Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2023, or fiscal year beginning 12/01, 2023, and ending 11/30, 20, 24

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

83-0748664 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here 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) 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 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) and that I have examined a copy of the of entity) 2023 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 CORDER & MONTOYA, P.C. to enter my PIN 11040 KUNDINGER, on the tax year 2023 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 2023 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. 04/07/25 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. 84679009750 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 04/07/25 ERO's signature Date ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-PF**

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 2023 or tax year beginning $2/01/23$, a	and ending $11/3$	0/24			
		foundation			A Emp	loyer identification nur	nber
		AMSTERDAM FOUNDATION				-0748664	
		and street (or P.O. box number if mail is not delivered to street a	iddress) R	oom/suite		phone number (see instr	uctions)
		SHERIDAN BOULEVARD, UNIT C wn, state or province, country, and ZIP or foreign postal code			303	3-284-4932	
	-	WATER CO 80214			C If exe	emption application is per	nding, check here.
			n of a former public o	harity	D 1 Fc	oreign organizations, che	ck here
•) I COIC I	Final return Amended	•	orianty		oreign organizations mee	
		Address change Name cha				5% test, check here and	
	Shook :	type of organization: X Section 501(c)(3) exempt private			E lf ∞mi	rata formulation atatus us	· L
		n 4947(a)(1) nonexempt charitable trust Other taxable				vate foundation status wa on 507(b)(1)(A), check h	
		rket value of all assets at J Accounting method:		ruol		foundation is in a 60-mo	_
		vear (from Part II, col. (c), Other (specify)	△ Casii	iuai		r section 507(b)(1)(B), ch	
	iu oi y ie 16)	\$ 28,469,973 (Part I, column (d), must	the on cash basis)				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
	ait i	amounts in columns (b), (c), and (d) may not necessarily equ	al `éxpenses per	(b) Net invincor		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books	111001		moonic	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	30 , 579		30 , 579		
	4	Dividends and interest from securities	585 , 857	58	35 , 857	585 , 857	
	5a	Gross rents					
Revenue	b	Net rental income or (loss)	756.050				
	6a	Net gain or (loss) from sale of assets not on line 10	756 , 859				
	b	Gross sales price for all assets on line 6a 756,859					
	7	Capital gain net income (from Part IV, line 2)		/5	6,859	111 240	
	8	Net short-term capital gain				111,342	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С 11	Gross profit or (loss) (attach schedule)					
	12	Other income (attach schedule) Total. Add lines 1 through 11	1,373,295	1 35	73,295	727 , 778	
9	13	Compensation of officers, directors, trustees, etc.	314,580	1,5	3,233	721,710	314,580
Expenses	14	Other employee salaries and wages	525,907				525,907
<u>B</u>	15	Pension plans, employee benefits	162,320				161,772
Ж	16a	Legal fees (attach schedule) SEE STMT 1	29,666				44,015
		Accounting fees (attach schedule) STMT 2	25,419				25,419
ıtive	C	Other professional fees (attach schedule) STMT 3	245,384				328,467
itra	17	Interest	•				,
nis	18	Taxes (attach schedule) (see instructions)					
Administrat	19	Depreciation (attach schedule) and depletion					
Ad	20	Occupancy					
ס	21	Travel, conferences, and meetings	182 , 625				182 , 625
and	22	Printing and publications					
	23	Printing and publications Other expenses (att. sch.) STMT 4	100,078		-1	-1	100,079
tin	24	Total operating and administrative expenses.					
ers		Add lines 13 through 23	1,585,979		-1	-1	1,682,864
Operating	25	Contributions, gifts, grants paid	100,000				100,000
_	26	Total expenses and disbursements. Add lines 24 and 25	1,685,979		-1	-1	1,782,864
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	-312,684		-		
	b	Net investment income (if negative, enter -0-)		1,37	73 , 296		
	С	Adjusted net income (if negative, enter -0-)				727 , 779	

	Part I		n Beginning of year	Е	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	62 , 300	181,1	02	181,102
	2	Savings and temporary cash investments	1,116,890	330,1	85	330,185
	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				
ģ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments — U.S. and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule) SEE STMT 5	24,643,750	24,643,7	50	26,835,668
	С	Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach sch.)				
	12	Investments — mortgage loans				
	13	Investments — other (attach schedule) SEE STATEMENT 6	860,000	1,125,0	00	1,123,018
	14	Land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach sch.)				
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers — see the				
		instructions. Also, see page 1, item I)	26,682,940	26,280,0	37	28,469,973
	17	Accounts payable and accrued expenses	101,437	4,5	56	
	18	Grants payable				
<u>ie</u> s	19	Deferred revenue				
≝	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
-	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	101,437	4,5	56	
ß		Foundations that follow FASB ASC 958, check here				
Balances		and complete lines 24, 25, 29, and 30.				
au	24	Net assets without donor restrictions				
B	25	Net assets with donor restrictions				
힏		roundations that do not follow FASB ASC 956, check here				
Net Assets or Fund		and complete lines 26 through 30.				
ō	26	Capital stock, trust principal, or current funds				
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
šš	28	Retained earnings, accumulated income, endowment, or other funds	26,581,503	26,275,4		
ĕ	29	Total net assets or fund balances (see instructions)	26,581,503	26,275,4	81	
Ę	30	Total liabilities and net assets/fund balances (see	06 600 040	06 000 0	2.	
_	<u> </u>	instructions)	26,682,940	26,280,0	3/	
_	Part I	_		Г		
1		net assets or fund balances at beginning of year — Part II, column (a), line 29 (r			,	06 501 500
_		of-year figure reported on prior year's return)			1	26,581,503
2	⊨ntei	r amount from Part I, line 27a r increases not included in line 2 (itemize) SEE STATEMENT 7		· · · · · · · · · · · · · · · · · · ·	2	-312,684
		. 40 . 10			3	6,662
		ines 1, 2, and 3			4	26,275,481
		eases not included in line 2 (itemize)			5 6	26 275 401
_6	rotal	net assets or fund balances at end of year (line 4 minus line 5) — Part II, column	ι (ν), iirie 29		0	26,275,481

Pa	art IV Capital Gains a	<u>nd Losses for Tax on Invest</u>	ment Income			
	(a) List and describe the 2-story brick wareh	kind(s) of property sold (for example, real ouse; or common stock, 200 shs. MLC Co.	estate, .)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED) SECURITIES		P		
b	PUBLICLY TRADED	SECURITIES		Р		
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis nse of sale		or (loss)) minus (g))
а	645,517					645,517
b	111,342					111,342
С						
d						
е						
(Complete only for assets showing	g gain in column (h) and owned by the	foundation on 12/3	1/69.	(I) Gains (Col.	(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) . (j), if any	col. (k), but not	less than -0-) or om col. (h))
а						645,517
b						111,342
С						
d						
е						
2	Capital gain net income or (net	t capital loss) If gain, also enter	•		2	756 , 859
3	Net short-term capital gain or (loss) as defined in sections 1222(5) ar	_			
		8, column (c). See instructions. If (los				
	-		· •		3	111,342
Pa	art V Excise Tax Bas	ed on Investment Income (S	ection 4940(a),	4940(b), or 49	48—see instruc	tions)
1a	Exempt operating foundations	described in section 4940(d)(2), check	here and en	ter "N/A" on line 1.		
		letter: (attach co			ctions) 1	19,089
b		enter 1.39% (0.0139) of line 27b. Exe				
		. (b)				
2	Tax under section 511 (domes	tic section 4947(a)(1) trusts and taxab	le foundations only;	others, enter -0-)	2	0
3	A -l-1 I: Al O				3	19,089
4	Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and taxab	le foundations only;	others, enter -0-)	4	0
5		come. Subtract line 4 from line 3. If ze			5	19,089
6	Credits/Payments:					
а	2023 estimated tax payments a	and 2022 overpayment credited to 202	3 6	a 2	,940	
b	Exempt foreign organizations -		6	b		
С	Tax paid with application for ex	ktension of time to file (Form 8868)	6	С		
d	Backup withholding erroneously		۱ ۵	d		
7	Total credits and payments. Ad	ld lines 6a through 6d			7	2,940
8	Enter any penalty for underpage	yment of estimated tax. Check here	if Form 2220 is atta	ached	8	
9		and 8 is more than line 7, enter amou i			0	16,149
10	Overpayment. If line 7 is more	e than the total of lines 5 and 8, enter t			10	
11		be: Credited to 2024 estimated tax		Refunded	11	
						000 DE (2222)

	III 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. \$			7.7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	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	_		7.7
_	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		7.7
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	If "Yes," attach the statement required by <i>General Instruction T</i> .			
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		3.7	
_	conflict with the state law remain in the governing instrument?	6	X	
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	X	
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	O.b.	37	
_	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	X	
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 2023 or the tax year beginning in 2023? See instructions for Part XIII. If "Yes,"	9	v	
10	complete Part XIII Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9	Χ	<u> </u>
10	names and addresses	10		Х
11		10		Λ_
• •	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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	- 1
13	Website address KATZAMSTERDAM.ORG	13	21	L
14	The books are in care of THE FOUNDATION Telephone no. 303-2	84-	 493	2
1-7	2255 SHERIDAN BOULEVARD, NO. UNIT C		7.7.7	
	Located at EDCEMANIED	4		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	÷		· · · · Г
	and enter the amount of tax-exempt interest received or accrued during the year			Ш
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority		Yes	No
	and the state of t	16	103	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			- 2 3
	the foreign country			
		orm 99	0-PF	(2023)
	· ·			(-520)

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?	1a(1)		Χ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		Χ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	Χ	
	(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	10(E)		v
	use of a disqualified person)? (6) Agree to pay managers property to a government official? (Execution Check "Ne" if the foundation	1a(5)		X
	(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			
		10(6)		Χ
h	terminating within 90 days.) If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	1a(6)		Λ
b	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Χ
_	Organizations relying on a current notice regarding disaster assistance, check here	10		Λ
c d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
u	were not corrected before the first day of the tax year beginning in 2023? N/A	1d		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	-14		
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2023, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
u	tax year(s) beginning before 2023? If "Yes," list the years	2a		Χ
	20 , 20 , 20 , 20			- 2 \
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		Χ
b	If "Yes," did it have excess business holdings in 2023 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 2023.) ${ m N/A}$	3b		
4a				
	purposes?	4a		Χ
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 2023?	4b		Χ

Form **990-PF** (2023)

Pa	art VI-B Statements Regard	ing Activities for Which For	m 4720 May B	e Required (d	continued)			
5a	During the year did the foundation pay	or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?			5a(1)		Χ
	(2) Influence the outcome of any specif	fic public election (see section 4955);	or to carry on, direc	tly or				
	indirectly, any voter registration driv					5a(2)		X
	(3) Provide a grant to an individual for	travel, study, or other similar purposes	s?			5a(3)		X
	(4) Provide a grant to an organization	other than a charitable, etc., organizat	ion described in sec	tion 4945(d)				
						5a(4)	X	
	(5) Provide for any purpose other than	-	, or educational pur	poses, or for				
	the prevention of cruelty to children					5a(5)		X
b	If any answer is "Yes" to 5a(1)–(5), did							
	in Regulations section 53.4945 or in a			ions		5b		X
С	Organizations relying on a current notic							
d	If the answer is "Yes" to question 5a(4)						3.7	
	maintained expenditure responsibility fo	r the grant?	SI		TINITI O	5d	Χ	
٥-	If "Yes," attach the statement required				ENT 8			
6a	Did the foundation, during the year, rec	eive any funds, directly or indirectly, to	pay premiums on a	a personal		٥-		37
L	benefit contract? Did the foundation, during the year, pay	· · · · · · · · · · · · · · · · · · ·	namanal hanafit aa			6a		X
b	If "Yes" to 6b, file Form 8870.	premiums, directly or indirectly, on a	personal benefit co	nuaci?		6b		X
70	At any time during the tax year, was the	foundation a party to a prohibited to	, aboltor transaction	2		7a		Χ
/a b	If "Yes," did the foundation receive any					7b		Λ
8	Is the foundation subject to the section					7.0		
٠	excess parachute payment(s) during the	• • • • •				8		Χ
Pa		Officers, Directors, Trustees,					es. a	
	Contractors	, , , , , , , , , , , , , , , , , , , ,			,	,.	, -	
1 I	List all officers, directors, trustees, ar	d foundation managers and their	componentian Co.	instructions				
	List all Officers, directors, trustees, ar	iu iounuation managers and their	compensation. Sec	instructions.				
<u> </u>	(a) Name and		(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 a r allowa	
	(a) Name and	address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred			
RC	(a) Name and	address EDGEWATER	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	employee benefit plans and deferred			
RC	(a) Name and OBERT KATZ	address EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT &	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred			
. RC 22	(a) Name and OBERT KATZ	address EDGEWATER CO 80214 EDGEWATER	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred			
. RC 22 .EI 22	(a) Name and DBERT KATZ 55 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 55 SHERIDAN BLVD., UNIT C	EDGEWATER CO 80214 EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation			nces
. RC 22 . EI 22	(a) Name and DBERT KATZ 255 SHERIDAN BLVD., UNIT C JANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER EDGEWATER	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	er allowa	nces
. RC 22 . EI 22	(a) Name and DEERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C TH GANZ	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER EDGEWATER	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	er allowa	0 0
RC 22 EI 22 BE 22	(a) Name and OBERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C ETH GANZ 255 SHERIDAN BLVD., UNIT C	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation 0 13,759	othe	er allowa	0 0
RC 22 EI 22 BE 22	(a) Name and OBERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C ETH GANZ 255 SHERIDAN BLVD., UNIT C Compensation of five highest-paid e	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation 0 13,759	othe	er allowa	0 0
RC 22 EI 22 BE 22	(a) Name and OBERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C ETH GANZ 255 SHERIDAN BLVD., UNIT C	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation 0 13,759	(e) Ex	er allowa	0 0 , 423
22 EI 22 BE 22	(a) Name and DBERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C CTH GANZ 255 SHERIDAN BLVD., UNIT C Compensation of five highest-paid e "NONE."	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 314,580	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	18	0 0 , 423
22 EI 22 BE 22	(a) Name and OBERT KATZ DBERT KATZ DBERT KATZ DBERT KATZ DBERT KATZ DBERT KATZ DANA AMSTERDAN BLVD., UNIT C ETH GANZ DBERT KATZ LANA AMSTERDAM BLVD., UNIT C COMPENSATION BLVD., UNIT C COMPENSATION Of five highest-paid e "NONE."	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 od on line 1 — see hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 314,580	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred	(e) Ex	18	0 0 , 423
22 EI 22 BE 22	(a) Name and OBERT KATZ OBERT KATZ OBERT KATZ OBERT KATZ OBERT KATZ OBERT MATERIAN BLVD., UNIT C OBERT MATERIAN BLVD., UNIT C COMPENSATION BLVD., UNIT C Compensation of five highest-paid e "NONE."	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 Employees (other than those included and the series of the series	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 column 1 — second to position	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). I	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	18	0 0 , , 423
22 22 22 HE 222 HE 222 JI	(a) Name and OBERT KATZ OBERT KATZ OBERT KATZ OBERT KATZ LANA AMSTERDAM OBERT COMPENSATION COMPENSATION BLVD., UNIT C Compensation of five highest-paid e "NONE." (a) Name and address of each employe CATHER TRISH OBERT KATZ CALL COMPENSATION COMPENSATION (b) Name and address of each employe CATHER TRISH OBERT KATZ COMPENSATION COMPENSATION COMPENSATION (c) Name and address of each employe CATHER TRISH COMPENSATION COMPENSATI	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 Employees (other than those included and the series of the series	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 (b) Title, and average hours per week devoted to position HEALTH NETWO 40.00	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). I	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	18 pense a allowa	0 0 , , 423
RC 222 EI 222 BF 222	(a) Name and OBERT KATZ OBERT KATZ OBERT KATZ OBERT KATZ OBERT KATZ OBERT WATZ LANA AMSTERDAM OBERT COMPANIENT C CHANA COMPANIENT C COMPANIENT C COMPANIENT C (a) Name and address of each employe CATHER TRISH OBERT COMPANIENT C COMPANIENT C CATHER TRISH OBERT COMPANIENT C CATHER TRISH OBERT COMPANIENT C COMPANIENT C CATHER TRISH C CATHER TRISH C C C C C C C C C C C C C	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 Employees (other than those included and the second and the seco	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 (b) Title, and average hours per week devoted to position HEALTH NETWO 40.00 SENIOR GRANT	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). I	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	18 pense a allowa	0 0 , , 423 ccount, noes
22 EI 222 BEE 222	(a) Name and OBERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C CTH GANZ 255 SHERIDAN BLVD., UNIT C Compensation of five highest-paid e "NONE." (a) Name and address of each employe CATHER TRISH 255 SHERIDAN BLVD, UNIT C NA FREIBERG 255 SHERIDAN BLVD, UNIT C	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 Employees (other than those included and the series of the series	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 ed on line 1 — secondary ser week devoted to position HEALTH NETWO 40.00 SENIOR GRANT 40.00	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). I	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Ex	18 pense a allowa	0 0 , , 423 ccount, noes
RC 22 EI 222 BE 222	(a) Name and DBERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C CTH GANZ 255 SHERIDAN BLVD., UNIT C Compensation of five highest-paid e "NONE." (a) Name and address of each employe CATHER TRISH 255 SHERIDAN BLVD, UNIT C NA FREIBERG 255 SHERIDAN BLVD, UNIT C AHRAN MYERS-DAVIS	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 Employees (other than those included and the series of the series	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 Object of the position of the	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). I	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation 14,153	(e) Ex	18 pense a allowa	0 0 , 423 cccount, nnces
22 EI 22 BF 22	(a) Name and DBERT KATZ 255 SHERIDAN BLVD., UNIT C ANA AMSTERDAM 255 SHERIDAN BLVD., UNIT C CTH GANZ 255 SHERIDAN BLVD., UNIT C Compensation of five highest-paid e "NONE." (a) Name and address of each employe CATHER TRISH 255 SHERIDAN BLVD, UNIT C NA FREIBERG 255 SHERIDAN BLVD, UNIT C AHRAN MYERS-DAVIS 255 SHERIDAN BLVD, UNIT C	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EMPLOYED EMPLOYE	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 Ob Title, and average hours per week devoted to position HEALTH NETWO 40.00 SENIOR GRANT 40.00 CIVIC ENG & 40.00	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). I	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation 14,153	(e) Ex	18 pense a ar allowa	0 0 , 423 cccount, nnces
22 EI 22 BF 22	(a) Name and DEERT KATZ DEERT COUNTY C DEERT C DE	EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EDGEWATER CO 80214 EMPLOYEES (other than those includes a second content of the con	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 (b) Title, and average hours per week devoted to position HEALTH NETWO 40.00 SENIOR GRANT 40.00 CIVIC ENG & 40.00 FOUNDATION C	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). It (c) Compensation 171,736 135,861 140,180	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation 14,153 13,648	(e) Ex	18 pense a ar allowa	0 0 0,423 ccount, nces ,081 ,957
22 EI 22 BF 22	(a) Name and DEERT KATZ DEERT COUNTY C DEERT C DE	EDGEWATER CO 80214	(b) Title, and average hours per week devoted to position PRESIDENT & 5.00 SECRETARY 1.00 EXECUTIVE DI 40.00 (b) Title, and average hours per week devoted to position HEALTH NETWO 40.00 SENIOR GRANT 40.00 CIVIC ENG & 40.00 FOUNDATION C	(c) Compensation (If not paid, enter -0-) 0 314,580 e instructions). It (c) Compensation 171,736 135,861 140,180	employee benefit plans and deferred compensation 0 13,759 f none, enter (d) Contributions to employee benefit plans and deferred compensation 14,153 13,648	(e) Ex	18 pense a ar allowa	0 0 0,423 ccount, nces ,081 ,957

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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. 179 LINCOLN ST., 3RD FL. MA 02111 CONSULTING ON M 171,378 JUHU THUKRAL DBA APSARA PROJECTS LLBROOKLYN CONSULTING 299 13TH STREET, APT 3B NY 11215 68,877 Total number of others receiving over \$50,000 for professional services 0 **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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. SEE STATEMENT 9 1,682,864 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 1 N/A

Form **990-PF** (2023)

Pa	Art IX Minimum Investment Return (All domestic foundations must complete this part. Fo instructions.)	reign	foundations, see
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	26,127,731
b	Average of monthly cash balances	1b	1,241,174
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	27,368,905
e	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	27,368,905
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	410,534
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	26,958,371
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,347,919
Pa	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ing fo	oundations
	and certain foreign organizations, check here $\overline{\mathbb{X}}$ and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2023 from Part V, line 5		
b	Income tax for 2023. (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:		1 700 064
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	1,782,864
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.,	ا ا	
•	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	20	
a	Suitability test (prior IRS approval required) Cook distribution test (ottook the required exhaults)	3a 3b	
ь 4	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,782,864
-	waamyng algunuudhg. Add iileg ta tiildagil gb. Elitel hele and dh l ait Ali, iile 4	-	1, 102,00 1

<u> </u>	irt XII Undistributed Income (see instructions	S)			
		(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
	5:4:1.4.4. 4.6.0000 f. 5.4.4.1. 7	Corpus	rears prior to 2022	2022	2023
1	Distributable amount for 2023 from Part X, line 7				
2	Undistributed income, if any, as of the end of 2023:				
	Enter amount for 2022 only				
	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2023:				
a	From 2018				
D	From 2019				
4	From 2020 From 2021				
	F 0000				
4	Total of lines 3a through e Qualifying distributions for 2023 from Part XI,				
-	line 4: \$				
a	Applied to 2022, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required — see instructions)				
c	Treated as distributions out of corpus (Election				
·	required — see instructions)				
Ч	Applied to 2023 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2023				
-	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
	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				
d	Subtract line 6c from line 6b. Taxable				
	amount — see instructions				
е	Undistributed income for 2022. Subtract line				
	4a from line 2a. Taxable amount — see				
	instructions				
f	Undistributed income for 2023. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2024				
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 2018 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2024.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2019				
b	Excess from 2020				
С.	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Pa	art XIII Private Operating Fo	undations (see in	nstructions and P	art VI-A, question	9)	
1a	If the foundation has received a ruling or	determination letter the	nat it is a private oper	ating		
	foundation, and the ruling is effective for	2023, enter the date	of the ruling		11	1/06/18
b	Check box to indicate whether the found			ribed in section X 49	42(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	(a) Tatal
	income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
	investment return from Part IX for	, ,	, ,	, ,	, ,	
		727 , 779	211,393	227,823	109,558	1,276,553
h	85% (0.85) of line 2a	618,612	179,684	193,650	93,124	1,085,070
C	Qualifying distributions from Part XI,	010,012	173,004	133,030	33,124	1,000,070
C		1 700 061	1 107 175	1 571 050	771,199	5 522 107
	line 4, for each year listed	1,782,864	1,407,175	1,571,959	111,199	5,533,197
d	Amounts included in line 2c not used directly	100 000		250 000		450 000
	for active conduct of exempt activities	100,000		350,000		450,000
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	1,682,864	1,407,175	1,221,959	771 , 199	5,083,197
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		3				
~	of minimum investment return shown in	S				
	Part IX, line 6, for each year listed	898,613	844,347	867 , 970	401,301	3,012,231
_		0,013	011,311	001, 310	401,301	3,012,231
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					
	(4) Gross investment income					
Pa	art XIV Supplementary Inform	nation (Complete	this part only i	f the foundation	had \$5,000 or m	ore in assets a
	any time during the y				, . ,	
1	Information Regarding Foundation N					
a	List any managers of the foundation who	-	re than 2% of the tota	al contributions received	d by the foundation	
u	before the close of any tax year (but only				-	
	N/A	y ii tiicy have contiibu	ica more triair 40,000). (Occ 3cction 507(a)((2).)	
	List any managers of the foundation	who own 10% or r	more of the stock of	f a corporation (or a	n oqually large port	ion of the
b					ir equally large port	ion or the
	ownership of a partnership or other entity	y) of which the founda	uon nas a 10% or gre	eater interest.		
_	N/A	0:5:1	ala alamahila aka Bas			
2	Information Regarding Contribution,		• • • • •	_		
			•	ble organizations and	•	
	unsolicited requests for funds. If the four		rants, etc., to individu	als or organizations ur	der other conditions,	
	complete items 2a, b, c, and d. See inst	ructions.				
а	The name, address, and telephone num	ber or email address o	of the person to whom	n applications should b	e addressed:	
	N/A					
b	The form in which applications should be	e submitted and inforn	nation and materials t	hey should include:		
	N/A					
С	Any submission deadlines:					
•	N/A					
	Any restrictions or limitations on awards,	such as by deograph	nical areas charitable	fields kinds of inetituti	ons or other	
u		Sacri as by geograpi	nour areas, Grianiable	noido, mildo di iliotituti	ono, or ourer	
	factors: N/A					
	TA \ \tau_T					

Form **990-PF** (2023)

3 Grants and Contributions Paid During	the Vear or Approved	for Future Paymen	+	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year NEVADA ALLIANCE 6675 S TENAYA WAY # 200 LAS VEGAS NV 89113	any foundation manager or substantial contributor GENERAL SUPPOR	recipient		
				100.000
Total b Approved for future payment			3a	100,000
N/A				
Total	<u> </u>	<u> </u>	3b	

Г	art AV-A	Analysis of income-Producing Ad					
Ent	ter gross amo	ounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program ser	vice revenue:			code		(See instructions.)
	a						
	b						
	с						
	f						
	g Fees an	d contracts from government agencies					
2	Membership	dues and assessments					
3	Interest on s	savings and temporary cash investments			14	30 , 579	
4	Dividends ar	nd interest from securities			14	585 , 857	
5	Net rental in	come or (loss) from real estate:					
	a Debt-fina	anced property					
	b Not deb	t-financed property					
6	Net rental in	come or (loss) from personal property					
7	Other invest	ment income					
8	Gain or (loss	s) from sales of assets other than inventory			18	756 , 859	
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
	Other reven						
	b						
	u		1		1		
	е						
12	е			(1,373,295	0
	e Subtotal. Ad	d columns (b), (d), and (e)				42	0 1,373,295
13	Subtotal. Add	d columns (b), (d), and (e)				42	
13 (S∈	Subtotal. Add	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e)				13	
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Ad I total. Add I total. Add I total are worksheet	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
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13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
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13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295
13 (Se	Subtotal. Add Interest to the No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	Accomplishm	ent of Exemp	t Purpo	ses buted importantly to the	1,373,295

Part XVI	Information Reg Organizations	arding T	ransfers To and Transa	ctions and Relationships With Nonch	aritable	Exe	empt
1 Did the		directly enga	ge in any of the following with a	any other organization described		Yes	No
	n 501(c) (other than secti) organizations) or in section 52				
ŭ		dation to a r	noncharitable exempt organization	on of			
	. •				1a(1)		Х
							X
b Other tra	ansactions:						_
	s of assets to a nonchari	itable exemp	ot organization		1b(1)		Х
							Х
(3) Rent	tal of facilities, equipment	, or other as	ssets		1b(3)		Х
(4) Reim	nbursement arrangement	s			1b(4)		Х
(5) Loar							Х
		nembership	or fundraising solicitations				Х
c Sharing	of facilities, equipment, m	nailing lists,	other assets, or paid employees	S	1c		Х
d If the an	swer to any of the above	is "Yes," co	mplete the following schedule. (Column (b) should always show the fair market			
	-			n. If the foundation received less than fair market			
	<u> </u>	ĭ 		e of the goods, other assets, or services received.			
(a) Line no.	(b) Amount involved	(c) Name	e of noncharitable exempt organization	(d) Description of transfers, transactions, and sharin	g arrangeme	ents	
I/A							
2a Is the fo	undation directly or indire	ctly affiliated	with, or related to, one or more	tax-exempt organizations			
describe	d in section 501(c) (other	than section	n 501(c)(3)) or in section 527?		Υe	s X	No
	complete the following so						
	(a) Name of organization		(b) Type of organization	(c) Description of relationship			
N/A							
,							
				-			
				g schedules and statements, and to the best of my knowledge and	d belief, it is	true,	
correc	ct, and complete. Declaration of	preparer (other	than taxpayer) is based on all information	on of which preparer has any knowledge. May the IRS	discuss this	return	
ign				with the prep			_

Here EXECUTIVE DIRECTOR Signature of officer or trustee Title Date Print/Type preparer's name Preparer's signature Date Check if self-employed Paid 04/09/25 MARIA MONTOYA MARIA MONTOYA Preparer MONTOYA, P01363907 KUNDINGER, CORDER & PTIN Firm's name Use Only 475 LINCOLN STREET, SUITE 200 84-1255164 Firm's address Firm's EIN DENVER, CO 80203 303-534-5953 Phone no.

Sign

Description	83-0748664		Federal	Statements		
Net		Statemen	•		gal Fees	
Statement 2 - Form 990-PF. Part I, Line 16b - Accounting Fees Satement 2 - Form 990-PF. Part I, Line 16b - Accounting Fees	Description		Total	Net Investment	Adjusted Net	Charitable Purpose
Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees Net		· ω· ·	29,			-
Description	TOTAL	· Υ · ΄	29,			\$ 44,015
Description		Statement 2	orm 990-PF,	Line 16b -	unting Fees	
CORDER & MONTOYA, P.C Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Decription		- - - -	Net	Adjusted Net	Charitable
Statement 3 - Form 990-PF, Part I. Line 16c - Other Professional Fees Net	DINGER, CORDER & SEVIEW ADVITAGES		4,000			
Description	TOTAL	' • ው "				25,
Description Total Net Adjusted Net S 171,378 \$ Net Net S Net S	<u>Sta</u>	tement 3 - Fc	990-PF,		ofessional Fees	
R MEDIA	Description		Total	Net Investment	Adjusted Net	Charitable Purpose
Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Description	N E	່ ທ _ີ		w.	v.	
Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Description Total Investment	CONSULTING,	•				
Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Net Adjusted Net Net Net Total Investment Street Total Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement Adjusted Statement Net Net Statement Statement Net Net Statement	TOTAL	.	245,			\$ 328,467
Description Total Net Investment Investment Net Investment Net Investment Street Adjusted Net Investment Net Investment Street Adjusted Net Investment Street Adjusted Net Investment Street Adjusted Net Investment Street Street TE DESIGN ARE LICENSE AND CONFERENCES 5,826 10,138 10,13		Statement 4	17	. Part I, Line 23 - Other	Expenses	
TE DESIGN ARE LICENSE AND CONFERENCES LL SERVICES LL SERVICES \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Description		Total	Net Investment	Adjusted Net	Charitable Purpose
TE DESIGN ARE LICENSE AND CONFERENCES LL SERVICES		· ω-				
	TE D ARE AND LL S		13,271 5,826 10,138 2,098			13,271 5,826 10,138 2,098
						41

		Charitable Purpose	\$ (654 3,116 7,422 44,033 6,427 6,427 1,971 1,971 1,84 4,291		Fair Market Value \$ 26,835,668 \$ 26,835,668		Fair Market Value \$ 248,018 250,000 250,000 110,000 110,000 165,000 \$ 1,123,018
	(continued)	Adjusted Net	φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ	Stock Investments	Basis of Valuation	stments	Basis of Valuation COST COST COST COST COST
ments	3 - Other Expenses	Net Investment	1 1 1	- Corporate	End of Year \$ 24,643,750	Line 13 - Other Investments	End of Year \$ 250,000 250,000 110,000 110,000 165,000 \$ 1,125,000
Federal Statements	- Form 990-PF, Part I, Line 23 - Other Expenses (continued)	Total	\$ 654 3,116 7,422 44,033 6,427 6,427 6,427 1,971 1,971 1,971 1,971 1,971 1,971 1,971 5,000,078	rm 990-PF, Part II, Line 10b	Beginning of Year \$ 24,643,750	6 - Form 990-PF, Part II, L	Beginning of Year \$ 250,000 250,000 110,000 110,000
83-0748664	Statement 4 - Fo	Description	BANK CHARGES & FEES SHIPPING/POSTAGE BENEFITS PROVIDER FEES OTHER BUSINESS EXPENSE EMPLOYEE RECRUITING INTERNET & TELEPHONE EXPENSE ANNUAL FILING FEES INSURANCE ADVERTISING FIXED ASSET COMPUTERS TOTAL	Statement 5 - Form	Description VANGUARD STAR FUND TOTAL	Statement (CLC BRAVE HEALTH 1, LLC CLAYFUL MAPS PBC SPV SEVEN STARLING REFLEX AI SEVEN STARLING - RH CAPITAL FUND I TOTAL

Federal Statements

Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 4mount
2023 FORM 990-PF TAX REFUNDS	\$ 6,662
TOTAL	\$ 6,662

Statement 8 - Form 990-PF, Part VI-B, Line 5d - Expenditure responsibilities (Section 53,4945-5(d))

VERIFICATION DATE

REPORT DUE MARCH 2025

Description

GRANTEE'S NAME NEVADA ALLIANCE 6675 S TENAYA WAY # 200 LAS VEGAS, NV 89113 DATE OF GRANT AMOUNT EXPENDED GRANT AMOUNT \$100,000 4/22/24 N/A PURPOSE OF GRANT GENERAL SUPPORT FOR CIVIC ENGAGEMENT. DATES OF REPORTS BY GRANTEE REPORT DUE MARCH 2025 ANY DIVERSION BY GRANTEE NO RESULTS OF VERIFICATION REPORT DUE MARCH 2025

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

Description

DURING 2024, 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. THE FOUNDATION BOTH NARROWED THE FOCUS AND EXPANDED THE NETWORK THIS YEAR, WHICH NOW INCLUDES 9 MOUNTAIN RESORT COMMUNITIES IN THE WESTERN UNITED STATES. A SPECIAL FOCUS OF THE MULTI-COMMUNITY NETWORK THIS YEAR WAS SHARED LEARNING AROUND SOBER CURIOUS PROGRAMS.

THE FOUNDATION HOSTED OUR ANNUAL CONVENING OF OVER 70 BEHAVIORAL HEALTH PROFESSIONALS FROM 8 DIFFERENT MOUNTAIN COMMUNITIES IN MAY, DURING WHICH WE ANALYZED DATA COLLECTED FROM EVERY COMMUNITY ABOUT ATTITUDES TOWARDS BEHAVIORAL HEALTH AND WHETHER COMMUNITY NEEDS ARE BEING MET BY THE CURRENT SERVICES PROVIDED.

KATZ AMSTERDAM ALSO CONTINUED OUR FOCUS IN TWO OTHER AREAS THIS YEAR: CIVIC ENGAGEMENT AND REPRODUCTIVE HEALTH AND EQUITY. WE NARROWED OUR STAFF TO FOUR THIS YEAR - BUT CONTINUED TO BUILD RELATIONSHIPS IN THREE STATES: ARIZONA, NEVADA AND NORTH CAROLINA. WE PARTNERED WITH NON-PROFITS IN EACH STATE WORKING TO EMPOWER AND ENGAGE COMMUNITIES TO BE ACTIVE IN THE DEMOCRATIC PROCESS.

THE FOUNDATION ALSO IDENTIFIED ORGANIZATIONS WORKING TO PROMOTE REPRODUCTIVE FREEDOM AND EQUITY. MUCH OF THIS WORK WAS FOCUSED ON STATES THAT HAD ABORTION MEASURES ON

Federal Statements

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

Description

THE BALLOT.

THE FOUNDATION HELPED THE KATZ AMSTERDAM CHARITABLE TRUST FACILITATE FOUR ROUNDS OF GRANT FUNDING THIS YEAR INCLUDING CRITICAL MENTAL HEALTH 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.