Request for Proposals
Non-Profit Auditor Services

Summary

Trailhead Institute is seeking qualified vendors to support the company in annual Non-profit audits including Federal Single Audit.

Application review will start on April 11, 2022
Desired start date: As soon as feasible
Submission sent: Email only to tshirey@trailhead.institute

Introduction

Trailhead Institute (Trailhead) works to ensure that everyone has the opportunity to be healthy and live in a healthy environment by fulfilling its mission of advancing innovation and collaboration in public and environmental health. For 28 years, Trailhead has infused strategy, creativity, and innovation into community-based public health initiatives that make a positive impact in the quality of people's lives. Trailhead's long history of supporting and creating partnerships with a diverse set of health organizations uses everyone's unique talents and skills in ways that are meaningful to communities. Trailhead believes effective partnerships are essential to addressing the needs of communities, and its approach to partnerships is organic and collaborative by nature.

Background information

Trailhead is requesting proposals from qualified professional vendors for auditor services. Trailhead has completed annual audits, including a Single Audits, for the last 10 years. Examples of recent audits can be found at the links below. The 990s and financials statements are attached at the end of this RFP.
2019 Financial Audit: 2019 Single Audit
2020 Financial Audit: 2020 Single Audit

Services Required

Performs audit functions for Trailhead including the following:

- Works with the Trailhead Finance Team to
  - Complete the required 990 annually
  - Complete the annual non-profit audit
  - Complete an annual Single Audit when federal expenses exceed $750,000
- Present audit information to the Trailhead Board of Directors
- Complete audit field work in a timely fashion
- Assign designated staff to complete each required audits and 990s
- Provide recommendations to the Trailhead Finance Team based on audit observations

Qualifications:

- High proficiency in GAAP, Federal Cost Principles and Federal Grant Management
- Single point of contact for each audit
- Ability to prioritize tasks and address the most critical and pressing demands first

- Experience working with non-profit organizations
- Experience or familiarity with Fiscal Sponsorship
- Excellent communication skills that ensures clear and timely communication
- Keen attention to detail
- Ability to work with varying seniority levels, including program and finance staff, managers and several external partners
- Company is in good standing with the Secretary of State

Submittal Requirements

The following information shall be required in the RFP submittal:

1. Letter of Transmittal, to include: Company name, address and telephone number(s) of the firm submitting the proposal.
2. Employer identification number.
3. General Vendor Information, to include:
    (1) Length of time in business
    (2) Total number of non-profit clients
    (3) Total number of clients who complete Single Audits
    (4) Number of full-time personnel. Identify names of key personnel who will actually provide the services to Trailhead.
    (5) Location of office that would service our account. *Location is not a determining factor*
4. Briefly state your understanding of the services to be performed and make a positive commitment to provide the services as specified.
5. Describe your approach to providing these services.
6. Services –Please answer the following:
    a. When is support available? (indicate when 2021 audit services could be scheduled and completed)
    b. How are charges for support structures documented and tracked?
7. Beyond the scope of this RFP, what services (related or otherwise) does your organization provide that could benefit and/or may be of interest to Trailhead?
8. Provide the name, title, address, and contact information of three (3) references of clients for whom you have provided similar services.

Cost of Services:

The proposal must include a fee schedule that indicates rates for proposed services. Respondents should clearly state their firm's pricing structure in response to this RFP. All fees, charges, billing rates, etc. should be explained in detail. Charges must be tied to deliverables, which must be identified. Payments should not be associated with the passage of time. Trailhead does not reimburse for vendor out-of-pocket cost. Trailhead does not pay in advance for services.

Evaluation Criteria and Process

Successful applicants may be invited in to discuss the firm's proposal with Trailhead's Directors and Finance Team. This presentation/meeting will not be charged to Trailhead.

Staff will make a recommendation to the President and Executive Director for their review and award of the contract. Staff will evaluate and rate each submittal based upon the following criteria:

- Experience and expertise with non-profits and Single Audit
- Understanding of Trailhead's needs and corresponding services to be provided
- Satisfaction of clients/end users
- Cost

Contract

Trailhead anticipates an engagement that is renewed and revisited annually and expects to have the relationship term based on best practices.

Required Documentation: If selected for this contract, the following documents will be required prior to contract execution: W-9 • Certificate of Liability Insurance naming Trailhead as an additional insured and Certificate Holder. • Certificate of Worker's Compensation Insurance • Waiver of Subrogation

Termination of Contract

The contract may be terminated by mutual agreement in writing or it may be terminated at any time by either party by delivery of a sixty (60) day written notice to the other party.

Inquiries

Please direct inquiries regarding this RFP to: tshirey@trailhead.institute

Submission Instructions

Format Proposal documents may be submitted in any reasonable format, as long as all information requested is included.

Trailhead reserves the right to request additional written or oral information to supplement all written statements of qualifications or proposals. Submit all material to: tshirey@trailhead.institute Trailhead reserves the right to reject any and all proposals and statements of qualifications and accepts no responsibility for the cost of proposal preparation.

Trailhead Institute is dedicated to providing equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job, without regard to age, sex, race, color, veteran status, religion, disability, sexual orientation, gender identity, marital status or national origin. Trailhead Institute is a passionate supporter of inclusivity and welcomes applications from all communities, particularly from people of color, people within the LGBTQ+ community, immigrants or refugees, people with disabilities, and people from low- or moderate-income backgrounds.

Trailhead Institute
Balance Sheet
As of 12/31/2021
(In Whole Numbers)

	Trailhead Administrative	Programs	Projects	Total
Assets				
Current Assets				
Cash and Cash Equivalents				
Wells Fargo Checking	(249,481)	12,825	237,995	1,339
Midfirst Checking	(112,709)	1,813,091	(1,687,522)	12,860
Petty Cash	0	150	0	150
Trailhead Money Market	84,593	25,985	109,450	220,028
Trailhead ICS	3,926,526	0	0	3,926,526
Paypal	(9,079)	0	9,079	0
Paypal Exempt Organization	7,101	0	4,663	11,763
Due from other funds (Cash)	(2,000,390)	(1,927,676)	3,884,382	(43,685)
Gift Card Inventory	0	2,000	0	2,000
Total Cash and Cash Equivalents	1,646,560	(73,625)	2,558,047	4,130,981
Accounts Receivable				
Grants Receivable	0	135,000	218,773	353,773
Grants Receivable - Conversion	0	0	0	0
Accounts Receivable	155,492	209,357	1,056,981	1,421,829
Total Accounts Receivable	155,492	344,357	1,275,753	1,775,602
Other				
Due from Bank	0	0	0	0
Prepaid Expenses	7,960	0	0	7,960
Deposits	2,958	0	0	2,958
General Journal Clearing for Conversion	0	0	0	0
Total Other	10,917	0	0	10,917
Total Current Assets	1,812,969	270,731	3,833,800	5,917,500
Fixed Assets				
CIP	0	0	0	0
Furniture, Fixtures	2,896	0	87,919	90,815
Computer, Equipment	43,248	0	40,000	83,248
Software	30,000	0	0	30,000
Accumulated Depreciation Computer, Equipment	(63,383)	0	(10,620)	(74,002)
Total Fixed Assets	12,762	0	117,299	130,061
Total Assets	1,825,731	270,731	3,951,099	6,047,561
Liabilities				
Current Liabilities				
Accounts Payable				
Accounts Payable-Conversion	0	0	0	0
Accounts Payable	28,446	22,382	202,494	253,322
Sara Credit Card Payable	0	0	0	0
Total Accounts Payable	28,446	22,382	202,494	253,322
Credit Cards Payable	4,254	1,133	43,219	48,606
Payroll Payable				
Accounts Payable Temp Witholding	0	0	0	0
Accrued Wages Payable	0	0	0	0
Accrued Expenses	6,509	6,865	2,976	16,350
Payroll Liability	14,547	918	1,680	17,144
Payroll Tax Liability-Employee	0	0	0	0
Employee Vacation Payable	53,961	4,942	41,729	100,633
Employee Fringe Payable	108,807	0	0	108,807
Total Payroll Payable	183,824	12,725	46,385	242,934

Trailhead Institute
Balance Sheet
As of 12/31/2021
(In Whole Numbers)

	Trailhead Administrative	Programs	Projects	Total
Other				
Short Term Liability Payable	0	4	18	22
Deferred Contract Revenue	0	0	0	0
Deferred Rent	0	0	0	0
Short term loan payable	0	0	0	0
Short Term Capital Lease	4,188	0	0	4,188
Reserve for bad debt	14,000	0	0	14,000
Total Other	18,188	4	18	18,210
Total Current Liabilities	234,712	36,243	292,116	563,071
Long Term Liabilities				
Long-term loan payable	0	0	0	0
Long Term Capital Lease	6,854	0	0	6,854
Total Long Term Liabilities	6,854	0	0	6,854
Total Liabilities	241,566	36,243	292,116	569,925
Net Assets				
Beginning Net Assets				
Net Assets				
Net Assets	771,846	106,670	3,915,365	4,793,882
Total Net Assets	771,846	106,670	3,915,365	4,793,882
Total Beginning Net Assets	771,846	106,670	3,915,365	4,793,882
Net Income				
401k Fees	(2,883)	0	0	(2,883)
401k Employer Match	(8,622)	(13,105)	(23,075)	(44,802)
Short Term Disability	0	0	0	0
Human Resources Fees	(12,657)	0	(669)	(13,326)
Non-Personnel	0	(17,440)	0	(17,440)
Travel & Meeting Expenses	0	0	0	0
Donations/Contributions	0	0	(1,004)	(1,004)
Outgoing Wire Transfers	0	0	0	0
Other	836,480	158,362	(231,635)	763,207
Total Net Income	812,318	127,818	(256,382)	683,754
Total Net Assets	1,584,164	234,488	3,658,983	5,477,635
Total Liabilities & Net Assets	1,825,731	270,731	3,951,099	6,047,561

Trailhead Institute

Statement of Revenues and Expenditures
From 1/1/2021 Through 12/31/2021
(In Whole Numbers)

	Current Period Actual
Income	
Contributed Revenue	
Contributions - Individuals	136,922
Contributions - Business	19,588
Contributions - Nonprofit/Foun	77,385
Federal Grants	543,891
State Grants	40,000
Other Government Grants	515,657
Grants - Corporate	101,555
Grants - Nonprofit/Foundation	4,724,641
Donated Professional Services - GAAP	36,389
Total Contributed Revenue	6,196,028
Earned Revenue	
Contracts/Fees	
Contracts/Fees - Individuals	4,066
Contracts/Fees - Business	31,904
Contracts/Fees - Nonprofit/Foun	408,701
Contracts/Fees - Federal Government	5,000
Contracts/Fees - Federal Government Sub	1,592,967
Contracts/Fees - State Government	5,617,372
Contracts/Fees - Other Government	82,761
Fee For Service	77,081
Total Contracts/Fees	7,819,852
Program Registration	
Registrations - Individuals	490
Registrations - Nonprofit/Foun	41,000
Total Program Registration	41,490
Sales	
Cost of Goods Sold	400
Total Sales	400
Other	
Interest Income	7,082
Miscellaneous Revenue	7,528
Refund	6,131
Rental Income	(2,990)
Total Other	17,750
Total Earned Revenue	7,879,491
Intercompany	
Project to Project Grants	150,393
Trailhead Fiscal Service Fee Income	1,061,154
Donated Professional Services - GAAP	3,563
In-kind Expense	(40,610)
Total Intercompany	1,174,499
Total Income	15,250,019
Expense	
Awards and Grants	
Awards & Grants - Organizations	5,635,238
Awards & Grants - Individuals	9,000
Funds Returned	19,719
Total Awards and Grants	5,663,958

Trailhead Institute

Statement of Revenues and Expenditures
From 1/1/2021 Through 12/31/2021
(In Whole Numbers)

	Current Period Actual
Salaries	
Salaries	1,801,300
Employee Benefits-Non Pension	257,658
Payroll Taxes	143,924
401k Fees	2,883
401k Employer Match	44,802
Human Resources Fees	13,326
Total Salaries	2,263,891
Personnel and Contractors	
Accounting Fees	13,550
Legal Fees	8,689
Contractor Fees	4,111,203
Lobbying	47,000
Non-Personnel	17,440
Staff & Benefits	7,051
Total Personnel and Contractors	4,204,932
Operating	
Indirect Fees	9,451
Marketing & Communications	69,840
Accounting Software	61,768
Software	1,036
Supplies	186,693
Stipends	463,407
Telephone & Telecommunications	26,756
Postage, Shipping, Delivery	4,099
Mailing Services	569
Equip Rental & Maintenance	11,423
Printing & Copying	2,366
Books, Subscriptions, Reference	1,764
Total Operating	839,174
Occupancy	
Rent	89,708
Office Setup	932
Total Occupancy	90,640
Conference, Meeting, Travel	
Travel	58,575
Conference/Meeting Registration	8,723
Conference/Meeting Other	1,325
Conference/Meeting Facility	17,596
Conference/Meeting Food	23,502
Meals & Entertainment	2,134
Audio-Visual	1,590
Total Conference, Meeting, Travel	113,445
Other	
Donations/Contributions	1,004
Membership Dues - Organization	9,603
Staff Development	10,299
Website Development	2,479
Web Hosted Business Tools	41,181
Website Hosting	799

Trailhead Institute

Statement of Revenues and Expenditures
From 1/1/2021 Through 12/31/2021
(In Whole Numbers)

	Current Period Actual
IT Support	19,117
Advertising	10,746
Other Expenses	7,858
Computers & Equipment	24,468
Total Other	127,553
Organizational	
Depreciation Expense	24,610
Interest Expense	(1,793)
Insurance - Non-Employee	11,677
Bad Debt	(138)
Bank Charges	3,626
Merchant Service Fees	1,144
Payroll Processing Fee	16,871
Secretary of State	95
License/Registration Fees	40
Suspense	5,101
Total Organizational	61,234
Intercompany	
Grants to Projects	140,784
Trailhead Fiscal Service Fees	1,060,654
Total Intercompany	1,201,438
Total Expense	14,566,265
Net Income	683,754

Trailhead Institute

Statement of Revenues and Expenditures
From 1/1/2021 Through 12/31/2021
(In Whole Numbers)

	Current Period Actual	Current Period Budget - Grant	YTD Budget Variance - Grant
Income			
Contributed Revenue			
Contributions - Individuals	4,212	5,000	(788)
Contributions - Business	44	0	44
Contributions - Nonprofit/Foun	1,000	0	1,000
Federal Grants	253,000	0	253,000
Grants - Nonprofit/Foundation	216,100	0	216,100
Donated Professional Services - GAAP	160	0	160
Total Contributed Revenue	474,516	5,000	469,516
Earned Revenue			
Contracts/Fees			
Fee For Service	(14,080)	0	(14,080)
Total Contracts/Fees	(14,080)	0	(14,080)
Sales			
Cost of Goods Sold	400	0	400
Total Sales	400	0	400
Other			
Interest Income	7,082	4,500	2,582
Miscellaneous Revenue	4,086	100,000	(95,914)
Rental Income	(2,990)	24,600	(27,590)
Total Other	8,178	129,100	(120,922)
Total Earned Revenue	(5,502)	129,100	(134,602)
Intercompany			
Trailhead Fiscal Service Fee Income	1,061,154	367,380	693,774
Donated Professional Services - GAAP	3,563	0	3,563
In-kind Expense	(40,610)	0	(40,610)
Total Intercompany	1,024,107	367,380	656,727
Total Income	1,493,121	501,480	991,641
Expense			
Awards and Grants			
Awards & Grants - Organizations	15,445	0	(15,445)
Total Awards and Grants	15,445	0	(15,445)
Salaries			
Salaries	291,181	411,909	120,728
Employee Benefits-Non Pension	50,546	71,468	20,922
Payroll Taxes	23,024	31,513	8,490
401k Fees	2,883	2,700	(183)
401k Employer Match	8,622	12,388	3,766
Human Resources Fees	12,657	20	(12,637)
Total Salaries	388,913	529,998	141,085
Personnel and Contractors			
Accounting Fees	13,550	15,000	1,450
Legal Fees	8,689	24,000	15,311
Contractor Fees	55,884	36,920	(18,964)
Total Personnel and Contractors	78,123	75,920	(2,203)
Operating			
Marketing & Communications	500	1,000	500
Accounting Software	5,954	14,700	8,746
Software	363	0	(363)
Supplies	3,532	14,493	10,961

Trailhead Institute

Statement of Revenues and Expenditures
From 1/1/2021 Through 12/31/2021
(In Whole Numbers)

	Current Period Actual	Current Period Budget - Grant	YTD Budget Variance - Grant
Stipends	200	0	(200)
Telephone & Telecommunications	19,043	9,600	(9,443)
Postage, Shipping, Delivery	3,406	1,300	(2,106)
Equip Rental & Maintenance	6,683	6,600	(83)
Printing & Copying	0	400	400
Total Operating	39,682	48,093	8,411
Occupancy			
Rent	65,008	73,292	8,284
Total Occupancy	65,008	73,292	8,284
Conference, Meeting, Travel			
Travel	207	1,000	793
Conference/Meeting Registration	2,784	8,450	5,666
Conference/Meeting Food	485	0	(485)
Meals & Entertainment	372	2,200	1,828
Total Conference, Meeting, Travel	3,849	11,650	7,801
Other			
Membership Dues - Organization	8,218	8,600	382
Staff Development	404	10,080	9,676
Web Hosted Business Tools	19,902	19,047	(855)
Website Hosting	14	0	(14)
IT Support	17,400	28,225	10,825
Other Expenses	102	375	273
Computers & Equipment	11,077	2,400	(8,677)
Total Other	57,117	68,727	11,610
Organizational			
Depreciation Expense	14,808	14,819	11
Interest Expense	(1,793)	1,988	3,781
Insurance - Non-Employee	11,677	9,100	(2,577)
Bank Charges	2,969	1,520	(1,449)
Merchant Service Fees	53	120	67
Payroll Processing Fee	16,817	21,000	4,183
Secretary of State	95	220	125
Suspense	(42)	0	42
Total Organizational	44,584	48,767	4,183
Intercompany			
Trailhead Fiscal Service Fees	1,746	0	(1,746)
Total Intercompany	1,746	0	(1,746)
Total Expense	694,466	856,447	161,981
Net Income	798,655	(354,967)	1,153,622

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning ..... , 2020, and ending ..... , 20 .....

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Trailhead Institute

Taxpayer identification number

84-1267213

Name and title of officer or person subject to tax

Sarah Lampe
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 14,812,674
2a	**Form 990-EZ** check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	**Form 8868** check here ▶ [ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here ▶ [ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here ▶ [ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize Taylor Roth and Company to enter my PIN 80203 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Sarah Lampe Date ▶ 11/15/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84100680203

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/15/21

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Trailhead Institute

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1385 S. Colorado Blvd, Ste A622

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Denver CO 80222

D Employer identification number: 84-1267213

E Telephone number: 303-910-4682

G Gross receipts $: 14,812,674

F Name and address of principal officer:
Mary Davis, DrPH, MSPH
1385 S Colorado Blvd, Suite A622
Denver CO 80222

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ trailhead.institute

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993

M State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Trailhead Institute advances innovation and collaboration in public and environmental health.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	44
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,326,852	13,641,730
9 Program service revenue (Part VIII, line 2g)	975,843	1,115,491
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,143	12,914
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,270	42,539
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,341,108	14,812,674

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	237,507	6,392,807
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,710,330	2,031,020
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,365,891	3,931,839
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,313,728	12,355,666
19 Revenue less expenses. Subtract line 18 from line 12	-972,620	2,457,008

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,517,641	5,836,536
21 Total liabilities (Part X, line 26)	176,019	1,037,906
22 Net assets or fund balances. Subtract line 21 from line 20	2,341,622	4,798,630

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Sarah Lampe CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Ken Roth	Ken Roth	11/15/21		P01389203

Firm's name ▶ Taylor Roth and Company — Firm's EIN ▶ 20-3746583

Firm's address ▶ 800 Grant St Ste 205 Denver, CO 80203-2944 — Phone no. 303-830-8109

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Trailhead Institute advances innovation and collaboration in public and environmental health.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 11,522,727 including grants of $ 6,392,807) (Revenue $ 1,115,491)

Trailhead Institute is a nonprofit 501(c)(3) corporation, formed in 1993 exclusively for charitable and educational purposes to:
- Complement the activities, providing professional and technical consultation as needed, of public and private organizations which improve health and the environment
- Help public and private sector groups develop, plan, seek to fund, manage, and evaluate projects and programs that match our basic purpose.
- Assist those people, partnerships and organizations that develop creative and potentially valuable programs and need assistance with requesting or managing the funds.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

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

4e Total program service expenses ▶ 11,522,727

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	398		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Patricia Dwyer 1385 S Colorado Blvd, STE A622

Denver CO 80222 303-910-4682

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mary Davis, DrPH, MSPH	1.00									
Board Chair	0.00	X		X				0	0	0
(2) Jeff Stoll, MPH	1.00									
Board Chair	0.00	X		X				0	0	0
(3) Jon Samet, MD, MS	1.00									
Vice Chair	0.00	X		X				0	0	0
(4) Thomas Vernon, MD	1.00									
Secretary	0.00	X		X				0	0	0
(5) Tom Butts, MSc, REHS	1.00									
Secretary	0.00	X		X				0	0	0
(6) Susan Perrigo	1.00									
Treasurer	0.00	X		X				0	0	0
(7) Stephanie Parnell, CPA	1.00									
Treasurer	0.00	X		X				0	0	0
(8) Melvin Bush, CIC	1.00									
Director	0.00	X						0	0	0
(9) Lawrence Volmert, JD	1.00									
Director	0.00	X						0	0	0
(10) Thomas Gonzales, MPH, REHS	1.00									
Director	0.00	X						0	0	0
(11) Meghan Guevara, MPH	1.00									
Director	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Sarah Lampe	50.00									
CEO	0.00			X				121,552	0	10,548
(13) Patricia Dwyer	50.00									
CFO	0.00			X				103,770	0	14,422
(14) Lisa Olcese	30.00									
COO	0.00			X				74,903	0	12,944
(15) Erin Ulric	50.00									
Implementation Dir	0.00					X		157,632	0	12,000
(16) Vaishnavi Hariprasad	50.00									
Diversity/Equity Mgr	0.00					X		111,065	0	10,056
1b Subtotal ▶								568,922		59,970
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								568,922		59,970

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Colorado Denver PO Box 910238 Denver CO 80291	Prog Implement	140,989
Colorado Perinatal Care 820 South Monaco Parkway Denver CO 80224	Prog Implement	136,837
Vantage Evaluation 1120 Lincoln Street, Suite 704 Denver CO 80203	Prog Implement	112,500
Black Buisiness Initiative 9831 Garland Drive Westminster CO 80021	Prog Implement	110,052
Front Line Farming 2830 Clayton Street Denver CO 80205	Prog Implement	104,842

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 ▶ 5

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,224,666			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,417,064			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a–1f		13,641,730			
Program Service Revenue		Business Code				
	2a Program service fees	561000	1,115,491	1,115,491		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,115,491			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,914			12,914
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental inc. or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales exps. 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a Sublease income	900099	24,600	24,600		
	b Miscellaneous revenue	900099	17,939	17,939		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		42,539			
	12 **Total revenue.** See instructions		14,812,674	1,158,030	0	12,914

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,209,023	6,209,023		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	183,784	183,784		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	338,139	260,620	77,519	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,412,594	1,090,618	321,976	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,191	23,704	7,487	
9 Other employee benefits	111,748	84,928	26,820	
10 Payroll taxes	137,348	104,364	32,984	
11 Fees for services (nonemployees):				
a Management				
b Legal	14,072	3,940	10,132	
c Accounting	38,610	605	38,005	
d Lobbying	50,000	50,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,922,381	2,873,389	48,992	
12 Advertising and promotion	8,230	8,230		
13 Office expenses	313,075	224,586	88,489	
14 Information technology	68,700	26,888	41,812	
15 Royalties				
16 Occupancy	91,508	26,021	65,487	
17 Travel	38,955	37,699	1,256	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,311	56,067	3,244	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,625	817	14,808	
23 Insurance	10,259	377	9,882	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Stipends	162,889	162,649	240	
b Bad debt	40,819	4,427	36,392	
c Other	33,703	31,521	2,182	
d Fines and penalties	28,227	28,227		
e All other expenses	35,475	30,243	5,232	
25 **Total functional expenses.** Add lines 1 through 24e	12,355,666	11,522,727	832,939	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,309,497	1	
	2	Savings and temporary cash investments		220,075	2	4,281,809
	3	Pledges and grants receivable, net		241,150	3	1,448,387
	4	Accounts receivable, net		634,199	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9,343	9	10,969
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 144,763			
	b	Less: accumulated depreciation	10b 49,392	103,377	10c	95,371
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,517,641	16	5,836,536
Liabilities	17	Accounts payable and accrued expenses		161,438	17	773,864
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		14,581	25	264,042
	26	**Total liabilities.** Add lines 17 through 25		176,019	26	1,037,906
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,046,499	27	2,676,887
	28	Net assets with donor restrictions		1,295,123	28	2,121,743
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,341,622	32	4,798,630
	33	Total liabilities and net assets/fund balances		2,517,641	33	5,836,536

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,812,674
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,355,666
3	Revenue less expenses. Subtract line 2 from line 1	3	2,457,008
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,341,622
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,798,630

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete 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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Trailhead Institute

Employer identification number
84-1267213

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,085,908	6,281,797	10,129,958	3,326,852	13,641,730	36,466,245
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,085,908	6,281,797	10,129,958	3,326,852	13,641,730	36,466,245
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)						5,742,022
6 **Public support.** Subtract line 5 from line 4						30,724,223

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,085,908	6,281,797	10,129,958	3,326,852	13,641,730	36,466,245
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,346	1,176	1,619	11,143	12,914	28,198
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						36,494,443

12	Gross receipts from related activities, etc. (see instructions)	12	4,109,609
13	**First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶		☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	84.19%
15	Public support percentage from 2019 Schedule A, Part II, line 14	15	95.94%
16a	**33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶		☒
b	**33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶		☐
17a	**10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		☐
b	**10%-facts-and-circumstances test—2019.** 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 organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶		☐
18	**Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
3 Gross receipts from activities that are 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						
5 The value of services or facilities 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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		
2	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	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		
c	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.*	3c		
4a	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		
b	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 supervised by or in connection with its supported organizations.*	4b		
c	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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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 amendment to the organizing document).*	5a		
b	**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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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		
8	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		
9a	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		
b	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.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 organization.*	2		

Section 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		

Section 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?	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 line 2, above, 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		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
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 line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No," provide details in* ***Part VI.***	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.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **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 0.015 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 0.035.	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 0.85 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 integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	
6	Other distributions (*describe in* ***Part VI***). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	
9	Distributable amount for 2020 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI **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.)

Part II, Line 10 - Other Income Detail

Other income	$	0

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization: Trailhead Institute

Employer identification number: 84-1267213

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Colorado Health Foundation 501 South Cherry St., Suite 1100 Denver CO 80246	$ 5,006,172	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	The Denver Foundation 1009 Grant Street Denver CO 80203	$ 2,800,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	Colo Dept Public Health/Environment Office Emergency Preparedness 4300 Cherry Creek Drive South Denver CO 80246	$ 979,079	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	University of Colorado Denver 12477 E 19th Avenue Aurora CO 80045	$ 452,364	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	State of Colorado Department of Agriculture 305 Interlocken Parkway Broomfield CO 80021	$ 1,688,408	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
Trailhead Institute	84-1267213

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (See instructions) ▶ $

3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		50,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			50,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1

The Organization hired a contract lobbyist to prepare for the 2020 session. This included working with the Colorado Cancer Coalition to develop HB20-1103: Colorado Cancer Screening, concerning health insurance coverage for colorectal cancer screening.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or 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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ..... %
b Permanent endowment ▶ ..... %
c Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		144,763	49,392	95,371
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				95,371

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **Paycheck Protection Program loan**	**253,000**
(3) **Copier lease obligation**	**11,042**
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	**264,042**

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 3T Ranch, LLC 5285 E Hwy 86 Franktown CO 80116	85-3518670		9,375				CFS
(2) Adams County Emergency Food Bank PO Box 17492 Denver CO 80217	30-0754165		12,000				BLU
(3) Adams 12 Five Star Schools 1500 E 128th AveAttn: Nutrition Ser Thornton CO 80241	84-6000822		12,000				BLU
(4) A Diamond Brand, Ltd 8387 Cuerna Verde Rd Rye CO 81069	82-4686152		12,500				CFS
(5) Alamosa School District 401 Victoria Ave Alamosa CO 81101	84-6011793		18,500				BLU
(6) Alamosa Farmers' Market PO Box 1983 Alamosa CO 81101	81-2672733		16,097				CFS
(7) A Little Help 2755 S. Locust St. Suite 220 Denver CO 80222	83-0494129		18,750				BLU
(8) All American Families DBA Families 115 Grand Avenue Ste #2 Delta CO 81416	37-1494672		7,500				BLU
(9) Amazing Grace Community Church Past 541 East 99th Place Thornton CO 80229	45-3061078		19,200				BLU

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 331

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) American Heart Association 1777 S Harrison St. Suite 500 Denver CO 80210	13-5613797		6,500				BLU
(2) Archuleta School District PO Box 1498 Pagosa Springs CO 81147	84-6002725		12,000				BLU
(3) Archway Housing & Services, Inc. Attn: Isiah McGregory 8585 W. 14th Lakewood CO 80215	46-4352926		11,861				BLU
(4) Arc of the Central Mountains PO Box 2112 Glenwood Springs CO 81602	81-4190750		6,500				BLU
(5) Arickaree School District R-2 12155 C. R. NN Anton CO 80801	84-6012959		7,500				BLU
(6) Athmar Park Neighborhood Associatio PO Box 19732 Denver CO 80219	84-1026027		8,000				BLU
(7) Atlas Preparatory School 1602 S Murray Blvd Colorado Springs CO 80916	26-2055229		15,000				BLU
(8) Aurora Interfaith Community Service 1553 Clinton St Aurora CO 80010	51-0152735		29,750				BLU
(9) Aurora Warms the Night 9360 E Colfax Ave Aurora CO 80010	27-4728487		10,000				BLU

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A Woman's Place PO Box 71 Greeley CO 80632	84-0811596		15,924				BLU
(2) Baca County Food Bank PO Box 193 Springfield CO 81073	84-0866343		11,000				BLU
(3) Backyard Market 10885 Thomas Rd Colorado Springs CO 80908	85-1579569		15,398				CFS
(4) Barber's Foods 9457 S. University Blvd, Suite 145 Highlands Ranch CO 80126	83-2035926		12,500				CFS
(5) Bayaud Enterprises 333 W Bayaud Ave Denver CO 80223	84-0616970		10,000				BLU
(6) Bee Grateful Farm LLC 29875 CR 35A Oak Creek CO 80467	82-1776104		12,500				CFS
(7) Bienvenidos Food Bank PO Box 11948 Denver CO 80211	74-2543251		25,500				BLU
(8) Boulder County AIDS Project 2118 14th St Boulder CO 80302	74-2442032		6,500				BLU
(9) Boulder Food Rescue PO Box 284 Boulder CO 80306	45-3006089		7,500				BLU

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Boulder County Farmers Market 1221 Carolina Ave Longmont CO 80501-4422	84-1084357		41,000				BLU
(2) Boulder Valley School District Food 6500 E Arapahoe Rd Boulder CO 80301	84-6014683		10,500				BLU
(3) Bountiful Ventures, LLC 14859 CR T La Jara CO 81140	46-3839561		49,000				CFS
(4) Boys & Girls Clubs of Northwest Col PO Box 1251 Craig CO 81626	75-3124416		23,900				BLU
(5) Boys & Girls Club of Fremont County PO Box 1537 Canon City CO 81215	27-1610981		12,000				BLU
(6) Boys & Girls Club of the High Rocki PO Box 2167 Fairplay CO 80440	68-0538363		9,900				BLU
(7) Boys & Girls Clubs of the San Luis PO Box 1032 Alamosa CO 81101	84-1215393		15,500				BLU
(8) Break Bread 5894 S Datura St Littleton CO 80120	82-1352479		6,500				BLU
(9) Bridge House 5345 Arapahoe Ave., #5 Boulder CO 80303	84-1440292		13,000				BLU

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

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SCHEDULE I (Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Broomfield FISH 6 Garden Center Broomfield CO 80020	84-1591870		24,500				BLU
(2) Brother Jeffs Cultural Center 2836 Welton Street Denver CO 80205	32-0034993		18,750				BLU
(3) Care and Share, Inc 2605 Preamble Pt Colorado Springs CO 80915	84-0731930		20,500				BLU
(4) Caring and Sharing 1550 Elmira St Aurora CO 80010	82-4549108		10,500				BLU
(5) CASA of the Seventh Judicial Distri PO Box 1708 Montrose CO 81402	84-1546403		7,600				BLU
(6) Center for Rural Outreach & Public 7362 E. Soaring Eagle Way Scottsdale AZ 85266	36-4563009		44,750				BLU
(7) Center Consolidated Schools, 26JT Attn: Katrina Ruggles 550 S Sylves Center CO 81125	84-6001943		34,500				BLU
(8) Centennial Board of Cooperative Edu 2020 Clubhouse Dr. Greeley CO 80620	84-0599905		10,000				BLU
(9) Colorado Farmers Market Association P.O. Box 1395 Fort Collins CO 80522-1395	56-2324593		50,000				CFS

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

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SCHEDULE I (Form 990)

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CharterChoice Collaborative (SFA) 2696 S Colorado Blvd Suite 581 Denver CO 80222	46-3501466		10,500				BLU
(2) Cherry Hills Community Church 3900 Grace Blvd Highlands Ranch CO 80216	74-2210686		15,000				BLU
(3) Children's Hospital Colorado 13123 E. 16th Avenue Box 148 Aurora CO 80045	84-0166760		12,500				BLU
(4) City of Greeley Attn: Andrea Haring 651 10th Ave Greeley CO 80631	84-6000593		7,500				CFS
(5) Clifton Christian Church 3241 F 1/4 Rd Clifton CO 81520	84-0583347		40,000				BLU
(6) Cloud City Conservation Center PO Box 459 Leadville CO 80461	46-0616024		36,625				CFS
(7) Colfax Community Network PO Box 202373 Denver CO 80220	84-1487426		15,000				BLU
(8) Colorado Children's Immunization Co 13123 E. 16th Ave, B281 Aurora CO 80045	84-1479975		18,500				CCC
(9) Colorado Nonprofit Development Cent 789 Sherman Street, Ste. 250Attn: D Denver CO 80203	84-1493585		26,000				BLU

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Colorado Springs Food Rescue 702 E Boulder St Colorado Springs CO 80903	46-3665741		18,750				BLU
(2) Colorado Health Network Inc. 6260 E Colfax Denver CO 80220	84-0961159		17,824				BLU
(3) Colorado Changemakers Collective 4200 Morrison RdUnit 3 Denver CO 80219	84-1135942		22,500				BLU
(4) Colorado Farm and Art Market Cooper PO Box 159 Colorado Springs CO 80901	27-0082779		7,180				CFS
(5) Colorado High School Charter, Inc 1175 Osage St # 100 Denver CO 80204	46-0471316		9,000				BLU
(6) Colorado Farm to Table PO Box 826 Salida CO 81201	20-4006105		20,000				BLU
(7) Colorado Potato Administrative Comm 1305 Park Ave Monte Vista CO 81144	84-0312788		30,000				CFS
(8) Colorado Cow LLC 25258 CR 46 Kersey CO 80644	83-2985717		12,450				CFS
(9) Colorado Craft Beef, LLC 54600 CR CC Akron CO 80720	82-2717130		9,375				CFS

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

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(1) Colorado Homestead Ranches, Inc. 741 W 5th Street Delta CO 81416	84-1360147		18,000				CFS
(2) Community Table 8555 W 57th Ave Arvada CO 80002	74-2250374		25,500				BLU
(3) Community Food Share 650 S Taylor Ave Louisville CO 80027	74-2227731		25,000				BLU
(4) Community Ministry of Southwest Den 1755 S Zuni St. Denver CO 80223	84-0602837		18,750				BLU
(5) Community Food Bank PO Box 3614 Grand Junction CO 81502	84-0817696		17,500				BLU
(6) Community Partnership Family Resour PO Box 396 Divide CO 80814	84-1157057		37,000				BLU
(7) Commun 2370 S King St Denver CO 80219	83-4295300		52,000				BLU
(8) Community Foundation serving SW CO P.O. Box 1673 Durango CO 81302	84-1474900		28,000				BLU
(9) The Cool Choice, LLC 1416 S Laredo St Aurora CO 80017	84-2116422		10,500				BLU

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

Part I General Information on Grants and Assistance

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

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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(1) Cooperating Ministry of Logan Count 230 N 10th Ave Sterling CO 80751	84-0861984		6,500				BLU
(2) County of Larimer Board of County C Alison O'Connorc/o Larimer County F Fort Collins CO 80524	84-6000779		12,500				CFS
(3) Covenant Cupboard Food Pantry 5400 S Yosemite St Greenwood Village CO 80111	84-0658214		11,000				BLU
(4) Colorado Perinatal Care Quality Col 820 South Monaco PkwyPO Box 161 Denver CO 80224-3703	74-2119506		5,369				PCQ
(5) Creede School District PO Box 429 Creed CO 81130	84-0941176		11,500				BLU
(6) Cripple Creek Victor School Distric PO Box 897 Cripple Creek CO 80813	84-6013740		29,500				BLU
(7) Deer Tree Farm and Agroforest LLC 10261 8100 Rd Hotchkiss CO 81419	82-1066222		9,375				CFS
(8) The Delores Project Attn: Diana AdamsPO Box 1406 Denver CO 80201	20-1122039		12,973				BLU
(9) Bondadosa PO Box 18370 Denver CO 80218	37-1853905		18,750				BLU

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Denver Rescue Mission PO Box 5206 Denver CO 80217	84-6038762		20,000				BLU
(2) Denver Compost Collective 2425 S Acoma St Denver CO 80223	81-1034247		8,550				BLU
(3) Denver Indian Center 4407 Morrison Rd Denver CO 80219	84-0922797		30,000				BLU
(4) Denver Inner City Parish 1212 Mariposa St Denver CO 80204	84-0525768		45,100				BLU
(5) Denver Dream Center 8654 Eldridge St Arvada CO 80005	46-5337404		18,700				BLU
(6) Denver Green School 6700 E Virginia Ave Denver CO 80224	84-6001099		9,816				BLU
(7) Denver Sisters Circle 600 17th StSuite 2800 South Denver CO 80202	85-1024767		54,750				BLU
(8) DSST Public Schools 3401 Quebec St.Suite 2000 Denver CO 80207	84-1062733		8,700				BLU
(9) Diamond G Poultry LLC 12273 Crawford Rd Paonia CO 81428	83-3205418		18,000				CFS

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(1) DiTomaso Farms 37137 E US Highway 50 Pueblo CO 81006	84-1348410		7,500				CFS
(2) Dolores County Senior Services PO Box 678 Dove Creek CO 81324	84-6000760		10,000				BLU
(3) Dove Creek Care and Share Food Pant PO Box 598 Dove Creek CO 81324	81-0869831		26,500				BLU
(4) Durango Food Bank PO Box 156 Durango CO 81303	84-1569247		10,500				BLU
(5) Eagle Valley Community Foundation PO Box 1580 Vail CO 81658	47-1915583		21,000				BLU
(6) East Denver Food Hub 8460 Flint Ridge St. Bennet CO 80102	82-1750358		35,236				CFS
(7) Eastside Action Support Team 1025 E US Hwy 50 Byp Pueblo CO 81001	47-2764678		10,500				BLU
(8) Ekar Farm Sue Salinger4938 Valentia Court Denver CO 80238	45-1567217		9,200				BLU
(9) Emerald Gardens 8460 Flint Ridge St Bennett CO 80102	82-1935090		33,000				BLU

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(1) Emergency Family Assistance Associa c/o Patti Ketchner, Finance Directo Boulder CO 80304	84-0454115		9,000				BLU
(2) EP Greens 296 Arapahoe Ct Lyons CO 80540	82-2043693		9,375				CFS
(3) Erin's Acres LLC 507 S 2nd St Carbondale CO 81623	81-2142143		9,375				CFS
(4) Evergreen Christian Outreach (EChO) PO Box 1515 Evergreen CO 80437	74-2539728		18,750				BLU
(5) Family & Intercultural Resource Cen PO Box 1636 Silverthorne CO 80498	84-1252900		31,300				BLU
(6) Family Resource Center 120 Main Street Sterling CO 80751	20-5089275		29,250				BLU
(7) Family Promise 519 N Tejon St Colorado Springs CO 80903	84-1366832		12,000				BLU
(8) Family Medicine Center Food Pantry 2315 E Harmony Rd Suite 200 Fort Collins CO 80528	74-1894581		8,300				BLU
(9) Farm Runners LLC PO Box 891 Hotchkiss CO 81419	47-3751065		15,000				CFS

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(1) Father Woody's Haven of Hope 1101 W 7th Ave Denver CO 80204	84-1479555		11,250				BLU
(2) Fields to Plate Produce LLC PO Box 2354 Durango CO 81302	46-2633266		9,375				CFS
(3) Fields Foundation 1445 Dayton St. Aurora CO 80015	26-2738764		5,500				BLU
(4) Fighting to Farm 11605 Meridian Market ViewUnit 1241 Falcon CO 80831	84-4641551		57,000				BLU
(5) FoCo Cafe PO Box 242 Fort Collins CO 80522-0242	46-1283773		11,000				BLU
(6) Focus Points Family Resource Center 2501 E 48th Ave Denver CO 80216	84-1353944		42,426				BLU
(7) Food Equity Coalition PO Box 300 Pagosa Springs CO 81147	84-0834611		47,500				BLU
(8) Food Bank for Larimer County 5706 Wright Dr. Loveland CO 80538	74-2336171		17,500				BLU
(9) Food For Thought Denver PO Box 11813 Denver CO 80211	81-2971428		39,500				BLU

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(1) Foodshed Alliance PO Box 1155 Salida CO 81201	83-2112284		8,500				BLU
(2) Food Connect Colorado 12445 E. 39th Ste. 316 Denver CO 80239	84-5067001		11,600				BLU
(3) Fort Collins Delivery Network 1665 N Logan StApt 736 Denver CO 80203	85-0576335		8,000				BLU
(4) Fort Lewis College 18683 Hwy 140 Hesperus CO 81326	84-6000556		20,986				CFS
(5) Fort Collins Food Co-op 250 E. Mountain Ave Fort Collins CO 80524	84-0645450		30,000				CFS
(6) Fortunate Fruit LLC PO Box 22 Delta CO 81416	45-4434586		12,500				CFS
(7) Fostering Hope Foundation 111 S. Tejon St. Ste 112 Colorado Springs CO 80903	26-1991807		17,700				BLU
(8) F.R.E.S.H. Food Hub PO Box 82Attn: Leila Seraphin Norwood CO 81423	85-0848797		40,000				CFS
(9) Friendly Harbor 2713 North Grand Ave Pueblo CO 81003	84-1349692		25,000				BLU

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(1) Friends of Longmont Youth (FLY) 1050 Lashley Street Longmont CO 80504	84-1572377		21,000				BLU
(2) Front Line Farming 2830 Clayton St Denver CO 80205	83-3496361		25,000				BLU
(3) Frost Livestock Company 18350 Hanover Road Fountain CO 80817	84-0493856		9,375				CFS
(4) Gateway Domestic Violence Services P.O. Box 914 Aurora CO 80040	84-0815774		38,750				BLU
(5) The Gathering Place 1535 N High St Denver CO 80218	84-1021059		18,750				BLU
(6) Gilpin County Food Pantry PO Box 366 Central City CO 80427	84-6000768		14,500				BLU
(7) Glenwood's Downtown Market P.O. Box 2831 Glenwood Springs CO 81602	30-0319616		7,000				CFS
(8) Glowmundo Creations 1849 S Welch Cr Lakewood CO 80228	27-0342290		13,000				BLU
(9) Golden Backpack Program 1301 Arapahoe St #105 Golden CO 80401	32-0447255		7,500				BLU

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(1) Good Food Collective Onward, A Legacy FoundationPO Box 2 Cortez CO 81321	26-0045741		37,280				CFS
(2) Grand River Meals on Wheels PO Box 912 Rifle CO 81650	84-0513889		10,000				BLU
(3) Grange Road Growers 16554 Grange Road Paonia CO 81428	84-4713083		8,105				CFS
(4) Grand Valley Peace & Justice 740 Gunnison Avenue Grand Junction CO 81501	46-3768799		6,000				BLU
(5) Grande Natural Meats P.O. Box 10 Del Norte CO 81132	84-1294316		12,500				CFS
(6) Green Thumb Initiative Attn: Jenni Guevara 1012 Main St Canon City CO 81212	83-2070372		12,500				BLU
(7) Green Junction Farmstead, LLC 3449 Front St Clifton CO 81520	82-3025917		7,499				CFS
(8) Growing Home, Inc 3489 West 72nd Ave #112 Westminster CO 80030	84-1461503		6,500				BLU
(9) Growing Gardens of Boulder County, 1630 Hawthorn Dr Boulder CO 80304	84-1454093		15,500				BLU

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(1) The GrowHaus 3840 York St., Ste. 245 Denver CO 80205	20-3533527		5,800				BLU
(2) Gunnison County 200 East Virginia Ave Gunnison CO 81230	84-6000770		18,750				BLU
(3) Gunnison Country Food Pantry PO Box 7077 Gunnison CO 81230	20-8197462		8,300				BLU
(4) Hanover Outreach Center Inc. 14670 Demmler Road Colorado Springs CO 80928	26-1124146		45,500				BLU
(5) Hayden Fresh Farm 36055 Country Road 51 Hayden CO 81639	11-3658848		12,500				CFS
(6) Herbal Garden Wellness PO Box 59 Westcliffe CO 81252-0059	46-2243616		14,750				BLU
(7) High Plains Food Cooperative 39539 County Road 13 Wray CO 80758	26-3111180		17,752				CFS
(8) Hoffman Farms 33177 Pikes Peak Drive Greeley CO 80631	81-1512326		6,450				CFS
(9) Homeward Bound of the Grand Valley 2853 North Ave. Grand Junction CO 81501	26-0052916		22,500				BLU

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(1) Homeward Alliance PO Box 873 Fort Collins CO 80522-0873	27-4641606		17,000				BLU
(2) Hope Communities, Inc 2543 California St Denver CO 80205	84-0829068		15,965				BLU
(3) HOPE- Homeless Outreach Providing E 804 South Lincoln Street Longmont CO 80501	71-1033219		17,500				BLU
(4) House of Neighborly Service 1511 East 11th Street # 100 Loveland CO 80537	84-0568546		6,500				BLU
(5) Huerfano School District RE-1 201 E 5th St Attn: Erica Manson Walsenburg CO 81089	84-6011993		7,000				BLU
(6) Innovative Ag Colorado, LLC 2205 Curve Court Steamboat Springs CO 80487	46-4525478		7,500				CFS
(7) Innovative Foods, Inc. 4320 Industrial Parkway Evans CO 80620	20-3280730		18,000				CFS
(8) Integrated Family Community Service 3370 S Irving St Englewood CO 80110	84-0579740		10,186				BLU
(9) Isabelle Farm LLC 10029 Isabelle Rd Lafayette CO 80026-9103	27-0234670		12,500				CFS

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(1) Ithaka Land, Inc. 321 Mesa Road Colorado Springs CO 80905	74-2186914		17,700				BLU
(2) Jeffco Eats 11505 W Texas Ave Lakewood CO 80232	46-5313137		5,500				BLU
(3) Jewish Family Service of CO 3201 S Tamarac Dr Denver CO 80231	84-0402701		29,250				BLU
(4) Joy's Kitchen 7700 W Woodward Lakewood CO 80227	82-2837377		10,500				BLU
(5) Juno Farms PO Box 70 Hotchkiss CO 81419	81-5425867		9,375				CFS
(6) Kaizen Food Rescue 2900 S Shoshone St Englewood CO 80110	83-4107744		51,704				BLU
(7) Karis Community 1361 Detroit St Denver CO 80206	84-0715042		6,000				BLU
(8) Keystone Policy Center 1628 Sts John Rd Keystone CO 80435	84-0688506		10,000				BLU
(9) Kids Aid PO Box 2569 Grand Junction CO 81502	26-1673162		10,000				BLU

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

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(1) KidsPak c/o Katie Davis497 Denver Ave Loveland CO 80537	84-6058583		9,000				BLU
(2) Kids At Their Best, Inc PO Box 382 Fort Morgan CO 80701	42-2091884		34,000				BLU
(3) Kinikin Processing LLC 72015 Kinikin Rd Montrose CO 81401	83-0371405		12,450				CFS
(4) La Puente Home 911 State Ave Alamosa CO 81101	74-2224631		18,750				BLU
(5) Lamborn Foundation 403 Minnesota Ave Attn: Lyn Howe Paonia CO 81428	84-1183127		11,500				BLU
(6) Las Animas School District RE-1 1021 2nd St Las Animas CO 81054	84-6014863		20,000				BLU
(7) Leroux Creek Food Corporation 9754 3100 Road Hotchkiss CO 81419	84-0988864		12,450				CFS
(8) Lift Up of Routt County 2125 Curve Ct Steamboat Springs CO 80487	84-1385379		18,750				BLU
(9) LiveWell Colorado Attn: Susan Perrigo 1490 Lafayette Denver CO 80218	26-2464764		11,600				BLU

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(1) Living Water Ministry Outreach 1740 Galena St Aurora CO 80010	82-2427066		44,014				BLU
(2) Local Motion 1315 2nd St Rd Eaton CO 80615	45-2437305		7,109				CFS
(3) Longmont Food Rescue P.O. Box 1127 Lyons CO 80540	81-4920478		8,500				BLU
(4) Longmont Meals on Wheels 910 Longs Peak Ave Longmont CO 80501	84-0590979		9,000				BLU
(5) Los Rios Farm LLC, Inc. 1528 S. County Road 17 Berthoud CO 80513	20-4578987		9,375				CFS
(6) Lyons Emergency & Assistance Fund PO Box 324 Lyons CO 80540	81-0720530		17,000				BLU
(7) Macario's Produce 59912 Hwy 50 Olathe CO 81425	81-2258143		12,500				CFS
(8) Manna - The Durango Soup Kitchen PO Box 1196 Durango CO 81302	84-1004473		23,500				BLU
(9) Megan's Mushrooms 24804 County Road FF Rocky Ford CO 81067	85-2218716		7,000				CFS

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(1) Metro Caring 1100 E. 18th Ave. Denver CO 80218	84-6116951		28,250				BLU
(2) Metro Ministries 248 S Osceola St Denver CO 80219	82-1059418		65,450				BLU
(3) Mental Health Center of Denver 4141 E Dickenson Place Denver CO 80222-6012	74-2499946		18,750				BLU
(4) Mile High Squash dba Mile High 360 1325 Glenarm Pl Denver CO 80204	26-1598336		19,200				BLU
(5) Miss Penns Mountain Seeds 12746 County Road 255 Westcliffe CO 81252	46-5608263		7,109				CFS
(6) Mo Betta Green Marketplace 2639 Elizabeth St Denver CO 80205	45-2066530		12,200				CFS
(7) Moffat Consolidated School District PO Box 428 Moffat CO 81143	84-6001938		7,500				BLU
(8) Montbello Organizing Committee 12000 E 47th AveSuite 110 Denver CO 80239	81-4339690		20,000				BLU
(9) Montezuma Senior Services 107 N Chestnut Cortez CO 81321	84-6000786		10,000				BLU

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(1) Montbello Walks, LLC PO Box 39634 Denver CO 80239	83-1902089		8,500				BLU
(2) Montezuma School to Farm Project PO Box 694 Mancos CO 81328	84-4298006		5,500				BLU
(3) Morgan County Family Center 411 Main St Suite 100 Fort Morgan CO 80701	84-1319815		7,500				BLU
(4) MouCo Cheese Company 1401 Duff Drive #300 Fort Collins CO 80524	84-1556739		12,500				CFS
(5) Mountain Roots Food Project PO Box 323 Gunnison CO 81230	45-3815587		60,000				BLU
(6) Mountain Family Center (MFC) PO Box 638 Granby CO 80446	74-2446390		31,750				BLU
(7) Mountain Resource Center, Inc. PO Box 425 Conifer CO 80433	84-1178699		42,250				BLU
(8) Mountain Backpack Program PO Box 4143 Evergreen CO 80437	84-1196645		15,000				BLU
(9) Mountain Valley School District 403 Pitkin Ave Saguache CO 81149	84-6001937		7,500				BLU

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(1) Mountain Flower Goat Dairy 3980 N. Broadway Suite 103-131 Boulder CO 80304	46-1341252		7,500				CFS
(2) Mountain Man Micro Farms LLC 686 Red Deer Rd. Franktown CO 80116	47-5539533		9,375				CFS
(3) Movement 5280 PO Box 9625 Denver CO 80209	82-3968137		20,000				BLU
(4) Mt. Carmel Health, Wellness and Com 911 Robinson Trinidad CO 81082	27-3546373		17,000				BLU
(5) Native Hill Farm LLC PO Box 890 Fort Collins CO 80522	27-1827214		9,375				CFS
(6) NewFarms Inc PO Box 87 Avondale CO 81022	85-0386519		29,900				CFS
(7) Nola Naturals PO Box 296 Howard CO 81233	47-4427000		7,500				CFS
(8) North Conejos School District PO Box 72 La Jara CO 81140	84-6001052		7,500				BLU
(9) Norwood Food Bank PO Box 308 Norwood CO 81423	33-1135625		7,500				BLU

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(1) Now Faith Christian Center 4840-A Chambers Rd Denver CO 80249	84-1445264		13,000				BLU
(2) OneMorgan County 218 Main St Fort Morgan CO 80701	35-2358103		10,000				BLU
(3) Outreach United Resource Center 220 Collyer St Longmont CO 80501	74-2448346		5,500				BLU
(4) Phoenix Fiber Mill LLC 8885 County Road B.5 Olney Springs CO 81062	46-1777622		12,450				CFS
(5) Prairie Family Center 1040 Rose Avenue Burlington CO 80807	84-1355666		9,400				BLU
(6) Project Worthmore 1609 Havana St Aurora CO 80010	45-0933835		21,700				CFS
(7) City of Pueblo PO Box 1427 Pueblo CO 81002	84-6000615		54,750				BLU
(8) Pueblo Cooperative Care Center 326 W 8th St Pueblo CO 81003	84-0913793		15,500				BLU
(9) Raisin' Roots Farm 2229 West Vine Drive Fort Collins CO 80521	47-3115250		9,375				CFS

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(1) Ranch Foods Direct, LLC 4635 Town Center Drive Colorado Springs CO 80916	27-1555164		49,999				CFS
(2) RCCOA PO Box 770207 Steamboat CO 80477	84-0678596		10,500				BLU
(3) Reaching Out to Community and Kids PO Box 364 Dove Creek CO 81324	46-1527932		10,900				BLU
(4) Redeeming Love 1201 W 41st Ave Denver CO 80211	84-1278171		9,000				BLU
(5) Redistribution Center, Inc. 12681 W 49th Ave Wheat Ridge CO 80033	84-1155394		15,000				BLU
(6) Restoration Outreach Programs PO Box 632 Aurora CO 80040-0632	80-0001215		19,000				BLU
(7) RIHEL 2400 South Gaylord Street Denver CO 80208	83-0951901		51,607				RIH
(8) Ringading Farms, LLC 2350 County Road 47 Howard CO 81233	27-5446850		12,500				CFS
(9) Roaring Fork School District 400 Sopris Ave Attn: Ruth Muse Carbondale CO 81623	84-6012220		12,500				BLU

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(1) Rocky Mountain Farmers Union 7900 E Union Ave # 200 Denver CO 80237	74-2636848		14,652				BLU
(2) Rock River Ranches, LLC 5460 Colorado Blvd Unit 120 Commerce City CO 80022	26-4296331		12,450				CFS
(3) Rocky Mountain Garlic 9241 County Road 156 Salida CO 81201	85-1238285		9,375				CFS
(4) Root Shoot Malting LLC 3853 E Co Rd 14 Loveland CO 80537	47-3866171		37,500				CFS
(5) Rural Communities Resource Center PO Box 284 Yuma CO 80759	84-0959903		12,800				BLU
(6) Safehouse Progressive Alliance for 835 North St Boulder CO 80304	74-2145368		22,500				BLU
(7) LIFT-UP PO Box 1928 Rifle CO 81650	84-0896081		18,750				BLU
(8) Saguache Works, Inc. PO Box 361 Saguache CO 81149	45-4836872		20,000				BLU
(9) St George's Episcopal Church PO Box 243 Leadville CO 80461	84-1467723		46,300				BLU

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(1) The Salvation Army 0322 E. Beaver Creek Blvd. Avon CO 81620	94-1156347		25,000				BLU
(2) So All May Eat Inc dba SAME Cafe 2023 E Colfax Ave Denver CO 80206	20-4765519		12,500				BLU
(3) San Luis Valley Area Health Educati P.O. Box 1657300 Ross Avenue Alamosa CO 81101	84-0775551		10,500				BLU
(4) San Luis Valley Local Foods Coaliti P.O. Box 181 Alamosa CO 81101	45-3837878		55,756				CFS
(5) San Miguel County WIC Farmers Marke PO Box 486 Norwood CO 81423	84-6000806		9,000				BLU
(6) Sara's Pick of the Coop 329 Blue Azurite Ave Loveland CO 80537	47-3492748		9,375				CFS
(7) Savio House 325 King St Denver CO 80219	84-0570279		10,000				BLU
(8) Second Chance Center, Inc. 9722 E 16th Ave. Aurora CO 80010	90-0794239		44,000				BLU
(9) SecorCares 17151 Pine Lane Parker CO 80134	20-4226894		16,750				BLU

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(1) Seniors Resource Center, Inc. 3227 Chase St Denver CO 80212	84-0877538		18,750				BLU
(2) Senior Assistance Center 2839 W 44th Ave Denver CO 80211	74-2270678		5,500				BLU
(3) Servicios de La Raza 3131 W. 14th Avenue Denver CO 80204	84-0625478		18,750				BLU
(4) The Shepherds Hand, Inc. PO Box 3354 Montrose CO 81402	45-4060960		12,500				BLU
(5) Shii Koeii Community 2224 CR 541 Gardner CO 81040	45-4463962		6,000				CFS
(6) Shorter Community AME Church 3100 Richard Allen Court Denver CO 80205	74-2278266		10,000				BLU
(7) Sister Carmen Community Center 655 Aspen Ridge Dr Lafayette CO 80026	84-0820308		6,500				BLU
(8) Skip's Farm to Market LLC 3694 G 4/10 Road Palisade CO 81526	82-1241169		12,500				CFS
(9) Small Town Project 304 S 11TH STREET ROCKY FORD CO 81067	84-2245807		35,000				BLU

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(1) Smart Bellies PO Box 8374 Breckenridge CO 80424	83-1557278		10,000				BLU
(2) Smith Family Greens 9461 Elmhurst Lane Unit B Highlands Ranch CO 80129	84-2429443		9,375				CFS
(3) Snow Bowl Partners LLC 10555 E Dartmouth Ave Suite 360 Aurora CO 80014	82-2961600		10,400				BLU
(4) Struggle of Love Foundation 12000 E 47th Ave#112 Denver CO 80239	84-1566888		25,000				BLU
(5) Somebody Cares Project 521 E. North Ave. Trinidad CO 81082	84-2639434		18,000				BLU
(6) Southwest Farm Fresh Collaborative 30 N Beech St, Unit B Cortez CO 81321	46-5325283		30,327				CFS
(7) South-Central Colorado Seniors, Inc PO Box 639 Alamosa CO 81101	84-0659941		10,500				BLU
(8) SouthWest Improvement Council 1000 S Lowell Blvd Denver CO 80219	74-2510477		10,500				BLU
(9) Sparrow House Ministries PO Box 983 Lamar CO 81052	81-2991885		18,750				BLU

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Spring Institute for Intercultural 1373 Grant St Denver CO 80203	84-0788093		10,800				BLU
(2) Star View Farm Ltd 622 South County Road 23 Berthoud CO 80513	47-5199978		11,000				CFS
(3) Starling Farm ATTN: Amanda Rutherford5355 Gunbarr Boulder CO 80301	85-1049708		7,500				CFS
(4) St. Augustine Catholic Church 178 S 6th Ave Brighton CO 80601	84-0402931		11,000				BLU
(5) Steve Kelly Farm 23101 CR 64 Greeley CO 80631	84-1217396		9,375				CFS
(6) Stites Ranch 23205 Co Rd 18 Rocky Ford CO 81067	84-1552850		12,500				CFS
(7) Street Fraternity Inc 8720 E Colfax Ave #100 Denver CO 80220	46-0667062		12,500				BLU
(8) Summit Roots Farm 15981 Road 31 Mancos CO 81328	84-4650592		9,375				CFS
(9) Summit Hard Cider and Perry CO, LLC 2472 Stonecrest Drive Fort Collins CO 80521	46-0682563		12,500				CFS

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2020

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Name of the organization

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Employer identification number

84-1267213

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sunnyside Meats, Inc. 253 County Road 216 Durango CO 81303	73-1644686		18,000				CFS
(2) Sunrise Ranch, LLC 33558 County Road 50 Ramah CO 80832	46-1727977		9,375				CFS
(3) Tri-County Health Network PO Box 4178 Telluride CO 81435	27-4743848		9,300				BLU
(4) Telluride Farmers Market P.O. Box 437 Placerville CO 81430	84-1550594		12,000				CFS
(5) Tennyson Center for Children Attn: Kari Chapman2950 Tennyson St Denver CO 80212	61-1458290		29,824				BLU
(6) TESSA 435 Gold Pass Heights Colorado Springs CO 80906	84-0746803		9,600				BLU
(7) Texco Ranch 8200 S. Quebec Street, Unit A3107 Centennial CO 80112	47-3982361		12,500				CFS
(8) The Action Center 8755 W 14th Ave Lakewood CO 80215	23-7019679		29,750				BLU
(9) The Crystal River Valley Nonprofit PO Box 1522 Paonia CO 81428-1522	82-2254726		5,300				BLU

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2020

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Name of the organization

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84-1267213

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) The Farm Collaborative PO Box 8064 Aspen CO 81612	26-3468420		12,500				CFS
(2) The Learning Council PO Box 1744 Paonia CO 81428	84-1377794		20,352				BLU
(3) The Peak PO Box 2273 Winter Park CO 80482	47-4430501		5,200				BLU
(4) There With Care 2825 Wilderness PlSuite 100 Boulder CO 80301	68-0606330		18,750				BLU
(5) The Success Foundation Serving Gree 1025 Ninth Ave Greeley CO 80631	27-3567674		12,500				BLU
(6) Thompson School District 800 S Taft Ave Loveland CO 80537	84-6013346		6,500				BLU
(7) Three Leaf Farm LLC Attn: Sara Martinelli605 Grant Ave Louisville CO 80027	46-1267389		12,500				CFS
(8) Thriving Families c/o Dr. Galena Rhoades 900 E Louisi Denver CO 80210	84-1993572		6,000				BLU
(9) Tin Shed 10555 W 44th Wheat Ridge CO 80033	46-3128038		5,500				BLU

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2020

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Part I General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Topp Fruits LLC 3816 Spring Valley Trail Evergreen CO 80439	82-5058804		9,375				CFS
(2) Town of Mountain Village 455 Mountain Village BlvdSte. A Mountain Village CO 81435	84-1299345		8,000				BLU
(3) Town of Oak Creek PO Box 128 Oak Creek CO 80467	84-6000702		13,000				BLU
(4) Tri-Lakes Cares PO Box 1301 Monument CO 80132	74-2501356		5,500				BLU
(5) Twin Parishes Food Bank 1408 E 36th Ave Denver CO 80205	84-0522064		10,000				BLU
(6) Two Roots Farm 100 Sopris Creek Road Basalt CO 81621	47-5594878		12,500				CFS
(7) Under the Umbrella PO Box 493 Sterling CO 80751	47-4001622		9,000				BLU
(8) United Methodist Church 301 W WASHINGTON AVE ROCKY FORD CO 81067	84-6031006		13,000				BLU
(9) Univ of Colorado Health Sciences Ct Leprino Bldg., Campus Box B141 124 Aurora CO 80045	84-6000555		21,968				CCC

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) University of Northern Colorado Fou 1620 Reservoir Rd. Greeley CO 80639	84-6044833		6,500				BLU
(2) Urban Peak Denver 2100 Stout St Denver CO 80205	84-1212246		30,392				BLU
(3) The Urban Farm 10200 Smith Rd Denver CO 80239	84-1304443		9,200				BLU
(4) Valley Settlement 520 South Third Street, STE 9 Carbondale CO 81623	81-2401368		10,000				BLU
(5) Valley Food Partnership PO Box 3152 Montrose CO 81402	20-4915575		27,504				BLU
(6) Via Mobility Services 2855 N 63rd St Boulder CO 80301	84-0777296		20,500				BLU
(7) Victim Offender Reconciliation Prog 430 W 9th Ave Denver CO 80204	84-1313876		10,000				BLU
(8) Violet Ratio, LLC PO Box 568 Crestone CO 81131	85-0758379		9,375				CFS
(9) Vision Charter Academy 1080 Pioneer Rd Delta CO 81416	46-3203810		10,000				BLU

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Vivent Health 4545 E. 9th Avenue, Suite 120 Denver CO 80220	39-1534049		7,500				BLU
(2) Voces Unidas for Justice 2519 Airport Rd Colorado Springs CO 80910	27-1888868		18,750				BLU
(3) Volberding Farms Inc 28138 County Road 23 Akron CO 80720	84-0730880		9,375				CFS
(4) Volunteers of America Colorado Bran 2660 Larimer St Denver CO 80205	84-0430995		18,750				BLU
(5) WeeCycle 20 S Havana St Suite 210 Aurora CO 80012	82-3096264		20,000				BLU
(6) Weld Food Bank 1108 H Street Greeley CO 80631	74-2244826		10,500				BLU
(7) Wellington Food Bank PO Box 417 Wellington CO 80549	84-6033364		10,000				BLU
(8) Westside CARES 2808 West Colorado Ave Colorado Springs CO 80904	74-2354492		15,000				BLU
(9) West End Family Link Center 853 Main St Nucla CO 81424	84-1611156		12,500				BLU

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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Name of the organization

Trailhead Institute

Employer identification number

84-1267213

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Westwood Unidos 3790 Morrison Rd Denver CO 80219	47-4697604		18,750				BLU
(2) Whitehorse Creek Council Attn: Semele Plentywolf 680 S Lash Boulder CO 80305	27-1141042		6,500				BLU
(3) Wild Gals Market PO Box 445 Nucla CO 81424	84-2057389		9,652				BLU
(4) Winter Farmers Market 1475 Delgany Street #808 Denver CO 80202	81-2551996		12,500				CFS
(5) Work Options for Women 1200 Federal Blvd Denever CO 80204	84-1364292		10,000				BLU
(6) Youth Employment Academy 1035 Osage St - 9th FloorAttn: Lori Denver CO 80204	46-1083070		12,000				BLU
(7) ZQ Industries LLC 8689 Valley Ranch Pt Fountain CO 80817	82-4601790		12,500				CFS
(8)							
(9)							

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

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	COVID food producer aid	19	183,784			
2						
3						
4						
5						
6						
7						

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

Part IV - Additional Information

The grants given to organizations and individuals in 2020 were for two main purposes:

CFS - Colorado Food Producers Emergency Funding Grants, to provide small and medium sized food producers funds to overcome the effects of Covid.

BLU - Blueprint COVID19 Hunger Response Grants, to provide food banks and food pantries resources to provide hunger relief throughout Colorado.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☐ Compensation survey or study		
	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		X
c	Participate in or receive payment from an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Erin Ulric Implementation Dir	(i)	157,632	0	0	4,554	7,446	169,632	0
		(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Trailhead Institute

Employer identification number

84-1267213

Form 990 - Additional Information

During 2020, COVID-19 created a huge need and recognition of the importance of public health from funders, government, and the public alike. This recognition and support created many opportunities for Trailhead, ballooning the budget in an all-hands-on deck response to the pandemic. Trailhead kicked off several new programs and several existing programs saw emergency COVID-19 funds come in. Notable examples are the Hunger Relief Fund under the Blueprint to End Hunger, the Respond and Rebuild Fund supporting small and medium sized food producers, and Project Protect Promotora Network to support community level response to COVID-19.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is prepared by auditors and reviewed by the following officers: Treasurer and Chair. The following staff also assist and review the preparation of the 990: CEO and CFO. The final 990 is given to entire Board of Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All governing and financial documents are reviewed on an annual basis by the Executive Committee, CEO and CFO. Any needed changes are brought to full Board of Directors at the Annual Meeting(February). Any changes are reflected in both the documents and minutes from this meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Organization determines the salary for the CEO by consulting the

Name of the organization: Trailhead Institute

Employer identification number: 84-1267213

Colorado Nonprofit Salary Survey. The Board Chair reviews and approves the salary for the CEO on an annual basis.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

All documents, including governing bylaws, 990s and financial policies are available upon request from either the Board Chair or the CEO. All financial audits, budgets and annual reports are made available at all times on the organization website, www.trailhead.institute.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
Contractor fees	$ 2,873,389	$ 48,992	$ 0