local | government o | r governmental unit de | scribed in sectio | on 170(b)(1)(A | \)(v). | |
| | _ | | mally receives vi). (Complete | a substantial part of it Part II) | s support from a | governmental u | ınıt or from the gener | al public described in |
| 8 🗆 | A communi | y trust descr | bed in sectio i | n 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| | | | | escribed in 170(b)(1) See instructions Enter | | | | lege or university or a |
| | from activit investment | es related to income and u | its exempt fur inrelated busir | (1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III) | taın exceptions, | and (2) no more | than 331/3% of its s | upport from gross |
| | • | | | d exclusively to test fo | r public safety S | ee section 509 | (a)(4). | |
| | more public | ly supported | organizations | d exclusively for the be described in section 5 the type of supporting | 09(a)(1) or se | ction 509(a)(2 |). See section 509(| |
| a 🗆 ; | Type I. A s organizatioi | upporting org | anızatıon opei | rated, supervised, or co appoint or elect a majo | ontrolled by its s | upported organi | zation(s), typically by | |
| | managemei | nt of the supp | | pervised or controlled i ation vested in the sar and C. | | | | |
| | | • | _ | supporting organizations) You must com | • | • | , - | ated with, its |
| d 🗆 ; | Type III n functionally | on-functional integrated T | ally integrate he organizatio | d. A supporting organi in generally must satis rt IV, Sections A and | ization operated fy a distribution | in connection wi requirement and | th its supported orga | |
| e 🗌 | Check this I | oox if the orga | anızatıon recei | ved a written determir | nation from the I | | pe I, Type II, Type II | II functionally |
| | - | | on-functionally organizations | ıntegrated supporting | organization | | _ | |
| | | | | upported organization(| T . | | | T |
| | me of supp organization | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| otal | | | | | | | | |
| | ork Reduct | ion Act Noti | ce, see the I | nstructions for | Cat No 11285 | 5F : | Schedule A (Form 9 | 90 or 990-EZ) 2018 |

| Sch | nedule A (Form 990 or 990-EZ) 2018 | | | | | | Page 2 |
|-----|---|-------------------|--------------------|-------------------|------------------|---------------------|---------------|
| F | Support Schedule for (b)(1)(A)(ix) (Complete only if you ch III. If the organization fa | ecked the box o | n line 5, 7, 8, or | 9 of Part I or if | the organization | n failed to qualify | |
| _ | Section A. Public Support | ans to quanty are | der the tests hist | ca below, picas | e complete rait | 111./ | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | 8,938,493 | 7,789,286 | 6,986,076 | 7,987,750 | 10,062,257 | 41,763,862 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 8,938,493 | 7,789,286 | 6,986,076 | 7,987,750 | 10,062,257 | 41,763,862 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 8,842,780 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 32,921,082 |
| _ | Section B. Total Support | | | • | • | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b) 2015 | (c)2016 | (d) 2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | 8 938 493 | 7 789 286 | 6 986 076 | 7 987 750 | 10 062 257 | 41 763 862 |

| | organization's benefit and either paid to or expended on its behalf | | | | | | | 0 |
|-----|---|--------------------------|----------------------|-----------------------|---------------------|-----------|-------------|------------|
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 8,938,493 | 7,789,286 | 6,986,076 | 7,987,750 | 1 | 0,062,257 | 41,763,862 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | 8,842,780 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 32,921,082 |
| | Section B. Total Support | | | | | | | |
| | Calendar year | (a)2014 | (b) 2015 | (c)2016 | (d)2017 | (e)2 | 2018 | (f)Total |
| 7 | (or fiscal year beginning in) ► Amounts from line 4 | 8,938,493 | 7,789,286 | 6,986,076 | 7,987,750 | 1 | 0,062,257 | 41,763,862 |
| 8 | Gross income from interest, | 0,550,155 | 7,703,200 | 0,500,010 | ,,,,,,,, | | 0,002,237 | 11,703,002 |
| | dividends, payments received on securities loans, rents, royalties and income from similar sources | 712,214 | 599,230 | 347,088 | 493,803 | | 782,849 | 2,935,184 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | 502,357 | 423,481 | | 386,047 | 1,311,885 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | 403,383 | | 303,500 | 706,883 |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 46,717,814 |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | | 0 |
| 13 | First five years. If the Form 990 is fo | or the organization | 's first, second, th | ird, fourth, or fifth | n tax year as a sec | tion 501 | (c)(3) orga | nization, |
| | check this box and stop here | | | | | | ▶ □ | |
| - 9 | Section C. Computation of Publi | | | | | | | |
| 14 | Public support percentage for 2018 (li | ne 6, column (f) d | ıvıded by line 11, | column (f)) | | 14 | | 70 468 % |
| 15 | Public support percentage for 2017 Sc | hedule A, Part II, | line 14 | | | 15 | | 71 685 % |
| 16 | 33 1/3% support test—2018. If the | organization did i | not check the box | on line 13, and lin | e 14 is 33 1/3% o | r more, c | heck this b | юх |
| | and stop here. The organization qual 33 1/3% support test—2017. If th | ifies as a publicly s | supported organiza | ation | | | | ▶ ☑ |
| 17: | box and stop here. The organization 10%-facts-and-circumstances tes 15 10% or more, and if the organization | t—2018. If the or | ganization did not | check a box on lir | | | | ▶ □ |

| S | ection B. Total Support | | | | | | | | | | |
|-----|---|----------------------|----------------------|-----------------------|----------------------|----------|------------|----------------|--|--|--|
| | Calendar year | (a)2014 | (b) 2015 | (c)2016 | (d)2017 | (e)2 | 2018 | (f)Total | | | |
| | (or fiscal year beginning in) ▶ | ` ' | ` ' | , , | ` ' | | | | | | |
| 7 | Amounts from line 4 | 8,938,493 | 7,789,286 | 6,986,076 | 7,987,750 | 1 | 0,062,257 | 41,763,862 | | | |
| 8 | Gross income from interest, | | | | | | | | | | |
| | dividends, payments received on | 712,214 | 599,230 | 347,088 | 493,803 | | 782,849 | 2,935,184 | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | | | | |
| 9 | activities, whether or not the | | | 502,357 | 423,481 | | 386,047 | 1,311,885 | | | |
| | business is regularly carried on | | | ŕ | , I | | · | , , | | | |
| 10 | | | | | | | | | | | |
| | or loss from the sale of capital | | | | 403,383 | | 303,500 | 706,883 | | | |
| | assets (Explain in Part VI) | | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 46,717,814 | | | |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | • | <u>'</u> | 12 | | 0 | | | |
| 13 | First five years. If the Form 990 is fo | r the organization | 's first, second, th | ırd, fourth, or fıfth | ı tax year as a sect | ion 501 | (c)(3) org | anization, | | | |
| | check this box and stop here | | | | | | ▶□ | | | | |
| S | ection C. Computation of Public | | | | | | | | | | |
| 14 | Public support percentage for 2018 (lin | ne 6, column (f) di | vided by line 11, o | column (f)) | | 14 | | 70 468 % | | | |
| 15 | Public support percentage for 2017 Sc | hedule A, Part II, | line 14 | | | 15 | | 71 685 % | | | |
| 16a | 33 1/3% support test—2018. If the | organization did r | not check the box | on line 13, and lin | e 14 ıs 33 1/3% or | more, c | heck this | box | | | |
| | and stop here. The organization quali | fies as a publicly s | supported organiza | ation | | | | ▶ ☑ | | | |
| b | 33 1/3% support test-2017. If th | e organization did | not check a box o | n line 13 or 16a, a | and line 15 is 33 1/ | ′3% or m | nore, chec | k this | | | |
| | box and stop here. The organization | qualifies as a pub | licly supported or | ganization | | | | ightharpoons | | | |
| 17: | 10%-facts-and-circumstances test | | | | ne 13, 16a, or 16b. | and line | 14 | · - | | | |
| | ıs 10% or more, and ıf the organizatio | | | | | | | | | | |
| | in Part VI how the organization meets | the "facts-and-cire | cumstances" test | The organization | qualifies as a publi | cly supp | orted | | | | |
| | organization | | | | | | | ightharpoons | | | |
| h | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line | | | | | | | | | | |
| | 15 is 10% or more, and if the organiz | | | | | | | | | | |
| | Explain in Part VI how the organization | on meets the "fact: | s-and-circumstanc | es" test. The orga | nization qualifies a | s a publ | ıcly | | | | |
| | supported organization | | | | | | | ▶ □ | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 1 | 6a, 16b, 17a, or 1 | 7b, check this box | and see | | | | | |
| | instructions | | | | | | | ▶ □ | | | |
| | | | | | Schedul | e A (Fo | m 990 o | r 990-EZ) 2018 | | | |

| Р | Support Schedule for | | | | | | |
|----------|---|--------------------|---------------------------|-----------------------|---------------------|-------------------|-----------------|
| | (Complete only if you c | | | | | | ler Part II. If |
| - C | the organization fails to ection A. Public Support | quality under t | ne tests listed | pelow, please co | omplete Part II. |) | |
| 30 | Calendar year | | 43.554.5 | | 413.004- | | (0) = |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| _ | organization's tax-exempt purpose Gross receipts from activities that are | | | | | | |
| 3 | not an unrelated trade or business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| _ | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| 36 | ection B. Total Support Calendar year | | | I | 1 | | 1 |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| b | income from similar sources Unrelated business taxable income | | | | | | |
| D | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| | 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization | ı 's fırst, second, tl | nird, fourth, or fift | :h tax vear as a se | ction 501(c)(3) c | rganization. |
| | check this box and stop here | , | , , | , , | , | (), () | • □ |
| Se | ection C. Computation of Public | Support Perce | ntage | | | | <u> </u> |
| 15 | Public support percentage for 2018 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2017 S | | | | | 16 | |
| | ection D. Computation of Investi | | | | | 1 1 | |
| <u> </u> | Investment income percentage for 201 | | | line 13, column (f | ·)) | 17 | |
| 18 | Investment income percentage from 2 | • | | , | •• | 18 | |
| | 331/3% support tests—2018. If the | | · | on line 14 and lin | ne 15 is more than | | ne 17 is not |
| | | | | | | | _ |
| | more than 33 1/3%, check this box and s | | | | | | |
| b | 33 1/3% support tests—2017. If the | - | | | • | | _ |
| | not more than 33 1/3%, check this box | and stop here. | The organization | qualifies as a publ | icly supported org | anization | ▶⊔_ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 1 | .9a, or 19b, check | this box and see | instructions | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

| >cn | edule A (Form 990 or 990-E2) 2018 | | F | age 5 |
|-----|--|-------------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| C | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11 c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization | - | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| _ | <u> </u> | | | |
| | ection D. All Type III Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | 103 | -140 |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | l | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ions) | | |
| | The organization satisfied the Activities Test Complete line 2 below | • | | |
| | b | | | |
| | | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | į | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | | | |
| , | | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | _ | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3h | | |

| Sched | lule A (Form 990 or 990-EZ) 2018 | | | Page 6 |
|-------|--|------------|---------------------------|--------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgani | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | _ | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrat | ed Type III supporting or | ganızatıon (see |

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 84-1481641

Name: The Catholic Foundation No Colorado

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

| instructions) |
|------------------------------|
| |
| Facts And Circumstances Test |
| |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

DLN: 93493288016979 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

The Catholic Foundation No Colorado

84-1481641 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 99 125 2 Aggregate value of contributions to (during year) 4,077,221 4,094,341 Aggregate value of grants from (during year) 5.031.611 800.860 Aggregate value at end of year 28,866,735 10.341.047 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2018

| Par | t III | Organizations Ma | aintaining Collections o | f Art, Histor | ical T | reası | ires, o | r Othe | r Similar Ass | sets (conti | nued) | |
|-----|--|--|--|-------------------|-----------|----------|------------|----------|--------------------|----------------|----------|-----------|
| 3 | | ig the organization's acq ns (check all that apply) | uisition, accession, and other | records, check | any of | the fo | ollowing t | that are | e a significant us | se of its coll | ection | |
| а | | Public exhibition | | d | | Loan | or exch | ange pr | ograms | | | |
| b | | Scholarly research | | е | | Othe | r | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII | | | | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | 0 | | | | |
| Pa | rt IV | | odial Arrangements. ganızatıon answered "Yes | " on Form 99 | 0, Part | IV, lı | ine 9, o | r repoi | rted an amour | nt on Form | ı 990, | Part |
| 1a | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No | | | | | | | o | | | | |
| b | If "Y | es." explain the arrange | ement in Part XIII and comple | te the following | a table | | | | An | nount | | _ |
| С | | inning balance | ' | • | - | | | 1c | | | | _ |
| d | _ | itions during the year | | | | | | 1d | | | | _ |
| е | | ributions during the year | • | | | | | 1e | | | | _ |
| f | | ing balance | | | | | | 1f | | | | _ |
| 2a | | - | an amount on Form 990, Par | + V line 21 for | r occro | M OF CU | ictodial a | ccount | liability2 | | □и | _ |
| | | | | | | | | | | | ⊔ N | 0 |
| b | rt V | | ment in Part XIII Check here ds. Complete if the organ | | | | | | | | | |
| ŀά | ILV | Endowinent Fund | (a)Currer | | Prior yea | | (c)Two y | | | | our year | rs hack |
| 1a | Begin | ining of year balance . | | ,925,576 | | 4,484 | | 40,768,2 | | 20,915 | | 038,029 |
| b | Contr | ibutions | 1 | ,987,243 | 3,54 | 9,445 | | 3,798,7 | 34 5,9 | 17,202 | 4,9 | 986,117 |
| С | Net in | nvestment earnings, gair | ns, and losses | ,410,179 | 5,24 | 0,359 | | 1,655,9 | 41 -9 | 27,638 | | 193,166 |
| | | s or scholarships | · — | ,512,674 | 2,17 | 8,712 | | 1,908,3 | 97 1,7 | 42,273 | 1, | 696,397 |
| | Other | expenditures for facilitions | | | | | | | | | | |
| f | Admır | nistrative expenses . | | | | | | | | | | |
| q | End o | f year balance | 46 | ,989,966 | 50,92 | 5,576 | 4 | 44,314,4 | 84 40,7 | 68,206 | 37, | 520,915 |
| 2 | | • | ntage of the current year end | halance (line i | ام دمار | ımn (a |)) held a | 15 | | | | |
| a | | rd designated or quasi-e | - ' | balance (iiile . | rg, core | (u |)) Held d | .5 | | | | |
| b | | manent endowment > | 6 670 % | | | | | | | | | |
| | | porarily restricted endov | | | | | | | | | | |
| С | | | , 2b, and 2c should equal 100 | 196 | | | | | | | | |
| За | | - | not in the possession of the | | at are h | neld an | ıd admın | ıstered | for the | | | |
| | | inization by | The state of the s | | | | | | | | Yes | No |
| | (i) t | unrelated organizations | | | | | | | | 3a(i) | | No |
| | | related organizations . | | | | | | | | 3a(ii) | | No |
| | | | lated organizations listed as r | • | | ₹?. | | | | 3b | | |
| 4 | | | ended uses of the organizatio | n's endowment | funds | | | | | | | |
| Pai | rt VI | | and Equipment. ganization answered "Yes | on Form 99 | ∩ Darl | - T\/ ı | ne 112 | Saa F | Form QQA Par | t V line 1 | 1 | |
| | Desc | ription of property | (a) Cost or other basis (investment) | (b) Cost or other | | | | | d depreciation | | ook valu | e |
| 1- | 1 =1 | | 1 502 000 | | | | | | | | - | 502.000 |
| | | | 1,502,000 | | | | | | | | 1 | .,502,000 |
| | | ngs | 110,000 | | | | | | | | | 110,000 |
| | | chold improvements | | | | 70.55 | | | 4.5 | | | |
| | | ment | | | | 78,021 | | | 105,490 | | | 72,531 |
| е | Other | | | | | 25,143 | 1 | | 21,548 | | | 3,595 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

| · · | Form 990) 2018 | · · · | | | Page |
|------------------|---|----------------|--------------------|--|--|
| Part VII | Investments—Other Securities. Complete See Form 990, Part X, line 12. | ıf the org | janization answe | ered "Yes" on Form 99 | 90, Part IV, line 11b. |
| | (a) Description of security or category (including name of security) | (b |) Book value | | od of valuation f-year market value |
| | l derivatives | | | | , |
| 3) Other | held equity interests | • | | | |
| A) ALTERNA B) | ATIVE INVESTMENTS | | 22,811,224 | | |
| | | | | | |
| C) | | | | | |
| D) | | | | | |
| E) | | | | | |
| F) | | | | | |
| G) | | | | | |
| H) | | | | | |
| otal. (Columi | n (b) must equal Form 990, Part X, col (B) line 12) | • | 22,811,224 | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' or | on Form (| 990 Part IV lin | e 11c See Form 990 | Part Y line 13 |
| | (a) Description of investment | 011 1 011111 . | (b) Book value | (c) Metho | od of valuation |
| (1) | | | | Cost or end-o | f-year market value |
| 2) | | | | | |
| | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | | | | |
| Part IX | Other Assets. Complete if the organization answ | | on Form 990, Pari | t IV, line 11d See Form | |
| 1) | (a) Descrip | ption | | | (b) Book value |
| 2) | | | | | |
| | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col (B) line 15) |) | | | . • |
| Part X | Other Liabilities. Complete if the organization See Form 990, Part X, line 25. | on answe | red 'Yes' on For | m 990, Part IV, line 1 | 1e or 11f. |
| l. | (a) Description of liability | | (b) Bo | ok value | |
| | ncome taxes | | | 0 | |
| NVESTMENT 2) | TS HELD IN TRUST | | | 22,189,070 | |
| | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| (6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| (9) | | | | | |
| | 41 | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the te | xt of the f | ootnote to the ord | 22,189,070 anization's financial state | ements that reports the |
| | 's liability for uncertain tax positions under FIN 48 (A | | | | _ |

Schedule D (Form 990) 2018

Part XI

2

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4

b

c 5

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Part XII

Page 4

-7,086,781

11,216,831

12,038,039

111,422

12.149.461

Schedule D (Form 990) 2018

| C | Recoveries of prior year grants | |
|---|---------------------------------------|---|
| d | Other (Describe in Part XIII) | , |
| е | Add lines 2a through 2d | |

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Return Reference

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

2c Subtract line **2e** from line **1**

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on Form 990, Part VIII, line 12, but not on line 1

2d 4a 4b

2a

2b

2a 2b

2c

2d

4a

4b

Explanation

73,648 37,774

-7,086,781

3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

2e

1

2e

3

4c

5

73,648 37.774

| | 111,422 |
|----|------------|
| | 11,328,253 |
| 1. | |
| | 12,038,039 |
| | |

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 84-1481641

Name: The Catholic Foundation No Colorado

Supplemental Information

Explanation DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS. TEMPORARILY RESTRICTED N.

Return Reference SCHEDULE D, PART V, LINE 4 ET ASSETS ARE THOSE WHOSE USE BY THE FOUNDATION HAS BEEN LIMITED BY DONORS TO A SPECIFIC T IME PERIOD OR PURPOSE PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY DONORS TO BE MAINTAINED BY THE FOUNDATION IN PERPETUITY ENDOWMENTS HAVE BEEN RESTRICTED FOR THE US E OF THE FOLLOWING CARING FOR OUR POOR, TEACHING OUR CHILDREN, SPREADING THE GOSPEL, STRE

NGTHENING OUR PARISHES. PREPARING OUR PRIESTS. AND TIME RESTRICTION

| Supplemental Information | | | | | |
|----------------------------|---|--|--|--|--|
| Return Reference | Explanation | | | | |
| Schedule D, Part X, Line 2 | UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED ITS INCOME TAX POSITIONS UNDER THE GUIDA NCE INCLUDED IN ASC 740 BASED ON ITS REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS | | | | |

| plemental Information | |
|---------------------------|--|
| Return Reference | Explanation |
| edule D, Part XI, Line 4b | REVENUE ON RETURN, NOT ON BOOKS UBI TAX NETTED WITH INVESTMENTS 37,774 |

Supr

| plemental Information | |
|----------------------------|--|
| Return Reference | Explanation |
| edule D, Part XII, Line 4b | EXPENSE ON RETURN, NOT ON BOOKS UBI TAX NETTED WITH INVESTMENTS 37,774 |

Supp

| efile GRAPHIC print - | DO NOT P | ROCESS | As Filed Data - | | | DLN: 93493288016979 | | | |
|--|---------------|--|--|--|----------------|---|--|------------|--|
| SCHEDULE F (Form 990) | | ement of Activities Outside the United S | | | | omb No 1545-004: | | 45-0047 | |
| (1 om 000) | · | _ | zation answered "Y Attach t gov/Form990 for in | 2010 | | | | | |
| Department of the Treasury Internal Revenue Service | | | , | | | | Inspecti | | |
| Name of the organization The Catholic Foundation No | Colorado | | | | | Employer identification number 84-1481641 | | | |
| Part I General Inf Form 990, Pa | | | Outside the U | Inited States. Comple | te If the | organization a | nswered "Ye | es" to | |
| - | e grantees' e | eligibility for th | | substantiate the amount stance, and the selection | _ | | ☑ Yes | □ No | |
| 2 For grantmakers. outside the United S | | Part V the org | anızatıon's proced | dures for monitoring the | use of it | s grants and oth | ner assistand | e | |
| 3 Activites per Region | (The followin | g Part I, line 3 | table can be dupli | cated if additional space is | needed |) | | | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | program spe | vity listed in (d) is a i service, describe ecific type of ce(s) in region | (f) Total expenditures for and investments in region | | |
| See Add'l Data | | | | , | | | | | |
| | | | | | | | | | |
| 3a Sub-total b Total from continuation Part I | n sheets to | | 0 0 | | | | | 10,171,587 | |
| c Totals (add lines 3a a | nd 3b) | | 0 0 | | | | | 10,171,587 | |
| For Paperwork Reduction Ac | , | | | Cat | No 5008 | 2₩ Schedu | le F (Form 99 | , , | |

| Schedule F (Form 990) 2 | 2018 | | | | | | | Page 2 | | |
|---|---|------------------------|---|-----------------------------|--|---|--|--|--|--|
| Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | |
| | | Sub-Saharan Africa | Caring for our community | 50,500 | Check | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | above that are recogr nsel has provided a se | | | | | 1 | | |
| 3 Enter total numbe | er of other org | anizations or entities | 5 | | | | • | 0 | | |
| Schedule F (Form 990) 2018 | | | | | | | | F (Form 990) 2018 | | |

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

| Sche | dule F (Form 990) 2018 | | Page 4 |
|------|--|--------------|-------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ✓ Yes | □No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | Yes | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | ☑ Yes | □No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ✓ Yes | □No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | ✓ Yes | □No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) | □Yes | ☑ No |

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

Page 5

Page 5

Page 5

Page 5

Page 5

Page 7

Provide the information (f) (accounting method); Part III (accounting method); Part III

| Reference | Explanation |
|----------------------------------|---|
| SCHEDULE F, PART I, LINE 2 | ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS FROM THE FOUNDATION'S POLICY STATEMENT REGARDING INTERNATIONAL GRANT MAKING AND THE MAKING OF GRANTS TO CERTAIN OTHER ORGANIZATIONS, PROJECTS AND INITIATIVES PROJECT MONITORING THE PROPOSED PROJECT MUST INCLUDE MEANINGFUL PROCESSES BY WHICH THE COMMITTEE OR INDIVIDUAL DESIGNATED MAY ASSESS THE PROJECT IN TERMS OF MEETING STATED GOALS, INCLUDING REGULAR ACCOUNTING FOR USE OF GRANT FUNDS BY THE FOREIGN ORGANIZATION RECIPIENT AND POSSIBLY INCLUDING FIELD INVESTIGATIONS AFTER THE GRANT IS MADE THIS CORPORATION SHALL RETAIN THE RIGHT TO WITHDRAW APPROVAL OF A GRANT AND TO RECEIVE A REFUND OF ANY UNEXPENDED GRANT FUNDS IN THE EVENT THAT IT IS DETERMINED BY SAID COMMITTEE OR INDIVIDUAL THAT THE PROJECT IS NOT MEETING ITS STATED GOALS, OR THAT ANY OF THE PRECONDITIONS SET FORTH IN THE GRANT ARE NOT BEING SATISFIED WHEREVER FEASIBLE, GRANT FUNDS WILL BE RELEASED FOR SPECIFIC PROJECTS ON AN AS NEEDED BASIS |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| SCHEDULE F. PART I. LINE 3(2) | DETAIL OF FOREIGN INVESTMENTS FAIR MARKET VALUE OF INVESTMENTS 10,010,789 |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE F, PART I, LINE 3(3) | DETAIL OF FOREIGN INVESTMENTS INVESTMENT MANAGEMENT/INCENTIVE FEES 110,298 |

Additional Data

Central America and the

Carıbbean

Software ID: Software Version:

EIN: 84-1481641

10,010,789

Name: The Catholic Foundation No Colorado

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | | | | |
|---|---|--|--|---|--------------------------------------|--|--|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | | | |
| Sub-Saharan Afrıca | 0 | 0 | Grantmaking | | 50,500 | | | | | |

0 Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) Central America and the 110.298 0 linvestments Carıbbean

DLN: 93493288016979 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number The Catholic Foundation No Colorado 84-1481641 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 121 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

| Schedule I (Form 990) 2018 | | | | | | Page 2 | | | | | |
|--|---|---|----------------------------|----------------------------------|---|---------------------------------------|--|--|--|--|--|
| Part IIII Grants and Other As Part III can be duplicated | ssistance to ated if addition | Domestic Individendal space is needed | uals. Complete if the orga | anization answered "Yes" | on Form 990, Part IV, line 22 | | | | | | |
| (a) Type of grant or assist | ance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| Part IV Supplemental | Information | n. Provide the in | iformation required in | Part I, line 2; Part III | , column (b); and any other a | additional information. | | | | | |
| Return Reference | Explanation | on | | | | | | | | | |
| Schedule I, Part I, Question 2 | understandı agreement) reporting afi exempt stat | PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE U.S. Following approval of a grant, a grant award letter and general grant terms, conditions, and understandings, together with the award check is sent to each recipient. The grant award letter and terms and conditions which together constitute the grant agreement) outline the specific award stipulations including the purpose for which the funds are to be used, the length of the grant period, and required expenditure reporting after the close of the grant period, if any. Grantee deposit of the award check indicates acceptance of the grant's terms and conditions, and affirm their taxexempt status. The terms and conditions of accepting foundation grant funds also require grant recipients to report any change to their tax exempt status during the grant term. Furthermore, recipients must submit written requests in advance to change the grant purpose or if the funds are unexpended within the grant period. | | | | | | | | | |

Additional Data

3801 E Florida Avenue Suite

Denver, CO 80210

PO Box 100337 Denver, CO 802500337

Holy Family High School

909

Software ID: **Software Version:**

EIN: 84-1481641

Teaching Our Children

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--|---|---|---------------------------------------|
| St John Vianney Theological | 84-1495066 | 501(c)(3) | 2,159,757 | | | | Preparing Future Priests |

1,041,250

201(c)(2) 2,109,/0/ Seminary

501(c)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (h) EIN (c) IPC coction (d) Amount of each (a) Amount of non- (f) Mothod of valuation

Name: The Catholic Foundation No Colorado

84-1490222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Fellowship of Catholic 84-1522811 501(c)(3) 571,216 Spreading the Good

| University Students | | | | | News |
|--------------------------------|------------|-----------|---------|--|-----------------------|
| 603 Park Point Drive Suite 200 | | | | | |
| Genesee, CO 80401 | | | | | |
| Augustine Institute | 20-2349108 | 501(c)(3) | 407,250 | | Teaching Our Children |

6160 South Syracuse Way

Greenwood Village, CO 80111

Suite 310

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 84-0659341 501(c)(3) 285.000 Spreading the Good Abbev of St Walburga 1029 Benedictine Way News

1029 Benedictine Way
Virginia Dale, CO 80536

St Francis of Assisi Catholic
Parish
3791 Pike Rd

News

Strengthening Our
Parishes

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Longmont, CO 80503

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance engthening Our

| | | | | | 1 |
|------------------------------|------------|-----------|---------|--|-------|
| The Martin Family Foundation | 83-0335099 | 501(c)(3) | 250,000 | | Strer |
| 6160 S Syracuse Way 220 | | | | | Parıs |
| Greenwood Village, CO 80111 | | | | | l |

Denver, CO 80230

| Greenwood Village, CO 80111 | | | | | Parishes |
|---|------------|-----------|---------|--|-----------------------------|
| Wings over the Rockies 7711 E Academy Blvd | 84-0931491 | 501(c)(3) | 200,000 | | Caring for Our Community |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 84-0642458 190.478 Strengthening Our

St Thomas More Parish 501(c)(3) 8035 South Quebec St Centennial, CO 80112

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 100676 Denver, CO 80210

Parishes Bishop Machebeuf High School 84-1490220 501(c)(3) 162,371 Teaching Our Children

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Catholic Charities - Marisol 84-0686679 501(c)(3) 147.750 Caring for Our Health Community

6240 Smith Road Denver, CO 80216 84-0421979 501(c)(3) 145.000 Teaching Our Children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Our Lady of Lourdes Catholic School

2256 South Logan St Denver, CO 80210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 84-0499858 501(c)(3) 130.850 AOD - Archbishop Catholic Preparing Future Priests

Teaching Our Children

Appeal PO Box 100316 Denver, CO 80250

125.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Wyoming Catholic College

306 Main St Lander, WY 82520 83-0434307

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

Spreading the Good

News

| Holy Name Parish - 3290 W Milan Ave Englewood, CO 80110 | 84-0422002 | 501(c)(3) | 100,000 | | I | Strengthening Our Parishes |
|---|------------|-----------|---------|--|--------------|-------------------------------|
| | | | | | | |

100,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Papal Foundation

Bala Cynwd, PA 19004

150 Monument Road Suite 609

23-2511991

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

Community

| Sophia Institute for Teachers PO Box 5284 Manchester, NH 03108 | 22-2548708 | 501(c)(3) | 100,000 | | Teaching Our Children |
|--|------------|-----------|---------|--|-----------------------|
| Catholic Charities - Shelters | 84-0686679 | 501(c)(3) | 98,300 | | Caring for Our |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6240 Smith Road

Denver, CO 80216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 84-0686679 501(c)(3) 97.723 Caring for Our Catholic Charities & Community Services Community

Parishes

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6853 S Prince St

Littleton, CO 80120

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SJV-RM Appeal 84-1495066 501(c)(3) 94.500 Preparing Future Priests 3801 E Florida Ave Suite 909

Denver, CO 80210 Guardian Angels Catholic 84-0518957 501(c)(3) 93.000 Teaching Our Children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

School

1843 W 52nd Ave Denver, CO 80221

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Therese Catholic School 84-0469539 501(c)(3) 88.000 Teaching Our Children 1243 Kingston St

1243 Kingston St
Aurora, CO 80010

St Thomas Aquinas Catholic 84-0430715 501(c)(3) 87,400

Center St Thomas Aquinas Catholic 84-0430715 501(c)(3) 87,400

Spreading the Good News

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

904 14th Street Boulder, CO 80302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 27-1083135 501(c)(3) 81.700 Spreading the Good Families of Character

6160 S Syracuse Way Suite News 210 Greenwood Village, CO 80111

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Denver, CO 80210

AOD - Retired Priests 84-0499858 501(c)(3) 80.000 Preparing Future Priests 1300 S Steele St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AOD - Emergency Grants to 84-0499858 501(c)(3) 79.382 Strenathenina Our

Virgin Mary 2361 E 78th Ave Denver, CO 80229

| Parishes 3801 E Florida Avenue Suite 909 Denver, CO 80210 | | | | | Parishes |
|--|------------|-----------|--------|--|-----------------------|
| Assumption of the Blessed | 84-0449275 | 501(c)(3) | 75,000 | | Teaching Our Children |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Thomas More College of Liberal 02-0344073 501(c)(3) 75.000 Spreading the Good Arts News

Teaching Our Children

6 Manchester Street Merrimack, NH 030549947

74.364

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Seeds of Hope 84-1437053

3801 E Florida Ave Suite 909 Denver, CO 80210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Office of Catholic 04 0400000 E01/-1/21 72 547 Teaching Our Children

| Schools 3801 E Florida Avenue Suite 909 Denver, CO 80210 | 04-0499030 | 301(c)(3) | /2,51/ | | reacii |
|---|------------|-----------|--------|--|--------|
| Deliver, CO 80210 | | | | | |

4343 Utica Street Denver, CO 80212

501(c)(3) 64,000 Arrupe Jesuit High School 02-0628872 Teaching Our Children

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance china Our Children

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|--|------------|-----------|--------|--|-------|
| University of Notre Dame 1251 N Eddy Street Suite 300 South Bend, IN 466171403 | 35-0868188 | 501(c)(3) | 60,000 | | Teach |

Westminster, CO 80031

Strengthening Our St Mark's Westminister 23-7287621 501(c)(3) 58.2401 Parishes 3141 W 96th Avenue

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

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| Capuchin Franciscans 3613 Wyandot Street | 48-1238921 | 501(c)(3) | 57,000 | | Preparı |
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1408 F 36th Ave Denver, CO 80205

aring Future Priests Deliver, CO 60211 Annunciation Catholic School 84-0522064 501(c)(3) 56,000 Teaching Our Children

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Oueen of Peace Catholic 84-0591394 501(c)(3) 55.000 Strengthening Our Church Parishes 13120 E Kentucky Ave

Aurora, CO 80012 Catholic Charities - Marisol 84-0686679 501(c)(3) 53.200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Denver, CO 80216

Caring for Our Community Home 6240 Smith Road

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance St Francis de Sales Catholic 84-0404268 501(c)(3) 53.000 Teaching Our Children School

301 S Sherman St Denver, CO 80209 Dominican Home Health 84-0567786 501(c)(3) 52.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Denver, CO 80205

Caring for Our Community Agency 2501 Gaylord Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 84-0499858 501(c)(3) 51.924 Spreading the Good AOD - Mass for the News

Homebound 3801 F Florida Ave Suite 909 Denver, CO 80210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Westminster, CO 80030

Holy Trinity Catholic School 84-0469648 501(c)(3) 50.000 Teaching Our Children 7595 Federal Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance National Catholic Bioethics 04-2871526 501(c)(3) 50.000 Caring for Our Center Community

6399 Drexel Road Philadelphia, PA 19151

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Washington, DC 20007

Religious Freedom Institute 81-0983298 501(c)(3) 50.000 Spreading the Good 1050 30th Street NW News

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

Spreading the Good

News

| Regis Jesuit High School 6300 S Lewiston Way Aurora, CO 80016 | 84-0791593 | 501(c)(3) | 45,500 | | Teaching Our Children |
|---|------------|-----------|--------|--|-----------------------|
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43.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

83-0362209

ENDOW

6160 Syracuse Way Suite 210

Greenwood Village, CO 80111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Teaching Our Children

| JK Mullen HS 3601 S Lowell Blvd | 84-6005720 | 501(c)(3) | 41,500 | | Teachi |
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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Assumption Catholic School

2341 F 78th Ave Denver, CO 802296102 84-0449275

hina Our Children Denver, CO 80236

40.000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Blessed Sacrament Catholic 84-0402673 501(c)(3) 40.000 Teaching Our Children School

1973 Flm St Denver, CO 80220 84-0404918 501(c)(3) 40.000 Teaching Our Children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Sacred Heart of Jesus Catholic School 1317 Mapleton Avenue

Boulder, CO 80304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Children

Teaching Our Children

| St James Catholic School | 84-0402708 | 501(c)(3) | 40,000 | | Teaching Our Ch |
|--------------------------|------------|-----------|--------|--|-----------------|
| 1314 Newport St | | | | | |
| Denver, CO 80220 | | | | | |

40.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

St Stephen Catholic School

414 S Hyland Park Dr Glenwood Springs, CO 81601 84-0539250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 27-4663181 501(c)(3) 39.000 Spreading the Good Christ In The City 3401 Pecos St News

Denver, CO 80211 St Clare of Assisi Catholic 84-1237387 501(c)(3) 38.415 Teaching Our Children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

School PO Box 1390

Edwards, CO 81632

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance St Rose of Lima Catholic 84-0465591 501(c)(3) 38,000 Teaching Our Children

| School 1345 W Dakota Ave Denver, CO 80223 | | | | | |
|--|------------|-----------|--------|--|-----------------------------|
| AOD - Office of Evangelization & Family 3801 E Florida Avenue Suite 909 | 84-0499858 | 501(c)(3) | 37,741 | | Caring for Our Community |

Denver, CO 80210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 84-0438235 501(c)(3) 37.000 Teaching Our Children

St Catherine of Siena School 4200 Federal Blvd Denver, CO 80211

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Thornton, CO 80229

Holy Cross Catholic Church 84-0483055 501(c)(3) 36,000 Strenathenina Our 9371 Wigham Street Parishes

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Faith and Reason Institute 52-2197517 501(c)(3) 35.000 Spreading the Good PO Box 539 News Warner, NH 03278

St John the Evangelist Catholic 84-0409866 501(c)(3) 35.000 Strenathenina Our Parishes Parish

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1515 Hilltop Drive Loveland, CO 80537

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance St Vincent de Paul Parich & 84-0430603 501/61/31 21 200 Teaching Our Children

Parishes

| School | 04-0433003 | 301(0)(3) | 31,200 | | reaching our crimare |
|------------------------------------|------------|-----------|--------|--|----------------------|
| 2375 E Arizona Denver, CO 80210 | | | | | |
| St John XXIII University Parish | 84-0588032 | 501(c)(3) | 31,000 | | Strengthening Our |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1220 University Ave

Fort Collins, CO 80521

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Bella Natural Women's Care 46-2578248 501(c)(3) 30.000 Caring for Our 180 E Hampden Ave Suite 100 Community

180 E Hampden Ave Suite 100 | Community |
Englewood, CO 80113 | St Louis Catholic School - 84-6012535 | 501(c)(3) | 30,000 | Teaching Our Children |
Louisville | Community |
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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

902 Grant Ave Louisville, CO 80027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance g Our

Community

| St Patrick Catholic Community 10815 N 84th St Scottsdale, AZ 85260 | 30-0514891 | 501(c)(3) | 30,000 | | Strengthening O Parishes |
|--|------------|-----------|--------|--|-----------------------------|
| Lalmba | 43-6057388 | 501(c)(3) | 27,500 | | Caring for Our |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1000 Corev St

Longmont, CO 80501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 84-0499858 501(c)(3) 25.750 Archdiocese of Denver Strengthening Our Parishes

1300 South Steele Street Denver, CO 80210 AOD - Prophet Elijah House 84-0499858 501(c)(3) 25,000 3801 E Florida Avenue Suite

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Caring for Our Community Denver, CO 80210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance E2 40E0E22 E047 3733 25 222 g the Good

Teaching Our Children

| Becket Fund | 52-1858532 | 501(c)(3) | 25,000 | | Spreading |
|---------------------------|------------|-----------|--------|--|-----------|
| 1200 New Hampshire Ave SW | | | | | News |
| Ste 700 | | | | | |
| Washington, DC 20036 | | | | | |
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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Benedictine College

1020 2nd St Atchison, KS 66002 48-0777079

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Parishes

| Catholic Charities - Saint Raphael Counseling 6240 Smith Road Denver, CO 80216 | 84-0686679 | 501(c)(3) | 25,000 | | Caring for Our Community |
|---|------------|-----------|--------|--|-----------------------------|
| Our Lady of Lourdes | 84-0421979 | 501(c)(3) | 25,000 | | Strengthening Our |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2298 South Logan Street

Denver, CO 80210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Preparing Future Priests

Serra Trust Fund for Vocations 74-6335799 501(c)(3) 25.000 PO Box 492

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Arvada, CO 80001 St Peter & Paul Catholic School 84-0448043 25,000 Teaching Our Children

501(c)(3)

3900 Pierce St WheatRidge, CO 80033

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance St Thomas Aguinas Catholic 84-0430715 501(c)(3) 25.000 Strengthening Our Parish Parishes 898 14th Street Boulder, CO 80302

Teaching Our Children

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

The Institute for Catholic

Liberal Education PO Box 4638 Ventura, CA 93007 54-1607202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ACE Scholarships 84-1531066 501(c)(3) 22.500 Teaching Our Children 1201 E Colfax Ave Suite 302 Denver, CO 80218

Spreading the Good

News

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Eternal Word Television

5817 Old Leeds Road Irondale, AL 95210

Network

63-0801391

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 23-1576706 501(c)(3) 19.000 Caring for Our Camilla Hall Nursing Home

Parishes

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1985 Miller St Lakewood, CO 80215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Our

News

| DeLasalle Hall 810 Newman Springs Rd Lincroft, NJ 07738 | 22-2245377 | 501(c)(3) | 17,500 | | Caring for Our Community |
|---|------------|-----------|--------|--|-----------------------------|
| Parents Television Council Inc | 95-4819071 | 501(c)(3) | 17,000 | | Spreading the Good |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

707 Wilshire Boulevard 2075

Los Angeles, CA 90017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Mercy Home for Boys & Girls 36-2171726 501(c)(3) 16.000 Caring for Our 1140 W Jackson Blvd Community

Chicago, IL 60607

Annunciation Church - Twin 84-0522064 501(c)(3) 15,000

Parishes Food Bank 1408 E 36th Ave

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Denver, CO 80205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 84-1487058 501(c)(3) 15.000 Caring for Our Christian Life Movement 1060 St Francis Way Community 84-0439518 501(c)(3) 15.000 Strenathenina Our

Parishes

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Denver, CO 80204 Most Precious Blood Parish Center 2250 S Harrison

Denver, CO 80210

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Academy of Our Lady of 41-0695522 501(c)(3) 14.000 Teaching Our Children Lourdes Sisters

Spreading the Good

News

12.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

1001 14th St NW Rochester, MN 55901 Monastery of Christ in the Desert PO Box 270

Abıquıu, NM 875100270

53-0196617

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 84-0568886 501(c)(3) 12.293 Our Ladv of Grace Strengthening Our 2645 East 48th Avenue Parishes Denver, CO 80216

2645 East 48th Avenue
Denver, CO 80216

Little Sisters of the Poor Mullen 84-0528531 501(c)(3) 11,500

Caring for Our Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3629 W 29th Avenue Denver, CO 802113601

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Catholic Charities - Western 84-0686679 501(c)(3) 11 000 Caring for Our ınıty

News

| Slope 1004 Grand Avenue | 04 0000073 | 301(0)(3) | 11,000 | | Community |
|----------------------------|------------|-----------|--------|--|--------------------|
| Glenwood Springs, CO 81601 | | | | | |
| Marriage Missionaries | 36-4725687 | 501(c)(3) | 11,000 | | Spreading the Good |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Marriage Missionaries 12577 N 2nd Street

Parker, CO 80134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 30-0754165 501(c)(3) 10.000 Caring for Our Adams County Emergency Food Bank Community 7111 F 56th Ave

Teaching Our Children

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Commerce City, CO 80022

26-4365733

Camp Wojtyla

PO Box 116 Erie, CO 80516

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Children

Caring for Our

Community

| Divine Mercy Academy PO Box 10658 | 46-0532968 | 501(c)(3) | 10,000 | | Teaching Our Chi |
|--------------------------------------|------------|-----------|--------|--|------------------|
| Bozeman, MT 59719 | | | | | |

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Growing Empowerment

Carbondale, CO 816239825

273 Prentice Trail

81-2867478

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 45-4968349 501(c)(3) 10.000 Caring for Our Invictus Initiative

9571 W 14th Avenue Community Lakewood, CO 80215 JP II Outdoor Lab 26-4365733 501(c)(3) 10,000 Teaching Our Children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

c/o Annunciation Heights 7400 CO-7

Estes Park, CO 80517

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance natas Cantas for Tanatura 20 1001047 E01/-1/21 10 000 Spreading the Good

| Lanten Center for Tynatius | 20-1091947 | 301(c)(3) | 10,000 | | Spreading |
|----------------------------|------------|-----------|--------|--|-----------|
| Spirituality | | | | | News |
| 416 22nd St | | | | | ł |
| Denver, CO 80205 | | | | | l |
| | | | | | (|

Mother Cabrini Shrine 84-0405262 501(c)(3) 10.000 Caring for Our 20189 Cabrini Blvd Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Golden, CO 80401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Notre Dame Catholic School 80-0016188 501(c)(3) 10.000 Teaching Our Children 2165 S Zenobia

Dener, CO 80219 Presentation of Our Ladv 84-0404270 501(c)(3) 10,000 Strenathenina Our Parishes Parish

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

665 Irving Street Denver, CO 80204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 26-3341511 501(c)(3) 10.000 Caring for Our Project 127 2220 S Chambers Road Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

533 East Main Street Aspen, CO 81611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

| St Pius X Catholic School 13680 E 14th Place Denver, CO 80011 | 84-0457083 | 501(c)(3) | 10,000 | | Teaching Our Children |
|---|------------|-----------|--------|--|-----------------------|

8.597

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

St Andrews Church

412 Dexter Street

Wray, CO 80758

84-0534149

Strenathenina Our

Parishes

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 84-1239433 501(c)(3) 8.596 St Patrick Catholic Church Strengthening Our 519 S Interocean Parishes

519 S Interocean
Holyoke, CO 80734

Our Lady of Loreto Catholic
Parish
18000 E Arapahoe Rd

Parishes

Parishes

Strengthening Our
Parishes

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Aurora, CO 80016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Marian Community of 46-0639476 501(c)(3) 8.350 Spreading the Good

Community

| Reconciliation 1060 St Francis Way Denver, CO 80204 | | | -7 | | News |
|---|------------|-----------|-------|--|----------------|
| Project Starfish | 47-1742461 | 501(c)(3) | 8,000 | | Caring for Our |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Valrico, FL 33594

4503 Country Gate Court

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 38-3349686 501(c)(3) 7.500 Spreading the Good Dominican Sisters of Mary Mother of the Eucharist News

4597 Warren Rd Ann Arbor, MI 48105 Dominican Sisters of St Cecilia 62-0552181 501(c)(3) 7.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Nashville, TN 372281909

Spreading the Good Congregation News 801 Dominican Dr

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| St Frances Cabrini Parish 6673 West Chatfield Ave Littleton, CO 80128 | 23-7283675 | 501(c)(3) | 6,500 | | Strengthening Our Parishes |
|---|------------|-----------|-------|--|-------------------------------|

AOD - Office of Vocations 84-0499858 501(c)(3) 6.432 Spreading the Good 1300 S Steele St News

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Denver, CO 80210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance engthening Our

Community

| St Peter & Paul Catholic Parish | 84-0448043 | 501(c)(3) | 6,050 | | 1 | Stren |
|---------------------------------|------------|-----------|-------|--|---|-------|
| 3900 Pierce St | | | | | | Paris |
| Wheatridge, CO 80033 | | | | | | |
| | | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

111 W 7th Avenue

Denver, CO 80204

ıshes Father Woody's Haven of Hope 84-1479555 501(c)(3) 6,000 Caring for Our

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ngthening Our

News

| Holy Name Parish - Englewood | 84-0422002 | 501(c)(3) | 6,000 | | Strengt |
|------------------------------|------------|-----------|-------|--|---------|
| 3290 W Milan Avenue | | | | | Parishe |
| Sheridan, CO 80110 | | | | | |
| | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 101360

Denver, CO 802501360

hes SJV- Catholic Biblical School 84-0499858 501(c)(3) 6.000 Spreading the Good

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance iing Our

Teaching Our Children

| St Joseph Church & School | 84-0413978 | 501(c)(3) | 6,000 | | Strengthenin |
|---------------------------|------------|-----------|-------|--|--------------|
| 101 North Howes St | | | | | Parishes |
| Fort Collins, CO 80521 | | | | | |

5,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

St Sebastian Project Denver

9816 E Crestling Circle Greenwood Village, CO 80111 27-2907865

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Missionaries of the Poor USA 20-4553442 501(c)(3) 5.250 Spreading the Good News PO Box 29893

Atlanta, GA 30359

| efil | e GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 9328 | 8016 | 979 | | |
|--------------------------|---|--|-------------------------|--|-------------------------|------------|------------|------|--|--|
| Schedule J (Form 990) | | Co | mpensati | on Information | 40 | 1B No | 1545-(| 0047 | | |
| | | For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | | | | | |
| | | Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | | | | 2018 | | |
| Denar | tment of the Treasury | ► Go to www.irs.ao | | to Form 990. instructions and the latest inform | | pen t | | | | |
| Intern | al Revenue Service | - | | | | Insp | ectio | n | | |
| | ne of the organiza Catholic Foundation | | | | Employer identificat | ion nu | ımber | | | |
| | | | | | 84-1481641 | | | | | |
| Pa | rt I Questi | ons Regarding Compensa | tion | | | | | | | |
| 1 a | | | | the following to or for a person liste y relevant information regarding the | | | Yes | No | | |
| | ☐ First-class | s or charter travel | | Housing allowance or residence for | personal use | | | | | |
| | ☐ Travel for | companions | | Payments for business use of perso | • | | | | | |
| | Tax idemi | nification and gross-up payments | s 🔲 | Health or social club dues or initiation | • | | | | | |
| | Discretion | nary spending account | | Personal services (e g , maid, chauf | feur, chef) | | | | | |
| b | | xes in line 1a are checked, did thall of the expenses described abo | | ollow a written policy regarding payn plete Part III to explain | nent or reimbursement | 1 b | | | | |
| 2 | | | | or allowing expenses incurred by all | | 2 | | | | |
| | directors, truste | es, officers, including the CEO/E | xecutive Director | r, regarding the items checked in line | e 1a/ | | | | | |
| 3 | | | | d to establish the compensation of the | ne | | | | | |
| | | | | iot check any boxes for methods CEO/Executive Director, but explain i | n Part III | | | | | |
| | ✓ Compensa | ation committee | | Written employment contract | | | | | | |
| | _ ' | ent compensation consultant | <u> </u> | Compensation survey or study | | | | | | |
| | | of other organizations | $\overline{\checkmark}$ | Approval by the board or compensa | tion committee | | | | | |
| 4 | During the year related organiza | | 990, Part VII, Sed | ction A, line 1a, with respect to the f | iling organization or a | | | | | |
| а | _ | ance payment or change-of-cont | rol navment? | | | 4a | | No | | |
| ь | | r receive payment from, a suppl | | fied retirement plan? | | 4b | | No | | |
| С | | | | | | 4c | | No | | |
| | If "Yes" to any o | of lines 4a-c, list the persons and | provide the app | licable amounts for each item in Par | : III | | | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) | organizations | must complete lines 5-9. | | | | | | |
| 5 | For persons liste | | n A, line 1a, did t | he organization pay or accrue any | | | | | | |
| а | The organization | n? | | | | 5a | | No | | |
| b | Any related orga | | | | | 5b | | No | | |
| _ | | 5a or 5b, describe in Part III | | | | | | | | |
| 6 | | ed on Form 990, Part VII, Sectio ontingent on the net earnings of | | he organization pay or accrue any | | | | | | |
| a L | The organization | | | | | 6a | | No | | |
| Ь | Any related orga | anization? 6a or 6b, describe in Part III | | | | 6 b | | No | | |
| 7 | For persons liste | • | | the organization provide any nonfixe t III | d | 7 | | No | | |
| 8 | Were any amou | nts reported on Form 990, Part \ | /II, paıd or accur | ed pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do | escribe | | | | | |
| 9 | | 8, did the organization also follo | w the rebuttable | presumption procedure described in | Regulations section | 9 | Yes Yes | | | |
| For I | Danerwork Pedu | iction Act Notice, see the Ins | tructions for Fo | rm 990. Cat No. 5 | 50053T Schedule 1 | (Form | 990) | 2018 | | |

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

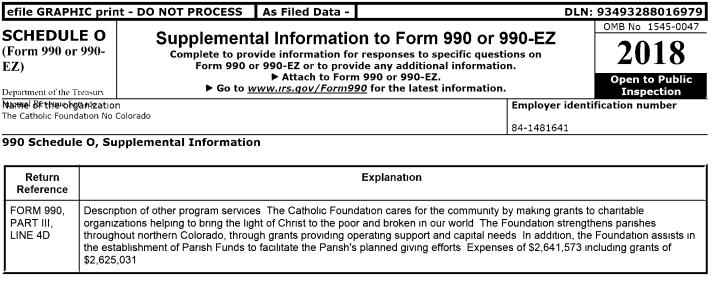
| | | | y Employees, and Hig | | | | | |
|--|-------|---|-----------------------------|--|--|------------------------------------|------------------------------------|---|
| instructions, on row (ii) [| Do no | ot list any individuals that | rted on Schedule J, report | 990, Part VII | | | | |
| | 5 (0 | | ndıvıdual must equal the to | | | | | |
| (A) Name and Title | | (i) Base (ii) Bonus & Incentive compensation compensation | | C compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| 1 Steven Stemper President and CEO | (i) | | | | 13,407 | 21,024 | 257,887 | |
| | (ii) | | <u> </u> ' | <u> </u> | <u> </u> | | | |
| 2 Michelle Fehn - Director of Accounting and Operations | ''' | | | | 8,686 | 14,834 | 168,283 | ' |
| | (ii) | | | | | | | |
| - | | | | | | | | |
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| Schedule J (Form 990) 2018 | Page 3 | | | | |
|--|---|--|--|--|--|
| Part III Supplemental Information | | | | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information | | | | | |
| Return Reference | Explanation | | | | |
| SCHEDULE J, PART I, LINE 8 | INITIAL CONTRACT EXCEPTION STEVEN STEMPER'S CURRENT COMPENSATION IS COVERED BY HIS INITIAL CONTRACT OF NOVEMBER 2012 PLEASE SEE | | | | |

SCHEDULE O, PART VI, QUESTION 15A NARRATIVE FOR MORE INFORMATION

| efil | e GRAPHIC pi | int - DO NOT PF | ROCESS | As Filed Data - | | DLN: 93 | 349328 | 8016 | 979 |
|---------|---|------------------------|-------------------------------|--|--|-------------------------|------------------|------------|----------|
| | EDULE M | | | Noncash Contri | ihutions | 0 | MB No 1 | 545-0 | 047 |
| (For | m 990) | | • | Toncasii Conti | ibutions | | 20 | 10 |) |
| | | l - | _ | ons answered "Yes" on F | orm 990, Part IV, lines 2 | 9 or 30. | 20 | T Q |) |
| | | ► Attach to Form | | | | | | | |
| Interna | tment of the Treasury al Revenue Service | | ov/Form9 | 190 for the latest informa | ition. | | Open to Inspe | ctior | |
| | e of the organızat atholic Foundation N | | | | | Employer identific | cation n | umbei | • |
| | | | | | | 84-1481641 | | | |
| Pa | rt I Types | of Property | | | | | | | |
| | | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | Method of noncash contr | | | :S |
| 1 | Art—Works of ar | t | | | j | | | | |
| 2 | Art—Historical tr | easures . | | | | | | | |
| 3 | Art—Fractional ir | nterests | | | | | | | |
| | Books and public | | | | | | | | |
| 5 | Clothing and hou goods | | | | | | | | |
| 6 | Cars and other v | ehicles | | | | | | | |
| | Boats and planes | | | | | | | | |
| | Intellectual prop | | | | | | | | |
| | Securities—Publi | • | Х | 66 | 2,121,08 | 4 SALES PRICE | | | |
| 10 | Securities—Close | ely held stock . | | | | | | | |
| 11 | Securities—Partr or trust interest | 1 ' ' | | | | | | | |
| 12 | Securities—Misc | ellaneous | | | | | | | |
| 13 | Qualified conserved contribution—H structures | istoric | | | | | | | |
| 14 | Qualified conserved contribution—O | vation | | | | | | | |
| 15 | Real estate—Res | idential . | | | | | | | |
| | Real estate—Cor | | | | | | | | |
| 17 | Real estate—Oth | | | | | | | | |
| 18 | Collectibles . | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medic | | | | | | | | |
| 21 | Taxidermy . Historical artifac | | | | | | | | |
| | Scientific specim | | | | | | | | |
| | Archeological art | | | | | | | | |
| | Other ▶ (| | | | | | | | |
| | Other ▶ (| • | | | | | | | |
| 27 | Other ▶ (|) | | | | | | | |
| 28 | Other ▶ (|) | | | | | | | |
| 29 | | | | ation during the tax year for 3, Part IV, Donee Acknowled | | 29 | | | |
| | | | | | | | | Yes | No |
| 30a | must hold for at | least three years fr | om the date | e of the initial contribution, | reported in Part I, lines 1 th and which is not required to | be used for exempt | 30a | | No |
| b | If "Yes," describ | e the arrangement | ın Part II | | | | 304 | | 140 |
| 31 | Does the organi | zation have a gift ac | ceptance p | olicy that requires the revie | w of any nonstandard contr | ibutions? | 31 | Yes | |
| 32a | | zation hire or use th | | | solicit, process, or sell nonce | ash · · · · | 32a | Yes | <u> </u> |
| Ь | If "Yes," describ | e in Part II | | | | | | | |
| 33 | If the organizat | · · | amount in | column (c) for a type of pro | operty for which column (a) | ıs checked, | | | |
| For B | | on Act Notice, see the | Instruction | as for Form 990 | Cat No. 512271 | Schedule | M (Form | 000) | (2018) |

| Schedule M (Form 990) (2018) | Page 2 | | | | | | |
|--|--|--|--|--|--|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in P I, column (b), the number of contributions, the number of items received, or a combination of both. Also comple this part for any additional information. | | | | | | | |
| Return Reference | Explanation | | | | | | |
| , , | USE OF THIRD PARTIES TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS THE CATHOLIC FOUNDATION ENGAGES REAL ESTATE PROFESSIONALS WHO EITHER VOLUNTEER THEIR SERVICES OR ENTER A CONTRACTUAL RELATIONSHIP WITH THE FOUNDATION IN ORDER TO SELL REAL ESTATE THAT IS DONATED TO THE FOUNDATION | | | | | | |
| SCHEDULE M, PART I, COLUMN B | THE NUMBER INDICATED IN COLUMN B REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS | | | | | | |
| | Schedule M (Form 990) (2018) | | | | | | |



990 Schedule O, Supplemental Information

Return Explanation

Reference

| Form 990, | PROCESS TO REVIEW THE FORM 990 THE 990 IS COMPLETED BY THE FOUNDATION'S TAX FIRM, BKD, IN |
|------------|---|
| Part VI, | COOPERATION WITH THE FOUNDATION'S STAFF THE RETURN IS REVIEWED BY MANAGEMENT AND THEN BY THE |
| Section B, | BOARD'S AUDIT COMMITTEE THE 990 IS THEN PROVIDED TO THE FULL BOARD OF THE ORGANIZATION PRIOR TO |
| line 11b | BEING FILED WITH THE IRS |

990 Schedule O, Supplemental Information

| Return | Explanation |
|---|--|
| Reference | Explanation |
| Form 990, Part VI, Section B, line 12c | PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY. THE BOARD OF TRUSTEES OF THE CATHOLIC FOUNDATION ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY ON MARCH 7, 2005 IN ADDITION TO TRUSTEES AND OFFICERS, THE POLICY APPLIES TO ALL EMPLOYEES, COMMITTEE MEMB ERS, AND VOLUNTEERS WHO MAY BE IN A POSITION TO EXPECISES SUBSTANTIAL INFLUENCE OVER THE AF FAIRS OF THE FOUNDATION THE POLICY IDENTIFIES AND DEFINES INTERESTED PARTIES, THE NATURE OF POTENTIAL CONFLICTS, INCLUDING USE OF CONFIDENTIAL INFORMATION FOR PERSONAL GAIN AND A PROHIBITION AGAINST LOANS BYTO THE POUNDATION THE POLICY DENTIFIES AND TRUSTEE OR OFFICER AS WELL AS PROCED URES FOR DISCLOSURE, REVIEW, AND ACTION ON CONFLICTS OF INTEREST AS THEY ARISE ADDITIONAL LY, THE POLICY REQUIRES ANNUAL COMPLETION OF A CONFLICT OF INTEREST DISCLOSURE STATEMENT BY THOSE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE FOUNDATION THE CONFLICT OF INTEREST DISCLOSURE STATEMENT BY THOSE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE FOUNDATION THE CONFLICT OF INTEREST POLICY TOGETHER WITH THE CONFLICT OF INTEREST DISCLOSURES STATEMENT BY THOSE IN A POSITION AS ARE ASKED TO REVIEW THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED ANNUALLY TO OFFICERS, TRUSTEES, AND EXE MEY EMPLOYEES THESE INDIVIDUALS ARE ASKED TO REVIEW THE POLICY AND DISCLOSURE FORM THE ADMINISTRATIVE OFFICER TRACKS RESPONSES AND REVIEWS THE POLICY AND DISCLOSURE FORM THE ADMINISTRATIVE OFFICER TRACKS RESPONSES AND REVIEWS THE DISCLOSURES IN CONNECTION WITH, AND PRIOR TO THE FOUNDATIONS ENTERING INTO, ANY TRANSACTION OR ARRANGEMENT THAT MIGHT PRESENT AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE RESPONSIBLE PRESON INVOLVED SHALL DISCLOSE THE EXISTENCE AND NATURE OF HIS OR THER INTEREST, THE REANSACTION, AS WELL AS A LL MATERIAL FACTS RELATING TO THE TRANSACTION IN THE CASE OF FOUNDATION STAFF, THIS DISCLOSURE SHOULD BE MADE TO THE BOARD CHAIR, OR IF THE BOARD CHAIR IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD OR ANY COMMITTEE OF THE BOARD CHAIR |

Explanation Return Reference

Form 990. FAITH AND IN MANNER SUCH BOARD OR COMMITTEE REASONABLY BELIEVES TO BE IN THE FOUNDATIONS BEST Part VI. INTEREST

Section B. line 12c

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return

| Reference | |
|---|---|
| Form 990, Part VI, Section B, Iine 15a | REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION PURSUANT TO I R C 5498, COMPENSATION IS INDEPENDENTLY DETERMINED BY DISINTERESTED BOARD MEMBERS (I E THE CHAIRMAN OF THE BOARD OF TRUSTEES IN CONSULTATION WITH OTHER TRUSTEES) ON A YEARLY BASIS IN MAKING THIS DETERMINATION, THE CHAIRMAN RELIES ON APPROPRIATE COMPARABILITY DATA AND THEN DOCUMENTS THE DECISION IN THE BOARD OF TRUSTEE MEETING MINUTESEACH YEAR IN NOVEMBER 2012, THE BOARD HIRED DEACON STEVEN STEMPER AS PRESIDENT AND CEO OF THE FOUNDATION TOM HEULE, THEN CHAIRMAN OF THE BOARD OF TRUSTEES, WAS RESPONSIBLE FOR THE DRAFTING AND REVIEW OF THE CEO EMPLOYMENT AGREEMENT MR HEULE UTILIZED THE BRYAN CAVE LAW FIRM TO ASSIST IN THE PROCESS MR STEMPER'S CONTRACT WAS NEGOTIATED AND AGREED TO BY THE EXECUTIVE COMMITTEE |

Explanation

990 Schedule O, Supplemental Information

Doturn

line 15b

| Reference | Explanation |
|------------|---|
| Form 990, | REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION THE PRESIDENT RECOMMENDS THE |
| Part VI, | COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES AND THE COMPENSATION COMMITTEE APPROVES THE |
| Section B. | COMPENSATION Employees are evaluated on an annual basis with a formal review process and raises are determined by |

Evalanation

management utilizing industry salary surveys Personnel costs are included in the annual budget review by the Board of Trustees

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| Form 990, | GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF |
| Part VI, | INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST ADDITIONALLY, THE |
| Section C, | FOUNDATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE WEBSITE OF THE COLORADO SECRETARY |
| line 19 | OF STATE |

Return Explanation

990 Schedule O, Supplemental Information

Reference

| FORM 990, | COMPENSATION OF CURRENT OFFICERS CERTAIN EMPLOYEES OF THE FOUNDATION ALSO PERFORMED WORK FOR |
|-----------|--|
| PART IX. | THE CATHOLIC FOUNDATION ALLIANCE (ALLIANCE), An entity RELATED to the foundation during the tax year THE |

PART IX,
LINE 5

THE CATHOLIC FOUNDATION ALLIANCE (ALLIANCE), An entity RELATED to the foundation during the tax year THE
ALLIANCE REIMBURSED THE FOUNDATION FOR A PORTION OF THEIR SALARIES THE AMOUNT ON LINE 5 OF PART IX
REPRESENTS THE PORTION OF OFFICER COMPENSATION THAT WAS NOT REIMBURSED BY THE ALLIANCE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493288016979 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** The Catholic Foundation No Colorado 84-1481641 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) THE CATHOLIC FDN REAL PROPERTY HOLDINGS CO RE Holdings 1,612,000 catholic fdn 6160 S Syracuse Way Denver, CO 80210 46-4051529

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

(b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No Cat No 50135Y Schedule R (Form 990) 2018

| (a) Name, address, and EIN of related organization | | activity domicile (state or foreign country) domicile (state or foreign country) sections 512- | | | l, total incom | | | | | | (j) neral or naging rtner? | | itage | |
|--|--------------------------|--|---|--------------|---------------------------------|--------------------------------------|---------------------------------------|---------|------------------------------------|------------|-------------------------------------|------|--|------------------------|
| | | | | | 514) | | | Yes | No | 1 | Ye | s No |] | |
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| | | | | | | | | | | | | | | |
| IV Identification of Related Organizated because it had one or more related or | | | | | | ization ans | wered "Yes | " on Fo | orm 99 | 90, Part I | V, lın | e 34 | | _ |
| | | s a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C of | (e) | wered "Yes (f) Share of total income | Share | (g) e of end- year assets | of- Pe | V, lin (h) rcentag | e | (i) Section 5 (13) continuentity | 512(b trolled y? |
| because it had one or more related of (a) Name, address, and EIN of | erganizations treated as | s a corporation | on or trus (c) egal micile | st during th | (d) controlling Typentity (C of | (e) pe of entity orp, S corp, | (f) Share of total | Share | (g) e of end- year | of- Pe | (h) | e | Section 5 (13) cont entity | 512(b trolled |
| because it had one or more related of (a) Name, address, and EIN of | erganizations treated as | s a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C of | (e) pe of entity porp, S corp, | (f) Share of total | Share | (g) e of end- year | of- Pe | (h) | e | Section 5 (13) cont entity | 512(b trolled y? |
| because it had one or more related of (a) Name, address, and EIN of | erganizations treated as | s a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C of | (e) pe of entity porp, S corp, | (f) Share of total | Share | (g) e of end- year | of- Pe | (h) | e | Section 5 (13) cont entity | 512(b trolled y? |
| because it had one or more related of (a) Name, address, and EIN of | erganizations treated as | s a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C of | (e) pe of entity porp, S corp, | (f) Share of total | Share | (g) e of end- year | of- Pe | (h) | e | Section 5 (13) cont entity | 512(b trolled y? |
| because it had one or more related of (a) Name, address, and EIN of | erganizations treated as | s a corporation | on or trus (c) egal micile or foreign | st during th | (d) controlling Typentity (C of | (e) pe of entity porp, S corp, | (f) Share of total | Share | (g) e of end- year | of- Pe | (h) | e | Section 5 (13) cont entity | 512(b trolled y? |

| Schedule R (Form 990) 2018 | | | Page 3 |
|--|----------|----|----------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Ye | s No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | . 1 | La | |
| b Gift, grant, or capital contribution to related organization(s) | 1 | lb | |
| ${f c}$ Gift, grant, or capital contribution from related organization(s) | 1 | Lc | |
| d Loans or loan guarantees to or for related organization(s) | 1 | ld | |
| e Loans or loan guarantees by related organization(s) | 1 | Le | \blacksquare |
| f Dividends from related organization(s) | 1 | Lf | |
| g Sale of assets to related organization(s) | 1 | lg | |
| h Purchase of assets from related organization(s) | 1 | .h | |
| i Exchange of assets with related organization(s) | 1 | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 | lj | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1 | lk | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1 | 11 | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1 | Lm | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1 | 1n | |
| o Sharing of paid employees with related organization(s) | 1 | lo | |
| p Reimbursement paid to related organization(s) for expenses | | lp | |
| q Reimbursement paid by related organization(s) for expenses | [1 | Lq | - |
| r Other transfer of cash or property to related organization(s) | <u> </u> | Lr | |
| s Other transfer of cash or property from related organization(s) | 1 | Ls | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres | holds | | |

| | Reimbursement paid to related organization(s) for expenses | | | | 1p 1q | |
|---|---|----------------------------------|------------------------|---------------------------------|----------|--------|
| | Other transfer of cash or property to related organization(s) | | | | 1r 1s | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | e, including covered r | elationships and trai | nsaction thresholds | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining ar | mount in | volved |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

| was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|--------------------------------|---|---------------|-----|--------------|------------------------------------|--|-----|----|---|-----------|---------------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | sections 512- | | ganizations? | (f) Share of total Income | (g) Share of end-of-year assets | | _ | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | or ig ? | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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