Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 12/01 , 2022, and ending 11/30 , 20 Do not send to the IRS. Keep for your records.

2022

FIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of file

Go to www.irs.aov/Form8879TE for the latest information.

-*8664 Katz Amsterdam Foundation Name and title of officer or person subject to tax Beth Ganz Executive Director Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only, If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Lauthorize Kundinger, Corder & Montoya, P.C. to enter my PIN on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 04/02/24 Signature of officer or person subject to tax _ Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification ***** number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Maria Montoya 04/03/24 ERO's signature _ ERO Must Retain This Form — See Instructions

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

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calend	dar year 2022 or tax year beginnin $\frac{1}{2}/01/22$, and ending $11/3$	0/23				
Na	ame of	foundation	A Emp	loyer identification nur	nber			
K	atz	Amsterdam Foundation				-***8664		
		and street (or P.O. box number if mail is not delivered to stre	·	oom/suite		phone number (see instr	uctions)	
	255	Sheridan Boulevard, Unit wn, state or province, country, and ZIP or foreign postal code	<u>C</u>		303	3-284-4932		
		water CO 80214		C If exemption application is pending, check here				
			eturn of a former public	ob ority	D 1 E	oreign organizations, che	ok horo	
G (JI IECK (Litarity			—		
		H H	ed return			oreign organizations mee 5% test, check here and		
		<u> </u>				,	' Ш	
		type of organization: X Section 501(c)(3) exempt pri				vate foundation status was on 507(b)(1)(A), check h		
_		n 4947(a)(1) nonexempt charitable trust Other tax					_	
		rket value of all assets at J Accounting metho		rual		foundation is in a 60-mo		
	-	rear (from Part II, col. (c), Uther (specify	"		unde	r section 507(b)(1)(B), cl	ieck nere	
	ne 16)	\$ 26,042,867 (Part I, column (d), m					(d) Disbursements	
Р	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	`for charitable	
		the amounts in column (a) (see instructions).)	books	incor	ne	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)					,	
	2	Check X if the foundation is not required to attach Sch.						
	3	Interest on savings and temporary cash investments		6	54,839	64,839		
	4	Dividends and interest from securities			35,792	185,792		
	5a	Gross rents						
a	b	Net rental income or (loss)						
Ž	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	b	Gross sales price for all assets on line 6a						
Re	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				0		
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		25	50,631	250,631		
xpenses	13	Compensation of officers, directors, trustees, etc.					302,144	
SU	14	Other employee salaries and wages					439,631	
g	15	Pension plans, employee benefits	121,344				117,339	
ш	16a	Legal fees (attach schedule) See Stmt 1	22,993				8,644	
ě	b	Accounting fees (attach schedule) Stmt 2	15,594				15,594	
ati	С	Other professional fees (attach schedule) Stmt 3	463,842]	39,038	39,038	341,721	
str	17	Interest Taxes (attach schedule) (see instructions) Stmt 4						
<u>=</u>	18	Taxes (attach schedule) (see instructions) $Stmt 4$	12,646					
Administrative	19	Depreciation (attach schedule) and depletion						
Ą	20	Occupancy						
Þ	21	Travel, conferences, and meetings	84,686				84,686	
and	22	Printing and publications Other expenses (att. sch.) Stmt 5			_			
БC	23	Other expenses (att. sch.) Stmt 5	97,616		200	200	97,416	
ati	24	Total operating and administrative expenses.						
ē		Add lines 13 through 23	1,560,496		39,238	39,238	1,407,175	
Operating	25	Contributions, gifts, grants paid	0				0	
_	26	Total expenses and disbursements. Add lines 24 and 25	1,560,496	3	39,238	39,238	1,407,175	
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disbursements		-	1 0			
	b	Net investment income (if negative, enter -0-)		21	L1,393			
	С	Adjusted net income (if negative, enter -0-)				211,393		

	Part		Beginning of year	Er	nd o	f year
_		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash – non-interest-bearing	371,435	62,30	00	62,300
	2	Savings and temporary cash investments	961,550	1,116,89	90	1,116,890
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less: allowance for doubtful accounts 0				
တ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ASS	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule) See Stmt 6	26,311,568	24,643,75	50	24,005,659
	C	Investments – corporate bonds (attach schedule)	20,022,000	21,010,7		
	11	Investments – land, buildings, and equipment: basis				
	• •	Less: accumulated depreciation (attach sch.)				
	12	las contrar ante a manutar de la cons				
	13	Investments – mortgage loans Investments – other (attach schedule) See Statement 7	250,000	860,00	าก	858,018
	14		230,000	000,00	50	030,010
	14	Land, buildings, and equipment: basis				
	15	Less: accumulated depreciation (attach sch.)				
	16	Other assets (describe) Total assets (to be completed by all filers – see the				
	10		27,894,553	26,682,94	1 0	26,042,867
+	17	instructions. Also, see page 1, item I) Accounts payable and accrued expenses	3,185	101,43		20,042,007
	18		3,103	101,4	<i>,</i>	
တ္သ		Grants payable				
<u>Liabilities</u>	19	Deferred revenue				
2	20	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)	3,185	101,43	27	
+	23	Total liabilities (add lines 17 through 22)	3,103	101,4	5 /	
Net Assets or Fund Balances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.				
au	24	Net assets without donor restrictions				
Ba	25	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here				
g		Foundations that do not follow FASB ASC 958, check here X				
ַ≒		and complete lines 26 through 30.				
<u> </u>	26	Capital stock, trust principal, or current funds				
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
set	28	Retained earnings, accumulated income, endowment, or other funds	27,891,368	26,581,50)3	
AS	29	Total net assets or fund balances (see instructions)	27,891,368	26,581,50)3	
냃	30	Total liabilities and net assets/fund balances (see				
Ž		instructions)	27,894,553	26,682,94	10	
	Part	III Analysis of Changes in Net Assets or Fund Balances				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 29 (mu	ust agree with			
		of-year figure reported on prior year's return)			1	27,891,368
2		r amount from Part I, line 27a			2	-1,309,865
		r increases not included in line 2 (itemize)			3	
		lines 1, 2, and 3			4	26,581,503
		eases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (6	26,581,503

P	art IV Capital Gains a	and Losses for Tax on Invest	ment Income			
	(a) List and describe the 2-story brick wareh	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
1a	N/A					
b						
С						
d						
е		40.5	1 () 0		#\ 0.1	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		or (loss) minus (g))
а						
b						
С						
d						
е	0	an aris in a law of the and arrowed by the	- f	1/00		
	Complete only for assets snowing	ng gain in column (h) and owned by the				(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any		less than -0-) or om col. (h))
а						
b						
С						
d						
е						
2	Capital gain net income or (net	capital loss)				
		If (loss), enter -0- II			2	
		oss) as defined in sections 1222(5) and	` '			
	n gain, also enter in Part I, line t Part I, line 8	3, column (c). See instructions. If (loss)	, enter -U- in		3	
		sed on Investment Income (S	Section 4940(a).	4940(b), or 49		tions)
		described in section 4940(d)(2), check		er "N/A" on line 1.		,
	Date of ruling or determination		py of letter if nece		tions) 1	2,938
b		enter 1.39% (0.0139) of line 27b. Exe		-		,
		12, col. (b)				
2	Tax under section 511 (domes	stic section 4947(a)(1) trusts and taxab	ole foundations only;	others, enter -0-)	2	0
3						2,938
4		stic section 4947(a)(1) trusts and taxal				0
5		ncome. Subtract line 4 from line 3. If ze	ero or less, enter -0-		5	2,938
6	Credits/Payments:		1	1		
а		and 2021 overpayment credited to 202			,032	
b		- tax withheld at source				
С		xtension of time to file (Form 8868)				
d	Backup withholding erroneous		60	d		10 020
7	Total credits and payments. A	ad lines 6a through 6d];; Farm 2220 is atta		7	10,032
8		ayment of estimated tax. Check here				
9		and 8 is more than line 7, enter amou			······	7 004
10 11		re than the total of lines 5 and 8, enter the: Credited to 2022 estimated tox	-		10	7,094 4,154
11	Enter the amount of line 10 to	be: Credited to 2023 estimated tax	2,94	0 Refunded	<u> 11 </u>	4,154

Pa	art VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers.\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Χ
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	None			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes,"			
	complete Part XIII	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address katzamsterdam.org			
14	The books are in care of The Foundation Telephone no. 303-2	84-	493	2
	2255 Sheridan Boulevard, No. Unit C			
	Located at Edgewater CO ZIP+4 80214	<u> </u>		· · · · <u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			L
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
	-	00	N-PF	(0000

Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			Χ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified	1a(1)		
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Χ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or			
	use of a disqualified person)?	1a(5)		Х
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		Х
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2022? N/A	1d		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		Х
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions.) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2022?	4b		X

Form **990-PF** (2022)

	Statements Regarding F	ACTIVITIES FOR WITHCH FOR	II 4/20 Way De	s nequired (c	<i>Jornanaea)</i>			
5a	During the year did the foundation pay or incu						Yes	No
	(1) Carry on propaganda, or otherwise attempt	ot to influence legislation (section	n 4945(e))?			5a(1)		X
	(2) Influence the outcome of any specific publi	ic election (see section 4955); o	r to carry on, direct	ly or				
	indirectly, any voter registration drive?					5a(2)		X
	(3) Provide a grant to an individual for travel,					5a(3)		X
	(4) Provide a grant to an organization other the	nan a charitable, etc., organizatio	on described in sec	tion 4945(d)				
						5a(4)	Χ	
	(5) Provide for any purpose other than religio	us, charitable, scientific, literary,	or educational purp	ooses, or for				
	the prevention of cruelty to children or ani					5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to qualify u	nder the exceptions	s described				
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions							
С	c Organizations relying on a current notice regarding disaster assistance, check here							
d	d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it							
	maintained expenditure responsibility for the grant?							
	If "Yes," attach the statement required by Reg	gulations section 53.4945-5(d).	S€	ee Statem	ent 8			
6a	Did the foundation, during the year, receive ar	ny funds, directly or indirectly, to	pay premiums on a	a personal				
	benefit contract?					6a		Χ
b	Did the foundation, during the year, pay premi	iums, directly or indirectly, on a	personal benefit co	ntract?		6b		Χ
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the found	lation a party to a prohibited tax	shelter transaction?)		7a		X
b	If "Yes," did the foundation receive any proceed	eds or have any net income attri	butable to the trans	action?	N/A	7b		
8	Is the foundation subject to the section 4960 to	ax on payment(s) of more than S	\$1,000,000 in remu	neration or				
	excess parachute payment(s) during the year					8		X
Pa	art VII Information About Office	rs, Directors, Trustees,	Foundation Ma	anagers, Higl	nly Paid Emp	oloye	es,	
	and Contractors							
<u>1 L</u>	ist all officers, directors, trustees, and four	ndation managers and their c	ompensation. Sec	e instructions.		1		
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense ad r allowa	
Ro	1	Edgewater	hours per week	(If not paid,	employee benefit plans and deferred			
-	(a) Name and address bert Katz 55 Sheridan Blvd., Unit C	Edgewater CO 80214	hours per week devoted to position	(If not paid,	employee benefit plans and deferred			
22	bert Katz 55 Sheridan Blvd., Unit C	CO 80214	hours per week devoted to position President &	(If not paid, enter -0-)	employee benefit plans and deferred			
22 E1	bert Katz 55 Sheridan Blvd., Unit C	CO 80214 Edgewater	hours per week devoted to position President & 5.00	(If not paid, enter -0-)	employee benefit plans and deferred			
22 E1	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C	CO 80214 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary	(If not paid, enter -0-)	employee benefit plans and deferred compensation			nces
22 El 22 Be	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C	CO 80214 Edgewater CO 80214 Edgewater	hours per week devoted to position President & 5.00 Secretary 1.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	allowa	nces
22 El 22 Be	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz	CO 80214 Edgewater CO 80214 Edgewater	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	allowa	o 0
22 El 22 Be	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz	CO 80214 Edgewater CO 80214 Edgewater	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	allowa	o 0
22 E1 22 Be 22	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz	CO 80214 Edgewater CO 80214 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00	(If not paid, enter -0-) 0 302,144	employee benefit plans and deferred compensation 0 0 13,156	othe	allowa	o 0
22 E1 22 Be 22	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ	CO 80214 Edgewater CO 80214 Edgewater CO 80214 ees (other than those include	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00	(If not paid, enter -0-) 0 302,144	employee benefit plans and deferred compensation 0 0 13,156	(e) Ex	allowa	0 0 ,086
22 E1 22 Be 22	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE."	CO 80214 Edgewater CO 80214 Edgewater CO 80214 ees (other than those include	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see	((If not paid, enter -0-) 0 302,144 instructions). If	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	12	0 0 ,086
22 E1 22 Be 22	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE."	CO 80214 Edgewater CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those include	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0 302,144 instructions). If	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	12	0 0 ,086
22 E1 22 Be 22 	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m eather Trish	CO 80214 Edgewater CO 80214 Edgewater CO 80214 ees (other than those include ore than \$50,000 Edgewater	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see (b) Title, and average hours per week devoted to position Health Netwo	((If not paid, enter -0-) 0 302,144 instructions). If	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	12	0 0 , 086
222 E1 222 Bee 222 2	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m ather Trish 55 Sheridan Blvd, Unit C	CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those include ore than \$50,000 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see (b) Title, and average hours per week devoted to position Health Netwo 40.00	((If not paid, enter -0-) 0 302,144 instructions). If	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	12 pense acr allowar	0 0 , 086
222 E1 222 Bee 222 2 22 LHee 222 Jii 222	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m ather Trish 55 Sheridan Blvd, Unit C na Freiberg	CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those include ore than \$50,000 Edgewater CO 80214 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see (b) Title, and average hours per week devoted to position Health Netwo 40.00 Senior Grant	(If not paid, enter -0-) 0 302,144 instructions). If (c) Compensation	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	12 pense acr allowar	0 0,,086
222 E1 222 Bee 222 2 2 2 4 4 4 5 2 2 2 3 5 6 7 7 7 7 7 8 7 7 7 7 8 7 7 7 7 8 7 7 8 7 8 7 7 8 8 7 8 7 8 8 7 8 7 8 8 7 8 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 7 8 8 7 8 8 7 8 8 8 8 7 8 7 8 8 8 8 7 8 8 7 8 8 8 7 8	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m ather Trish 55 Sheridan Blvd, Unit C na Freiberg 55 Sheridan Blvd, Unit C	CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those include ore than \$50,000 Edgewater CO 80214 Edgewater CO 80214 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see (b) Title, and average hours per week devoted to position Health Netwo 40.00 Senior Grant 40.00	(If not paid, enter -0-) 0 302,144 instructions). If (c) Compensation	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	12 pense ar allowar	0 0,,086
222 Bee 222 2 2 2 3i 222 Gr 222	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m ather Trish 55 Sheridan Blvd, Unit C na Freiberg 55 Sheridan Blvd, Unit C ace Loughborough	CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those include ore than \$50,000 Edgewater CO 80214 Edgewater CO 80214 Edgewater CO 80214 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 do n line 1 - see (b) Title, and average hours per week devoted to position Health Netwo 40.00 Senior Grant 40.00 Foundation C	(If not paid, enter -0-) 0 302,144 instructions). If (c) Compensation 148,269 122,427	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation 14,926 12,093	(e) Ex	12 pense ar allowar	0 0 , 086
22 E1 22 Be 22 2	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m ather Trish 55 Sheridan Blvd, Unit C na Freiberg 55 Sheridan Blvd, Unit C ace Loughborough 55 Sheridan Blvd, Unit C	CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those include ore than \$50,000 Edgewater CO 80214 Edgewater CO 80214 Edgewater CO 80214 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 don line 1 - see (b) Title, and average hours per week devoted to position Health Netwo 40.00 Senior Grant 40.00 Foundation C 40.00	(If not paid, enter -0-) 0 302,144 instructions). If (c) Compensation 148,269 122,427	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation 14,926 12,093	(e) Ex	1.2 Dense acr allowar	0 0 , 086
22 E1 22 Be 22 2	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m ather Trish 55 Sheridan Blvd, Unit C na Freiberg 55 Sheridan Blvd, Unit C ace Loughborough 55 Sheridan Blvd, Unit C hran Myers-Davis	CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those includer ore than \$50,000 Edgewater CO 80214 Edgewater	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see (b) Title, and average hours per week devoted to position Health Netwo 40.00 Senior Grant 40.00 Foundation C 40.00 Civic Eng &	(If not paid, enter -0-) 0 302,144 instructions). If (c) Compensation 148,269 122,427 77,000	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation 14,926 12,093	(e) Ex	1.2 Dense acr allowar	0 0 ,,086 ccount,nnces ,,931
222 Bee 222 LHee 222 Ji 222 Gr 222 Kan 222	bert Katz 55 Sheridan Blvd., Unit C ana Amsterdam 55 Sheridan Blvd., Unit C th Ganz 55 Sheridan Blvd., Unit C Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid m ather Trish 55 Sheridan Blvd, Unit C na Freiberg 55 Sheridan Blvd, Unit C ace Loughborough 55 Sheridan Blvd, Unit C hran Myers-Davis	CO 80214 Edgewater CO 80214 Edgewater CO 80214 rees (other than those include ore than \$50,000 Edgewater CO 80214	hours per week devoted to position President & 5.00 Secretary 1.00 Executive Di 40.00 d on line 1 - see (b) Title, and average hours per week devoted to position Health Netwo 40.00 Senior Grant 40.00 Foundation C 40.00 Civic Eng &	(If not paid, enter -0-) 0 302,144 instructions). If (c) Compensation 148,269 122,427 77,000	employee benefit plans and deferred compensation 0 13,156 none, enter (d) Contributions to employee benefit plans and deferred compensation 14,926 12,093	(e) Ex	1.2 Dense acr allowar	0 0 , 086 ccount, nees

-*8664 Form 990-PF (2022) Katz Amsterdam Foundation Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VII and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation FSG, Inc. Boston 179 Lincoln St., 3rd Fl. MA 02111 consulting on m 122,600 Hilltop Public Solutions Denver 1700 Lincoln St Floor 17 CO 80203 Public Relation 75,000 Bold Ventures LLC Denver CO 80246 910 S. Dexter St. consulting on m 72,839 **Total** number of others receiving over \$50,000 for professional services **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses 1 See Statement 9 1,407,175 Part VIII-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount

Form **990-PF** (2022)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Pa	Art IX Minimum Investment Return (All domestic foundations must complete this part. For	reign	foundations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	23,616,413
b	Average of monthly cash balances	1b	2,099,719
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	25,716,132
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	25,716,132
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	385,742
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	25,330,390
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,266,520
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operate	ing fo	oundations
	and certain foreign organizations, check here X and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2022 from Part V, line 5 2a		
b	Income tax for 2022. (This does not include the tax from Part V.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	
	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	1,407,175
b	Program-related investments – total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,407,175

Pa	art XII Undistributed Income (see instructions)				
		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1	Distributable amount for 2022 from Part X, line 7		•		
2	Undistributed income, if any, as of the end of 2022:				
	Enter amount for 2021 only				
h	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2022:				
	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through e				
4	Qualifying distributions for 2022 from Part XI,				
	line 4: \$ 0				
а	Applied to 2021, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2022 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2022				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
a	Subtract line 6c from line 6b. Taxable				
_	amount – see instructions Undistributed income for 2021. Subtract line				
e	4a from line 2a. Taxable amount – see				
	inaturations				
f	Undistributed income for 2022. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2023				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2017 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2023.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
_	Excess from 2022				

Pa	art XIII Private Operating Fo	undations (see ।	nstructions and P	art VI-A, question	9)	
1a	If the foundation has received a ruling or	determination letter t	hat it is a private oper	ating		
	foundation, and the ruling is effective for			l		./06/18
b	Check box to indicate whether the found		rating foundation desc		4942(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	4.00	(e) Total
	income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
	investment return from Part IX for					
	each year listed	211,393	227,823	109,558	131,955	680,729
b	85% (0.85) of line 2a	179,684	193,650	93,124	112,162	578,620
С	Qualifying distributions from Part XI,					
	line 4, for each year listed	1,407,175	1,571,959	771,199	617,705	4,368,038
d	Amounts included in line 2c not used directly		252 222			252 222
	for active conduct of exempt activities		350,000			350,000
е	Qualifying distributions made directly					
	for active conduct of exempt activities.	1 400 105	1 001 050	EE1 100	610 005	4 010 020
_	Subtract line 2d from line 2c	1,407,175	1,221,959	771,199	617,705	4,018,038
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in	044 247	0.67 070	401 201	204 075	0 410 402
	Part IX, line 6, for each year listed	844,347	867,970	401,301	304,875	2,418,493
С	"Support" alternative test – enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
Ps	art XIV Supplementary Inform	nation (Complete	a this part only i	f the foundation	had \$5,000 or m	ore in assets at
1 6	any time during the y	•	•	i tile loulidation	11au \$5,000 01 111	ore iii assets at
1	Information Regarding Foundation M					
' a	List any managers of the foundation who	=	are than 2% of the tota	al contributions receive	d by the foundation	
u	before the close of any tax year (but only				-	
	N/A	in they have continue	11010 than \$0,000). (Coo occion cor (a)	(-)-)	
b	List any managers of the foundation	who own 10% or i	more of the stock of	f a corporation (or a	n equally large porti	on of the
	ownership of a partnership or other entity			·		
	N/A	,				
2	Information Regarding Contribution,	Grant, Gift, Loan, S	cholarship, etc., Pro	grams:		
			to preselected charita	-	does not accept	
	unsolicited requests for funds. If the four		-	=		
	complete items 2a, b, c, and d. See instr		, ,	J	,	
а	The name, address, and telephone numb		of the person to whom	applications should b	e addressed:	
	N/A					
b	The form in which applications should be	submitted and inforn	nation and materials the	ney should include:		
_	N/A					
С	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on awards,	such as by geograph	nical areas, charitable	fields, kinds of institut	ions, or other	
	factors:					
	N/A					
DAA			<u></u>	<u></u>	Fo	orm 990-PF (2022)

Part XIV Supplementary Information (continuea)			
3 Grants and Contributions Paid During	the Year or Approved	tor Future Payment	:	
Recipient	If recipient is an individual,	Foundation	Burnoss of great a	
	snow any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
N/A				
TA / TJ				
Total		l	3a	
b Approved for future payment			3a	
N/A				
N/A				
Total				

Part XV-A	Analysis of income-Producing A	ctivities				
Enter gross am	ounts unless otherwise indicated.	(a) Business code	business income (b) Amount	Excluded b	oy section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program se	ervice revenue:	Business code	Amount	code	Amount	(See instructions.)
=						
f						
g Fees a	nd contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on	savings and temporary cash investments			14	64,839	
4 Dividends a	and interest from securities			14	185,792	
	ncome or (loss) from real estate:					
a Debt-fin	anced property					
b Not del	ot-financed property					
6 Net rental in	ncome or (loss) from personal property					
7 Other inves	tment income					
8 Gain or (los	s) from sales of assets other than inventory					
9 Net income	or (loss) from special events					
10 Gross profit	or (loss) from sales of inventory					
11 Other rever	nue: a					
b						
с						
е						
12 Subtotal. Ad	dd columns (b), (d), and (e)			0	250,631	C
13 Total. Add	line 12, columns (b), (d), and (e)				13	250,631
(See worksheet	in line 13 instructions to verify calculations.)					
Part XV-B	Relationship of Activities to the	_		_		
Line No.	Explain below how each activity for which incom- of the foundation's exempt purposes (other than	•	, ,		•	ne accomplishment
<u>N/A</u>						
	1					

Form 99	90-PF (202	22) Katz Ams	terdam	Foundation			**8664				_{je} 13
Part		Information Reg Organizations	arding Tr	ansfers To and T	Fransacti	ons and Rela	tionships W	ith Nonchar	itable	Exe	mpt
1 D			directly enga	ge in any of the followir	ng with anv	other organization	described			Yes	No
	-	•		organizations) or in se		•	. 45551.554				
	ganization		(/ (/	,	•	0 1					
a Tı	ransfers fro	om the reporting found	dation to a r	noncharitable exempt or	ganization of	of:					
(1) Cash								1a(1)		Χ
(2) Other a	ssets							1a(2)		X
b O	ther trans	actions:									
(1) Sales of	f assets to a nonchari	table exemp	t organization					1b(1)		_X_
(2) Purchas	ses of assets from a r	noncharitable	exempt organization					1b(2)		X
(3	Rental o	of facilities, equipment	, or other as	sets					1b(3)		<u>X</u>
(4	Reimbu	rsement arrangement	S						1b(4)		_X_
(5	b) Loans o	or loan guarantees							1b(5)		_X_
(6) Perform	ance of services or m	nembership (or fundraising solicitatio	ns				1b(6)		_X_
				other assets, or paid em					1c		X
				mplete the following sch			-				
		-		given by the reporting for							
				ent, show in column (d)							
	ine no.	(b) Amount involved	(c) Name	of noncharitable exempt orga	nization	(a) Description	on or transfers, trans	actions, and sharing	arrangem	ents	
N/A											
					-						
de	escribed in	section 501(c) (other	than section	with, or related to, one n 501(c)(3)) or in section		x-exempt organiza	ations		Ye	s X] No
D II		nplete the following so Name of organization	cnedule.	(b) Type of organiza	ation		(c) Description	n of relationship			
N/		, rame or organization		(b) Type of organiza	auori –		(b) Description	r or relationship			
	7.1										
Sign Here				ined this return, including acc than taxpayer) is based on al				May the IRS dis with the prepare See instructions	cuss this	return	No
						Ex	ecutive	Director			
	Signature	of officer or trustee			Date	Title	· -			_	

Preparer's signature

Kundinger, Corder & Montoya, P.C. 475 Lincoln Street, Suite 200

Denver, CO 80203

Maria Montoya

303-534-5953 Form **990-PF** (2022)

Check ____ if self-employed

Date

PTIN

Firm's EIN

Phone no.

04/03/24

Paid

Preparer

Use Only

Print/Type preparer's name

Maria Montoya

Firm's name

Firm's address

Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	 Total		Net Investment		Adjusted Net		Charitable Purpose	
Bryan Cave	\$ 22,993	\$		\$		\$	8,644	
Total	\$ 22,993	\$	0	\$	0	\$	8,644	

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	 Total	_	Net stment	Adjus Ne		_	haritable Purpose
Kundinger, Corder & Montoya, P.C One Seven Advisors	\$ 3,900 11,694	\$		\$		\$	3,900 11,694
Total	\$ 15,594	\$	0	\$	0	\$	15,594

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total		Net Investment		Adjusted Net		Charitable Purpose	
Bold Ventures LLC	\$	72,839	\$		\$		\$	72,839
FSG, Inc.		198,600						122,600
Crestone Capital		39,038		39,038		39,038		
GroundFloor Media		19,618						12,535
DataViz		150						150
Government Performance Solutions		12,896						12,896
Aspara Projects LLC		45,701						45,701
Hilltop Public Solutions		75,000						75,000
Total	\$	463,842	\$	39,038	\$	39,038	\$	341,721

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Description Total		Net Investment		Adjusted Net		Charitable Purpose	
2022 Form 990-PF taxes Estimated tax payments for 2023	\$	2,614 10,032	\$		\$		\$	
Total	\$	12,646	\$	0	\$	0	\$	0

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose	
	\$	\$	\$	\$	
Expenses					
Website design	3,588			3,588	
Software license	5,749			5,749	
Dues and subscriptions	15,140			15,140	
Payroll services	2,066			2,066	
Bank charges & fees	200	200	200		
Shipping/postage	679			679	
Benefits provider fees	2,742			2,742	
Other business expense	1,554			1,554	
Employee recruiting	54,628			54,628	
Internet & telephone expense	5,318			5,318	
Annual filing fees	3,062			3,062	
Insurance	1,705			1,705	
Advertising	30			30	
Fixed Asset Computers	1,155			1,155	
Total	\$ 97,616	\$ 200	\$ 200	\$ 97,416	

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Vanguard Star Fund	\$ 26,311,568	\$ 24,643,750	Cost	\$ 24,005,659
Total	\$ <u>26,311,568</u>	\$ 24,643,750		\$ 24,005,659

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description	Beginning of Year	 End of Year	Basis of Valuation	F	air Market Value
CLC Brave Health 1, LLC Clayful MAPS PBC SPV Seven Starling	\$ 250,000	\$ 250,000 250,000 250,000 110,000	Cost Cost Cost Cost	\$	248,018 250,000 250,000 110,000
Total	\$ 250,000	\$ 860,000		\$	858,018

<u>Statement 8 - Form 990-PF, Part VI-B, Line 5d - Expenditure responsibilities (Section 53.4945-5(d))</u>

Description

Grantee's Name Fair Fight Action, Inc. 1270 Caroline Street NE Suite D120-430 Atlanta, GA 30307 Grant Amount Date of Grant Amount Expended Verification Date \$200,000 7/14/2023 5/26/2022 \$200,000 Purpose of Grant General support for civic engagement. Dates of Reports by Grantee 7/14/2023 Any Diversion by Grantee Results of Verification 7/14/2023; 100% of the grant has been expended Grantee's Name Planned Parenthood Alliance Advocates, Serving AK HI ID in KY and WA 842 S 7th Street Louisville, KY 40203 Grant Amount Date of Grant Amount Expended Verification Date \$150,000 9/22/2022 \$150,000 10/31/2023 Purpose of Grant Support for Protect Kentucky Access's Educational Efforts Dates of Reports by Grantee 10/31/2023 Any Diversion by Grantee Results of Verification 10/31/2023; 100% of the grant has been expended

Statement 9 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

Description

During 2023, the Foundation continued its work to bring mountain resort communities together for shared learning around common challenges in building effective mental and behavioral health systems that serve the needs of community members. A special focus of this multicommunity network this year was working with non-profit leaders to develop behavioral health peer network programs, to expand the number of people who can offer help needed in each community.

The Foundation hosted our annual Convening of over 70 behavioral health professionals from 10 different mountain communities in May, during which we discussed the specific needs of communities of color in mountain towns and shared best practices for community-based programs and solutions. We also added three new communities to our network in 2023 and re-focused our efforts on mountain resort communities in the Western U.S.

Katz Amsterdam also solidified our focus in two areas this

<u>Statement 9 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities (continued)</u>

Description

year: civic engagement for communities of color and reproductive justice. We hired a new program director to help oversee these program areas who is working to build relationships with non-profit partners across the country. The Foundation analyzed several states to determine where we could be most helpful as a partner promoting civic engagement for BIPOC communities, and have decided to focus on Arizona, Nevada and North Carolina.

The Foundation helped the Katz Amsterdam Charitable Trust facilitate four rounds of grant funding this year including critical projects in each mountain community, programs to provide youth access to winter sports, support for organizations working to promote reproductive justice and non-profits that work to enhance the civic engagement of communities of color.