

Form **990**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2023**  
 Open to Public Inspection

**A For the 2023 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) Room/suite  
**1999 BROADWAY, SUITE 600**  
 City or town, state or province, country, and ZIP or foreign postal code  
**DENVER CO 80202**

**D** Employer identification number: **84-1267213**  
**E** Telephone number: **303-910-4682**  
**G** Gross receipts: **17,510,818**

**F** Name and address of principal officer:  
**TOM BUTTS, MSC, REHS**  
**1999 BROADWAY, SUITE 600**  
**DENVER CO 80202**

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TRAILHEAD INSTITUTE ADVANCES INNOVATION AND COLLABORATION IN PUBLIC AND ENVIRONMENTAL HEALTH.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 11</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 11</b>	
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5 46</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b 0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>16,103,006</b>	<b>16,495,916</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>512,056</b>	<b>866,209</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>18,688</b>	<b>115,895</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>38,184</b>	<b>32,798</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,671,934</b>	<b>17,510,818</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>3,657,162</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>3,758,053</b>	<b>4,171,888</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>0</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>5,832,284</b>	<b>9,332,994</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>13,247,499</b>	<b>18,429,732</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,424,435</b>	<b>-918,914</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>10,482,186</b>	<b>10,321,448</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,156,579</b>	<b>1,914,755</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>9,325,607</b>	<b>8,406,693</b>

**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: **MICHELE SHIMOMURA** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **KEN ROTH** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if PTIN self-employed: **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 \$ **17,216,360** including grants of \$ **4,924,850** ) (Revenue \$ **866,209** )  
**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 **17,216,360**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>46</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1a</b>	<b>11</b>		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>1b</b>	<b>11</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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.		<b>X</b>

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

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

**Section C. Disclosure**

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

**TYLER SHIREY** **1999 BROADWAY, SUITE 600**  
**DENVER** **CO 80202** **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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH LAMPE PRESIDENT/EXEC DIR	40.00 0.00			X				157,712	0	21,652
(2) LISA OLCESE COO	40.00 0.00			X				114,544	0	18,825
(3) JOEL MCCLURG ED INTEGRATION CBEH	40.00 0.00					X		154,303	0	11,338
(4) MARIA DOLORES RAMIREZ ED OF VISION CBEH	40.00 0.00					X		154,333	0	19,706
(5) ROGER LOW FOUNDER CEEMI	40.00 0.00					X		129,829	0	17,309
(6) MICHELLE DELAND ED NCRHC	40.00 0.00					X		110,975	0	8,171
(7) JUSTICE ONWORDI IMPACT DIR, CBEH	40.00 0.00					X		103,128	0	12,071
(8) TOM BUTTS, MSC, REHS CHAIR	1.00 0.00	X		X				0	0	0
(9) JON SAMET, MD, MS VICE CHAIR	1.00 0.00	X		X				0	0	0
(10) MEGHAN GUEVARA, MPH SECRETARY	1.00 0.00	X		X				0	0	0
(11) SUSAN PERRIGO TREASURER	1.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>LAUREN GEARHART</b>										
(12) ..... DIRECTOR	1.00 0.00	X						0	0	0
(13) <b>JENNIFER LUDWIG</b>										
(13) ..... DIRECTOR	1.00 0.00	X						0	0	0
(14) <b>KAIA GALLAGHER, PHD., MFA</b>										
(14) ..... DIRECTOR	1.00 0.00	X						0	0	0
(15) <b>JANA PERSKY</b>										
(15) ..... DIRECTOR	1.00 0.00	X						0	0	0
(16) <b>ERICA SNOW</b>										
(16) ..... DIRECTOR	1.00 0.00	X						0	0	0
(17) <b>BRUNO SOBRAL</b>										
(17) ..... DIRECTOR	1.00 0.00	X						0	0	0
(18) <b>MELANIE ZEITLER</b>										
(18) ..... DIRECTOR	1.00 0.00	X						0	0	0
(19) .....										
<b>1b Subtotal</b> .....								<b>924,824</b>		<b>109,072</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>924,824</b>		<b>109,072</b>

**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 **7**

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

**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
<b>BONDADOSA</b> <b>DENVER</b> CO 80205	<b>3000 LAWRENCE STREET</b> <b>PROGRAM IMPLEM</b>	<b>623,728</b>
<b>MOUNTAIN ROOTS FOOD PROJECT</b> <b>GUNNISON</b> CO 81230	<b>PO BOX 323</b> <b>PROGRAM IMPLEM</b>	<b>524,594</b>
<b>THE REGENTS OF THE UNIVERSITY</b> <b>AURORA</b> CO 80045	<b>13001 E 17TH PL</b> <b>PROG IMPLEMENT</b>	<b>474,183</b>
<b>THE LIGHT COLLECTIVE</b> <b>EUGENE</b> OR 97401	<b>1430 WILLAMETTE STREET, SUITE 591</b> <b>PROGRAM IMPLEM</b>	<b>265,458</b>
<b>COLORADO HEALTH INSTITUTE</b> <b>DENVER</b> CO 80202	<b>1999 BROADWAY, SUITE 600</b> <b>PROGRAM IMPLEM</b>	<b>213,389</b>

**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 **16**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	10,549,121			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,946,795			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f		16,495,916			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE FEES	Business Code 561000	866,209	866,209		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		866,209			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		115,895		115,895	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other			
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS REVENUE	Business Code 900099	32,798	32,798		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		32,798			
<b>12 Total revenue.</b> See instructions		17,510,818	899,007	0	115,895	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,924,850	4,924,850		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	312,733	249,795	62,938	
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	2,953,568	2,361,738	591,830	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	179,861	132,145	47,716	
9	Other employee benefits	412,654	345,629	67,025	
10	Payroll taxes	313,072	248,352	64,720	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	70,178	27,031	43,147	
c	Accounting	29,483	3,333	26,150	
d	Lobbying	87,893	87,893		
e	Professional fundraising services. See Part IV, line 7				
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.)	6,213,151	6,159,874	53,277	
12	Advertising and promotion	223,145	220,950	2,195	
13	Office expenses	359,485	264,097	95,388	
14	Information technology	154,081	89,341	64,740	
15	Royalties				
16	Occupancy	119,311	103,591	15,720	
17	Travel	212,646	193,343	19,303	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	241,915	222,299	19,616	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,457	29,315	2,142	
23	Insurance	23,168	6,054	17,114	
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	1,279,828	1,279,828		
b	OTHER	181,751	179,526	2,225	
c	STAFF DEVELOPMENT	42,025	31,972	10,053	
d	FIXED ASSET LOSS	32,082	32,082		
e	All other expenses	31,395	23,322	8,073	
25	Total functional expenses. Add lines 1 through 24e	18,429,732	17,216,360	1,213,372	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash—non-interest-bearing		1		
	2 Savings and temporary cash investments	5,562,575	2	6,335,720	
	3 Pledges and grants receivable, net	4,712,692	3	3,501,180	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	53,537	9	21,082	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 259,163			
	b Less: accumulated depreciation	10b 113,322	153,382	10c 145,841	
	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	317,625	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		10,482,186	16	10,321,448	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,107,308	17	1,437,268	
	18 Grants payable		18		
	19 Deferred revenue	49,271	19	159,862	
	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		25	317,625	
	26 <b>Total liabilities.</b> Add lines 17 through 25		1,156,579	26	1,914,755
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
27 Net assets without donor restrictions		4,131,187	27	2,592,912	
28 Net assets with donor restrictions		5,194,420	28	5,813,781	
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
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		9,325,607	32	8,406,693	
33 Total liabilities and net assets/fund balances	10,482,186	33	10,321,448		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>17,510,818</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>18,429,732</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-918,914</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>9,325,607</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>8,406,693</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>3b</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	<b>X</b>	

**SCHEDULE A**  
(Form 990)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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).)
- 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 33 1/3% 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,326,852	13,641,730	13,968,123	16,103,006	16,495,916	63,535,627
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,326,852	13,641,730	13,968,123	16,103,006	16,495,916	63,535,627
<b>5</b> 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)						12,831,319
<b>6</b> Public support. Subtract line 5 from line 4.						50,704,308

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	3,326,852	13,641,730	13,968,123	16,103,006	16,495,916	63,535,627
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,143	12,914	7,082	18,688	115,895	165,722
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						63,701,349
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	4,202,570
<b>13</b> <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	79.60 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	80.31 %
<b>16a</b> <b>33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b</b> <b>33 1/3% support test — 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test — 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2023. 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 — 2022. 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 on 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described on 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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.		
<b>b</b> Did the activities described on 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.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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.		
<b>b</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.		

**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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b> (continued)				
<b>Section D – Distributions</b>			<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets		<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		<b>5</b>	
<b>6</b>	Other distributions (describe in Part VI). See instructions.		<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		<b>8</b>	
<b>9</b>	Distributable amount for 2022 from Section C, line 6		<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount		<b>10</b>	
<b>Section E – Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 .....			
<b>b</b>	From 2019 .....			
<b>c</b>	From 2020 .....			
<b>d</b>	From 2021 .....			
<b>e</b>	From 2022 .....			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 .....			
<b>b</b>	Excess from 2020 .....			
<b>c</b>	Excess from 2021 .....			
<b>d</b>	Excess from 2022 .....			
<b>e</b>	Excess from 2023 .....			

**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)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

TRAILHEAD INSTITUTE

84-1267213

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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), 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), 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).

Name of organization

Employer identification number

**TRAILHEAD INSTITUTE**

**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		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,973,084	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,541,145	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,550,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 385,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 456,152	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TRAILHEAD INSTITUTE**

**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
7		\$ 345,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 866,041	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,009,582	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 721,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 793,448	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**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 <b>TRAILHEAD INSTITUTE</b>	Employer identification number <b>84-1267213</b>
--	---

**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)				

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

Schedule C (Form 990) 2023



**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			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.
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
	Yes	No	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		87,893
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			87,893
2a Did the activities in line 1 cause the organization to not be 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 expenditures 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**

CEEMI'S MAIN LOBBYING ACTIVITIES IN 2023 INVOLVED FOLLOW UP WITH STATE AGENCIES AS HOUSE BILL 22-1349 AND 22-1350 WERE IMPLEMENTED. WE ALSO PLAYED A SMALL PERIPHERAL ROLE IN THE ENACTMENT OF SB 23-205, AND HELPED SHAPE SOME OF THE LANGUAGE IN THAT FINAL BILL. WE SUBMITTED FEEDBACK AND PUBLIC COMMENT TO THE COLORADO WORKFORCE DEVELOPMENT COUNCIL REGARDING THE STATE'S

**Part IV** Supplemental Information (continued)

COMBINED WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)-MANDATED WORKFORCE PLAN. WE ORGANIZED A LEARNER ROUNDTABLE WITH U.S. SENATOR JOHN HICKENLOOPER TO ADVOCATE FOR REFORMS TO THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), AND WE PUSHED FOR CONGRESSIONALLY DIRECTED SPENDING REQUESTS FOR EVIDENCE-BASED WORKFORCE PROGRAMS IN COLORADO.

AND WE BEGAN HAVING SOME CONVERSATIONS WITH STATE OFFICIALS TO SET UP SUBSEQUENT LEGISLATIVE VICTORIES IN 2024, INCLUDING ADDITIONAL FUNDING FOR THE OPPORTUNITY NOW PROGRAM, AND FUNDING/PRIORITIZING A STATE LONGITUDINAL DATA SYSTEM. THROUGHOUT THE YEAR, WE HAD CONVERSATIONS WITH STAFF IN THE GOVERNOR'S OFFICE AND STATE AGENCIES REGARDING CEEMI'S GENERAL PRIORITIES, AND THE IMPORTANCE OF FOCUSING PUBLIC FUNDING ON EVIDENCE-BASED WORKFORCE PROGRAMS.

THE COLORADO BLUEPRINT TO END HUNGER WAS THE LEAD ORGANIZATION ON HB23-1087: FISCAL RULE ADVANCE PAYMENT CHARITABLE FOOD GRANTS WHICH CREATED AN ADDITIONAL EXCEPTION IN STATE FISCAL RULES THAT OBLIGES THE STATE CONTROLLER TO CLARIFY RULES THAT ALLOW AN EXCEPTION FOR USE OF STATE DOLLARS FOR ADVANCE PAYMENT FOR THE PURCHASE OF STATE AGRICULTURAL PRODUCTS. I WILL ALSO NOTE THAT 2023 INCLUDED AN EXTRAORDINARY LEGISLATIVE SESSION IN NOVEMBER IN WHICH WE CO-LED ON SB23B-002: SUMMER ELECTRONIC BENEFITS TRANSFER PROGRAM IN ORDER TO CREATE A PROGRAM TO PROVIDE FOOD BENEFITS TO STUDENTS FROM LOW-INCOME HOUSEHOLDS DURING SUMMER MONTHS, AND MEET THE ADMINISTRATIVE NEEDS TO DRAW DOWN FEDERAL FUNDING. IN ADDITION TO THESE MAIN BILLS, WE SUPPORTED PARTNERS AT THE CAPITOL WHOSE VALUES AND POLICY EFFORTS ALIGN THROUGH INFORMAL CONVERSATIONS AND INFORMATION SHARING.

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

TRAILHEAD INSTITUTE

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included on line 2a, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register), 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 2d 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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  Yes  No

**Part V Endowment Funds**

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

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> 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 |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		<b>259,163</b>	<b>113,322</b>	<b>145,841</b>
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>145,841</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OPERATING LEASE LIABILITY</b>	<b>317,625</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>317,625</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>17,510,818</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>17,510,818</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>17,510,818</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>18,429,732</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>18,429,732</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>18,429,732</b>

**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.

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**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

**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

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	5 LOAVES PANTRY PO BOX 55 MCCLAVE CO 81057	38-4019477	501C3	11,500				
(2)	A WOMAN'S PLACE PO BOX 71 GREELEY CO 80632	84-0811596	501C3	6,000				
(3)	AGAPE CHRISTIAN CHURCH 2501 CALIFORNIA STREET DENVER CO 80205	74-2466087	501C3	46,000				
(4)	AMIGOS DE MEXICO 111 DEL MAR CIR AURORA CO 80011	84-2188190	501C3	22,700				
(5)	ANNUNCIATION CATHOLIC CHURCH 1408 E 36TH AVE DENVER CO 80205	84-0522064	501C3	8,000				
(6)	ARAPAHOE COMMUNITY COLLEGE FOUNDATI 5900 SOUTH SANTA FE DRIVE LITTLETON CO 80160-9002	23-7093127	501C3	10,000				
(7)	ASPIRE 3D 375 WEST 37TH ST #200 LOVELAND CO 80538	83-0910333	501C3	23,750				
(8)	ATIYA IFFATH 15528 E HAMPDEN CIR AURORA CO 80013	46-0708188	501C3	11,214				
(9)	ATLAS PREPARATORY SCHOOL 1602 S MURRAY BLVD COLORADO SPRINGS CO 80916	26-2055229	501C3	43,750				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **285**
- 3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AURORA INTERFAITH COMMUNITY SE 1553 CLINTON ST AURORA CO 80010	51-0152735	501C3	11,200				
(2)	AURORA PUBLIC SCHOOLS 15701 E 1ST AVE AURORA CO 80011	84-6000870	501C3	28,750				
(3)	BACKPACK SOCIETY 213 W COUNTY LINE ROAD HIGHLANDS RANCH CO 80129	84-3290134	501C3	11,200				
(4)	BARTON INSTITUTE FOR COMMUNITY 1114 W 7TH AVE, SUITE 215 DENVER CO 80204	83-4295300	501C3	28,750				
(5)	BAYAUD ENTERPRISES INC. 333 W BAYAUD AVE DENVER CO 80223	84-0616970	501C3	16,100				
(6)	BIRDSEED COLLECTIVE 5531 UMATILLA ST DENVER CO 80221	47-4385936	501C3	25,000				
(7)	BOULDER COUNTY AIDS PROJECT 2118 14TH ST BOULDER CO 80302	74-2442032	501C3	23,000				
(8)	BROTHER JEFFS CULTURAL CENTER 2836 WELTON STREET DENVER CO 80205	32-0034993	501C3	10,000				
(9)	CAFI SUSTAINABILITY CENTER 11275 E MISSISSIPPI AVE AURORA CO 80012	88-1955074	501C3	13,000				

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

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CANYON VIEW VINEYARD CHURCH 736 24 1/2 RD GRAND JUNCTION CO 81505	84-0768957	501C3	14,000				
(2)	CARING AND SHARING 1550 ELMIRA ST AURORA CO 80010	82-4549108	501C3	28,750				
(3)	CASA DE PAZ PO BOX 111351 AURORA CO 80042	81-2239384	501C3	10,675				
(4)	CATHOLIC CHARITIES OF THE DIOCESE O 429 W 10TH ST PUEBLO CO 81003	84-0471001	501C3	7,500				
(5)	CENTRO CRISTIANO AMISTAD DE DE 1140 W CUSTER PL DENVER CO 80223	84-1567445	501C3	32,700				
(6)	CHAIN OF LOVE 21952 OCTOBER RD ECKERT CO 81418	46-5009989	501C3	18,500				
(7)	CHERRY CREEK SCHOOL DISTRICT NO. 5 9150 E UNION AVE GREENWOOD VILLAGE CO 80111	84-6000861	501C3	15,000				
(8)	CHILDREN'S HOSPITAL COLORADO 13123 E 16TH AVE B045 AURORA CO 80045	84-0166760	501C3	10,000				
(9)	CHINOOK CENTER 329 W MONUMENT ST COLORADO SPRINGS CO 80905	83-4066259	501C3	25,300				

- 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) 2023

**SCHEDULE I  
(Form 990)**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHRIST EXECUTIVE OFFICER INC PO BOX 473285 AURORA CO 80047	41-2061790	501C3	40,000				
(2)	CHRIST IN FOCUS PO BOX 308 NORWOOD CO 81423	33-1135625	501C3	14,000				
(3)	CHURCH OF THE ROCK 4881 CHEROKEE DR CASTLE ROCK CO 80109	74-2374836	501C3	25,000				
(4)	CITY OF PUEBLO PO BOX 1427 PUEBLO CO 81002	84-6000615	501C3	53,625				
(5)	CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING BLVD. DENVER CO 80205	84-0432238	501C3	20,000				
(6)	CLIFTON CHRISTIAN CHURCH 3241 F 1/4 RD CLIFTON CO 81520	84-0583347	501C3	23,000				
(7)	COLFAX COMMUNITY NETWORK PO BOX 919 DENVER CO 80040	84-1487426	501C3	28,750				
(8)	COLORADO ETHIOPIAN COMMUNITY 1450 HAVANA ST, STE 242 AURORA CO 80012	45-5424318	501C3	38,750				
(9)	COLORADO HEALTH NETWORK INC. 6260 E COLFAX DENVER CO 80220	84-0961159	501C3	11,500				

- 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) 2023

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(1)	COMMUNITY COLLEGE OF AURORA 9101 E LOWRY BLVD DENVER CO 80230	38-3721881	501C3	20,000				
(2)	COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION CO 81502	84-0817696	501C3	40,250				
(3)	COMMUNITY FOUNDATION SERVING S P.O. BOX 1673 DURANGO CO 81302	84-1474900	501C3	7,500				
(4)	COMMUNITY SERVICES OF BROOMFIELD 6 GARDEN CENTER BROOMFIELD CO 80020	84-1591870	501C3	41,000				
(5)	COMMUNITY TABLE 8555 W 57TH AVE ARVADA CO 80002	74-2250374	501C3	28,750				
(6)	COMPOUND OF COMPASSION 3819 S QUINTERO CIR AURORA CO 80013	82-4631021	501C3	10,000				
(7)	COOPERATING MINISTRY OF LOGAN 230 N 10TH AVE STERLING CO 80751	84-0861984	501C3	25,225				
(8)	CROSSES FOR LOSSES 409 BROADWAY PENROSE CO 81240	46-3491326	501C3	23,000				
(9)	DADDY BRUCE RANDOLPH LEGACY FOUNDAT 19104 E 39TH AVE DENVER CO 80249	85-1080710	501C3	24,375				

- 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) 2023

**SCHEDULE I  
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DARYL LEWIS 7025 SUGAR CREEK CR COLORADO SPRINGS CO 80911	45-4825368	501C3	15,000				
(2)	DENVER ART MUSEUM PO BOX 17765 DENVER CO 80217	84-6038240	501C3	27,000				
(3)	DENVER DREAM CENTER 2165 CURTIS ST DENVER CO 80205	46-5337404	501C3	22,500				
(4)	DENVER FOOD RESCUE 3840 YORK ST. #250 DENVER CO 80205	46-2096160	501C3	8,750				
(5)	DENVER INNER CITY PARISH 1212 MARIPOSA ST DENVER CO 80204	84-0525768	501C3	28,750				
(6)	DENVER PUBLIC SCHOOLS 1860 LINCOLN ST, 11TH FLOOR DENVER CO 80203	84-6001099	501C3	10,000				
(7)	DENVER SISTERS CIRCLE 600 17TH ST SUITE 2800 SOUTH DENVER CO 80202	85-1024767	501C3	32,250				
(8)	EAGLE VALLEY COMMUNITY FOUNDAT PO BOX 1580 VAIL CO 81658	47-1915583	501C3	23,000				
(9)	EAST DENVER COLFAX PARTNERSHIP 6740 E COLFAX AVE DENVER CO 80220	77-0633106	501C3	10,000				

- 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) 2023

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(1)	EASTSIDE ACTION SUPPORT TEAM C/O MARCI COCHRAN 1616 N OGDEN AVE PUEBLO CO 81001	47-2764678	501C3	17,250				
(2)	ECUMENICAL CHURCH OF PUEBLO WE 434 S. CONQUISTADOR AVE. PUEBLO WEST CO 81007	84-0671875	501C3	11,500				
(3)	EKAR FARM 6825 E ALAMEDA AVE DENVER CO 80224	45-1567217	501C3	10,000				
(4)	ELIZABETH BURG 3900 KIPLING ST WHEAT RIDGE CO 80033	84-6002817	501C3	17,000				
(5)	EMERGENCY FAMILY ASSISTANCE AS 1575 YARMOUTH AVE BOULDER CO 80304	84-0454115	501C3	23,750				
(6)	EPWORTH FOUNDATION 1865 BRUCE RANDOLF AVE DENVER CO 80205	20-3432952	501C3	48,000				
(7)	E-SQUARED COMMUNICATIONS GROUP PO BOX 148 ENGLEWOOD CO 80151	84-1445713	501C3	370,000				
(8)	EVERGREEN CHRISTIAN OUTREACH PO BOX 1515 EVERGREEN CO 80437	74-2539728	501C3	17,000				
(9)	FAMILY MEDICINE CENTER FOOD PA 2315 E HARMONY RD SUITE 200 FORT COLLINS CO 80528	74-1894581	501C3	7,500				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	<b>FIGHTING TO FARM</b> 11605 MERIDIAN MARKET VIEW UNIT 124 FALCON CO 80831	84-4641551	501C3	6,000				
(2)	<b>FIRST UNITED METHODIST CHURCH</b> 303 WEST WASHINGTON AVENUE ROCKY FORD CO 80167	84-6031006	501C3	14,375				
(3)	<b>FOOD BANK FOR LARIMER COUNTY</b> 5706 WRIGHT DR. LOVELAND CO 80538	74-2336171	501C3	6,000				
(4)	<b>FOOD CONNECT COLORADO</b> 1170 S PERRY ST DENVER CO 80219	84-5067001	501C3	5,714				
(5)	<b>FOOD FOR HOPE</b> PO BOX 685 EASTLAKE CO 80614	47-3117111	501C3	20,125				
(6)	<b>FOOD TO POWER</b> 1090 S. INSTITUTE ST. COLORADO SPRINGS CO 80903	46-3665741	501C3	24,250				
(7)	<b>FORT LEWIS COLLEGE</b> 18683 HWY 140 HESPERUS CO 81326	84-6000556	501C3	30,750				
(8)	<b>FRESH FOUNDATION</b> PO BOX 82 NORWOOD CO 81423	85-0848797	501C3	15,500				
(9)	<b>FRESH START CENTER</b> 7375 ADVENTURE WAY COLORADO SPRINGS CO 80923	26-1573654	501C3	7,500				

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>FRONT LINE FARMING</b> PO BOX 1867 ARVADA CO 80001	83-3496361	501C3	14,375				
(2)	<b>FULL FORCE MINISTRIES</b> PO BOX 2494 PUEBLO CO 81004	81-5285214	501C3	17,250				
(3)	<b>GILPIN COUNTY FOOD PANTRY</b> 15193 HWY 119 CENTRAL CITY CO 80422	84-6000768	501C3	15,000				
(4)	<b>GOLDEN BACKPACK PROGRAM</b> 1301 ARAPAHOE ST #105 GOLDEN CO 80401	32-0447255	501C3	10,000				
(5)	<b>GOOD SAMARITAN CENTER</b> 30 N BEECH ST, UNIT C CORTEZ CO 81321	84-1090536	501C3	37,750				
(6)	<b>GOOD SHEPHERD PRESBYTERIAN CHURCH</b> 10785 MELODY DR NORTHGLENN CO 80234	84-6051378	501C3	12,250				
(7)	<b>GRAND VALLEY CATHOLIC OUTREACH</b> 245 S 1ST ST GRAND JUNCTION CO 81501	20-0064007	501C3	15,000				
(8)	<b>GREATER PARK HILL COMMUNITY</b> 2823 FAIRFAX ST #B DENVER CO 80207	84-6049695	501C3	35,000				
(9)	<b>GROWING HOME, INC</b> 3489 WEST 72ND AVE #112 WESTMINSTER CO 80030	84-1461503	501C3	13,750				

- 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) 2023

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(Form 990)**

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OMB No. 1545-0047

**2023**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

**TRAILHEAD INSTITUTE**

Employer identification number

**84-1267213**

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(1)	GUNNISON COUNTRY FOOD PANTRY PO BOX 7077 GUNNISON CO 81230	20-8197462	501C3	21,800				
(2)	HALO COMMUNITY OUTREACH PO BOX 2524 STERLING CO 80751	82-5337479	501C3	65,250				
(3)	HANOVER OUTREACH CENTER INC. 14670 DEMMLER ROAD COLORADO SPRINGS CO 80928	26-1124146	501C3	25,000				
(4)	HARVEST MOUNTAIN MINISTRIES 11505 W TEXAS AVE LAKEWOOD CO 80232	46-5313137	501C3	28,750				
(5)	HEART & HAND CENTER 608 26TH STREET 2ND LEVEL DENVER CO 80205	45-4251869	501C3	17,250				
(6)	HELP & HOPE CENTER 1638 PARK ST CASTLE ROCK CO 80109	74-2395223	501C3	15,000				
(7)	HELP FOR ABUSED PARTNERS PO BOX 1286 STERLING CO 80751	84-0915799	501C3	6,900				
(8)	HENDERSON COMMUNITY CHURCH 12001 OAKLAND ST HENDERSON CO 80640	84-0709895	501C3	6,900				
(9)	HOMEWARD ALLIANCE 242 CONIFER ST FORT COLLINS CO 80524	27-4641606	501C3	10,000				

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(1)	HOPE 4 TOMORROW 10030 BRIGITTE DR NORTHGLENN CO 80260	92-1390954	501C3	5,714				
(2)	HOPE COMMUNITIES, INC 2543 CALIFORNIA ST DENVER CO 80205	84-0829068	501C3	28,750				
(3)	HOUSE OF NEIGHBORLY SERVICE 1511 EAST 11TH STREET # 100 LOVELAND CO 80537	84-0568546	501C3	20,750				
(4)	IMMACULATE HEART OF MARY CATHOLIC C 353 S PAGOSA BLVD PAGOSA SPRINGS CO 81147	84-1223178	501C3	6,000				
(5)	INTEGRATED FAMILY COMMUNITY SE 3370 S IRVING ST ENGLEWOOD CO 80110	84-0579740	501C3	27,600				
(6)	JANE BARNES PO BOX 140598 EDGEWATER CO 80214	87-3774775	501C3	18,000				
(7)	JENNIFER CLUBB 7051 W 118TH AVE BROOMFIELD CO 80020	26-3349334	501C3	14,000				
(8)	JESUS MONTENEGRO 424 N FLAT ROCK ST AURORA CO 80018	32-0712015	501C3	25,000				
(9)	JEWISH FAMILY SERVICE OF CO 3201 S TAMARAC DR DENVER CO 80231	84-0402701	501C3	20,000				

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(1)	JIM SCHARPER 4110 HALE PKWY DENVER CO 80220	47-2732658	501C3	23,000				
(2)	JOICE MOORE PO BOX 1201 PAONIA CO 81428	85-0770513	501C3	18,500				
(3)	JOSEPHINE BOYNTON 911 MAIN ST WALSENBURG CO 81089	84-1563362	501C3	10,000				
(4)	KAIZEN FOOD RESCUE 2900 S SHOSHONE ST ENGLEWOOD CO 80110	83-4107744	501C3	105,850				
(5)	KARIS, INC. P.O. BOX 2837 GRAND JUNCTION CO 81502	26-4600743	501C3	8,625				
(6)	KARVAL COMMUNITY ALLIANCE P.O. BOX 37 KARVAL CO 80823	20-5959640	501C3	6,900				
(7)	KATHY DIBBLE 4360 MONTEBELLO DR SUITE 300 COLORADO SPRINGS CO 80918	84-1093341	501C3	10,000				
(8)	KAVOD SENIOR LIFE 22 S. ADAMS ST. DENVER CO 80209	84-0584939	501C3	13,155				
(9)	KIDS AID PO BOX 2569 GRAND JUNCTION CO 81502	26-1673162	501C3	18,500				

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(1)	KIDS AT THEIR BEST, INC PO BOX 382 FORT MORGAN CO 80701	43-2091884	501C3	20,000				
(2)	KIDSPAK PO BOX 2078 LOVELAND CO 80539	84-6058583	501C3	11,500				
(3)	K-V HOMEOWNER'S ASSOC 26415 WOODARD AVE MOFFAT CO 81143	94-2867486	501C3	69,000				
(4)	LA RAZA SERVICES INC. 3131 W. 14TH AVENUE DENVER CO 80204	84-0625478	501C3	20,000				
(5)	LA VETA VILLAGE 109 E FRANCISCO LA VETA CO 81055	47-5345956	501C3	7,000				
(6)	LAS ANIMAS HELPING HANDS PO BOX 576 LAS ANIMAS CO 81054	83-0460302	501C3	14,875				
(7)	LIFE INTERFAITH TEAM ON UNEMPL PO BOX 1928 RIFLE CO 81650	84-0896081	501C3	25,000				
(8)	LIFESPAN LOCAL INC 4407 MORRISON RD DENVER CO 80219	87-3136973	501C3	6,000				
(9)	LIFT UP OF ROUTT COUNTY 2125 CURVE CT STEAMBOAT SPRINGS CO 80487	84-1385379	501C3	25,000				

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(1)	LINDA FUNKE 305 E ELIZABETH ST FORT COLLINS CO 80524	84-0450786	501C3	6,000				
(2)	LISA MORRIS 10316 W BOWLES AVE LITTLETON CO 80127	84-0891806	501C3	12,000				
(3)	LIVING WATER MINISTRY OUTREACH 595 S ALTON WAY 10C DENVER CO 80247	82-2427066	501C3	53,600				
(4)	LOAVES AND FISHES PO BOX 967 IDAHO SPRINGS CO 80452	84-1554467	501C3	15,000				
(5)	LOAVES AND FISHES MINISTRIES OF FIRE 241 JUSTICE CENTER RD CANON CITY CO 81212	84-1050917	501C3	15,000				
(6)	LONGMONT FOOD RESCUE P.O. BOX 1127 LYONS CO 80540	81-4920478	501C3	10,000				
(7)	LORD'S DAILY BREAD 846 E 18TH AVE DENVER CO 80218	41-2147842	501C3	28,750				
(8)	MANCOS VALLEY RESOURCES PO BOX 204 MANCOS CO 81328	84-1232547	501C3	80,000				
(9)	MANNA - THE DURANGO SOUP KITCH PO BOX 1196 DURANGO CO 81302	84-1004473	501C3	33,750				

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(1)	MASA SEED FOUNDATION 1367 75TH ST BOULDER CO 80303	83-2720985	501C3	20,000				
(2)	MATTHEW BOYLE 228 N CASCADE AVE COLORADO SPRINGS CO 80903	84-0586169	501C3	6,875				
(3)	MERCY HOUSING MOUNTAIN PLAINS 1600 BROADWAY, SUITE 2000 DENVER CO 80202	20-1583332	501C3	10,000				
(4)	METRO CARING 1100 E. 18TH AVE. DENVER CO 80218	84-6116951	501C3	63,450				
(5)	METROPOLITAN STATE UNIVERSITY P.O. BOX 173362, CAMPUS BOX 14 DENVER CO 80217-3362	84-0559160	501C3	32,250				
(6)	MICHELLE LASNIER 1569 S PEARL ST DENVER CO 80210	82-2661387	501C3	13,000				
(7)	MILE HIGH BEHAVIORAL HEALTHCAR PO BOX 919 AURORA CO 80040	84-0512896	501C3	23,000				
(8)	MINNEQUA POST NO. 3641 VETERAN 3725 - 36TH LN AVONDALE CO 81022	84-6034194	501C3	27,000				
(9)	MONTBELLO ORGANIZING COMMITTEE 12000 E 47TH AVESUITE 113 DENVER CO 80239	81-4339690	501C3	25,000				

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(1)	MOUNT CALVARY LUTHERAN CHURCH 1318 N CIRCLE DR COLORADO SPRINGS CO 80909	84-0564356	501C3	15,000				
(2)	MOUNTAIN FAMILY CENTER PO BOX 638 GRANBY CO 80446	74-2446390	501C3	22,850				
(3)	MOUNTAIN RESOURCE CENTER, INC. PO BOX 425 CONIFER CO 80433	84-1178699	501C3	23,300				
(4)	MOUNTAIN ROOTS FOOD PROJECT PO BOX 323 GUNNISON CO 81230	45-3815587	501C3	19,250				
(5)	MOVEMENT 5280 3190 S GRANT STREET ENGLEWOOD CO 80113	82-3968137	501C3	10,000				
(6)	MT. CARMEL VETERANS SERVICE CENTER 530 COMMUNICATION CIRCLE COLORADO SPRINGS CO 80905	81-1652178	501C3	40,000				
(7)	MUSLIM YOUTH FOR POSITIVE IMPA 1880 GOLDEN EAGLE CT BROOMFIELD CO 80020	83-0998674	501C3	36,750				
(8)	MUTUAL AID PARTNERS 536 OURAY AVE GRAND JUNCTION CO 81501	85-2492601	501C3	11,500				
(9)	NAVEED USMAN 2952 N DOWNING ST DENVER CO 80205	83-0709281	501C3	16,000				

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(1)	NEDERLAND FOOD PANTRY PO BOX 154 NEDERLAND CO 80466	47-2309107	501C3	17,825				
(2)	NETWORK OF JEWISH HUMAN SERVICES 50 EISENHOWER DR, SUITE 100 PARAMUS NJ 07652	13-2752418	501C3	12,728				
(3)	NEW DIRECTION AGAPE SERVICES 2513 AIRPORT RD COLORADO SPRINGS CO 80910	82-0643056	501C3	14,375				
(4)	NEW LIFE 17690 E ILLIF AVE AURORA CO 80013	84-0588163	501C3	5,714				
(5)	NORTH 40 MOUNTAIN ALLIANCE PO BOX 123 RED FEATHER LAKES CO 80545	82-3847764	501C3	20,000				
(6)	NORTHWEST FAMILY ASSISTANCE CE PO BOX 11948 DENVER CO 80211	74-2543251	501C3	17,250				
(7)	NOURISH MEALS ON WHEELS 92 E ARAPAHOE RD LITTLETON CO 80122	84-0617651	501C3	15,000				
(8)	OPEN DOOR MINISTRIES PO BOX 18018 DENVER CO 80218	84-1487135	501C3	19,750				
(9)	OUTREACH UNITED RESOURCE CENTE 220 COLLYER ST LONGMONT CO 80501	74-2448346	501C3	19,575				

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(1)	PARK HILL FOOD PANTRY 5557 S FORESTHILL ST LITTLETON CO 80120	86-1491648	501C3	5,750				
(2)	PATRIOTS CARE 655 S MONACO PKWY DENVER CO 80224	47-5291272	501C3	8,000				
(3)	PIKES PEAK CHRISTIAN CHURCH 4955 BRADLEY RD COLORADO SPRINGS CO 80911	74-2317095	501C3	13,363				
(4)	PRAIRIE FAMILY CENTER 1040 ROSE AVENUE BURLINGTON CO 80807	84-1355666	501C3	11,500				
(5)	PROJECT WORTHMORE 1666 ELMIRA ST AURORA CO 80010	45-0933835	501C3	20,000				
(6)	PTA COLORADO CONGRESS 1700 E LOUISIANA DENVER CO 80209	84-0930187	501C3	21,850				
(7)	PUEBLO COOPERATIVE CARE CNTR 326 W 8TH ST PUEBLO CO 81003	84-0913793	501C3	26,200				
(8)	RANCH HOUSE MINISTRY 14670 DEMMLER RD COLORADO SPRINGS CO 80928	74-2542222	501C3	46,000				
(9)	RE:VISION 3800 MORRISON RD DENVER CO 80219	26-1204343	501C3	28,750				

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	REACHING OUT TO COMMUNITY AND PO BOX 364 DOVE CREEK CO 81324	46-1527932	501C3	5,750				
(2)	REGIS UNIVERSITY 3333 REGIS BLVD LDC 124 DENVER CO 80221	84-0402707	501C3	15,000				
(3)	RESTORATION FELLOWSHIP CHURCH 264 VILLAGE DR PAGOSA SPRINGS CO 81147	84-0711929	501C3	12,300				
(4)	RESTORATION OUTREACH PROGRAMS PO BOX 632 AURORA CO 80040-0632	80-0001215	501C3	13,752				
(5)	RISING UP P.O. BOX 385 FORT MORGAN CO 80701	47-3562416	501C3	28,750				
(6)	ROCKY MOUNTAIN SER/JOB FOR PROGRES 3555 PECOS ST DENVER CO 80211	84-0826906	501C3	51,200				
(7)	RURAL COMMUNITIES RESOURCE CEN PO BOX 284 YUMA CO 80759	84-0959903	501C3	28,250				
(8)	SALIDA SENIOR CITIZENS, INC 305 F ST SALIDA CO 81201	84-0718501	501C3	11,500				
(9)	SAN LUIS VALLEY IMMIGRANT RESOURCE 225 6TH ST ALAMOSA CO 81101	74-3064080	501C3	28,750				

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

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**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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**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SECOND CHANCE CENTER, INC. 9722 E 16TH AVE. AURORA CO 80010	90-0794239	501C3	18,750				
(2)	SECORCARES 17151 PINE LANE PARKER CO 80134	20-4226894	501C3	18,750				
(3)	SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DR LAFAYETTE CO 80026	84-0820308	501C3	28,750				
(4)	SMALL TOWN PROJECT/CITY OF ROC 805 CHESTNUT AVENUE ROCKY FORD CO 81067	84-2245807	501C3	22,700				
(5)	SMART BELLIES PO BOX 8374 BRECKENRIDGE CO 80424	83-1557278	501C3	27,700				
(6)	SOLID ROCK COMMUNITY DEVELOPMENT 2520 ARLINGTON DR COLORADO SPRINGS CO 80910	26-0381727	501C3	28,750				
(7)	SOMEBODY CARES PROJECT 521 E. NORTH AVE. TRINIDAD CO 81082	84-2639434	501C3	10,000				
(8)	SOUTH PARK FOOD BANK PO BOX 2068 FAIRPLAY CO 80440	33-1106905	501C3	22,500				
(9)	SPARROW HOUSE MINISTRIES PO BOX 983 LAMAR CO 81052	81-2991885	501C3	18,000				

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

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**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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Employer identification number

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SPIRIT OF THE SUN INC 1400 N WILLIAMS ST NO. 204 DENVER CO 80218	03-0442292	501C3	26,750				
(2)	SPRING INSTITUTE FOR INTERCULT 1373 GRANT ST DENVER CO 80203	84-0788093	501C3	11,500				
(3)	ST ANDREWS EPISCOPAL CHURCH OF 808 MANITOU AVE MANITOU SPRINGS CO 80829	84-0596089	501C3	5,888				
(4)	ST. AUGUSTINE CATHOLIC CHURCH 178 S 6TH AVE BRIGHTON CO 80601	84-0402931	501C3	20,375				
(5)	ST. GEORGE EPISCOPAL CHURCH PO BOX 243 LEADVILLE CO 80461	84-1467723	501C3	29,500				
(6)	ST. MARY CATHOLIC PARISH 6853 S PRINCE ST LITTLETON CO 80120	84-0436373	501C3	5,714				
(7)	ST. PHILIP LUTHERAN CHURCH 7531 S KENDALL BLVD LITTLETON CO 80128	84-0923808	501C3	6,089				
(8)	STONE SOUP INC 285 S WILLIAMS ST DENVER CO 80209	86-1087832	501C3	8,000				
(9)	STRUGGLE OF LOVE FOUNDATION 12000 E 47TH AVE #403 DENVER CO 80239	84-1566888	501C3	11,750				

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**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

**2023**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SUMMIT COUNTY FAMILY RESOURCE PO BOX 4990 BRECKENRIDGE CO 80424	84-1252900	501C3	26,575				
(2)	SUN VALLEY COMMUNITY CENTER 1260 DECATUR ST DENVER CO 80204	47-4226132	501C3	28,750				
(3)	TARA HISTORICAL SOCIETY @ NAVA P.O. BOX 1853 ARBOLES CO 81121	84-1233356	501C3	11,500				
(4)	TELLER SENIOR COALITION PO BOX 845 DIVIDE CO 80814	84-1358087	501C3	75,000				
(5)	THE GATHERING PLACE A REFUGE 1535 N HIGH ST DENVER CO 80218	84-1021059	501C3	13,000				
(6)	THE REGENTS OF THE UNIVERSITY OF 1800 GRANT ST DENVER CO 80203	84-6000555	501C3	34,000				
(7)	THE RISING CHURCH-MISSION ARVA 7500 W 57TH AVE ARVADA CO 80002	84-0453847	501C3	12,075				
(8)	THE SENIOR HUB, INC 10190 BANNOCK ST SUITE 105 NORTHGLENN CO 80260	74-2412032	501C3	5,714				
(9)	THE SHEPHERDS HAND, INC. 505 S 2ND ST MONTROSE CO 81401	45-4060960	501C3	17,250				

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

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**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

**2023**

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Department of the Treasury  
Internal Revenue Service

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TIN SHED 10555 W 44TH AVE WHEAT RIDGE CO 80033	46-3128038	501C3	20,000				
(2)	TOWN OF OLNEY SPRINGS PO BOX 156 OLNEY SPRINGS CO 81062	84-6000704	501C3	7,000				
(3)	URBAN SYMBIOSIS 11454 E 4TH WAY AURORA CO 80010	85-3676804	501C3	11,000				
(4)	VICTIM OFFENDER RECONCILIATION 430 W 9TH AVE DENVER CO 80204	84-1313876	501C3	28,750				
(5)	VILLAGE EXCHANGE CENTER 1609 HAVANA ST. AURORA CO 80010	81-5174986	501C3	34,500				
(6)	VIVENT HEALTH 4545 E. 9TH AVENUE, SUITE 120 DENVER CO 80220	39-1534049	501C3	30,000				
(7)	WEDONTWASTE, INC 6090 E 39TH AVE DENVER CO 80207	27-0585966	501C3	36,800				
(8)	WELLINGTON FOOD BANK PO BOX 918 WELLINGTON CO 80549	81-4426293	501C3	20,000				
(9)	WEST END FAMILY LINK CENTER 853 MAIN ST NUCLA CO 81424	84-1611156	501C3	14,000				

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

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

Schedule I (Form 990) 2023

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1 contains data for WESTVIEW PRESBYTERIAN CHURCH.

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

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

Schedule I (Form 990) 2023



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

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

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

**PART IV - ADDITIONAL INFORMATION**

**THE GRANTS GIVEN TO ORGANIZATIONS AND INDIVIDUALS IN 2023 WAS FOR 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

Name of the organization

**Compensation Information**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**2023**

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**84-1267213**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH LAMPE PRESIDENT/EXEC DIR	(i)	157,712	0	0	10,815	10,837	179,364	0
	(ii)	0	0	0	0	0	0	0
2 JOEL MCCLURG ED INTEGRATION CBEH	(i)	154,303	0	0	822	10,516	165,641	0
	(ii)	0	0	0	0	0	0	0
3 MARIA DOLORES RAMIREZ ED OF VISION CBEH	(i)	154,333	0	0	10,225	9,481	174,039	0
	(ii)	0	0	0	0	0	0	0
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.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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84-1267213

**TRAILHEAD INSTITUTE**

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 PRESIDENT AND EXECUTIVE DIRECTOR AND THE DIRECTOR  
OF FINANCE ALSO ASSIST AND REVIEW THE PREPARATION OF THE 990. 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, THE PRESIDENT AND EXECUTIVE DIRECTOR, AND THE  
DIRECTOR OF FINANCE. ANY NEEDED CHANGES ARE BROUGHT TO FULL BOARD OF  
DIRECTORS AT THE ANNUAL MEETING IN 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 PRESIDENT BY CONSULTING THE  
COLORADO NONPROFIT SALARY SURVEY. THE BOARD CHAIR REVIEWS AND APPROVES  
THE SALARY FOR THE PRESIDENT ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
THE ORGANIZATION DETERMINES THE COMPENSATION PACKAGE FOR OFFICERS AND OTHER  
EMPLOYEES BY CONSULTING THE COLORADO NONPROFIT SALARY SURVEY. THE BOARD  
APPROVES ALL COMPENSATION AS PART OF THE ANNUAL BUDGET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
ALL DOCUMENTS, INCLUDING GOVERNING BYLAWS, 990S AND FINANCIAL POLICIES ARE

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

Schedule O (Form 990) 2023

Name of the organization <b>TRAILHEAD INSTITUTE</b>	Employer identification number <b>84-1267213</b>
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AVAILABLE UPON REQUEST FROM EITHER THE BOARD CHAIR OR THE PRESIDENT AND EXECUTIVE DIRECTOR. 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
PROFESSIONAL FEES	\$ 6,159,874	\$ 53,277	\$ 0