

Return of Organization Exempt From Income Tax

2023

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **01/01/2023** and ending **12/31/2023**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization **HIGHPOINTERS FOUNDATION INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 2092

City or town, state or province, country, and ZIP or foreign postal code
Evergreen, CO 80437

F Name and address of principal officer: **Dave Covill**
PO Box 2092, Evergreen, CO 80437

D Employer identification number
20-5276032

E Telephone number
303-517-0355

G Gross receipts \$ **26,988**

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

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

J Website: www.HighpointersFoundation.org

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **2006**

M State of legal domicile: **CO**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To aid in the preservation and conservation of the 50 state highpoints and to maintain safe access for the public to these highpoints.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 19
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 40,384 Current Year 26,720
	9	Program service revenue (Part VIII, line 2g)	0 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4 155
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170 113
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,558 26,988
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,332 30,860
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	500 1,000
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,947
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,107 2,972
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,939 34,832	
19	Revenue less expenses. Subtract line 18 from line 12	22,619 -7,844	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 79,467 End of Year 72,693
	21	Total liabilities (Part X, line 26)	0 0
	22	Net assets or fund balances. Subtract line 21 from line 20	79,467 72,693

Part II Signature Block

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

Sign Here

Signature of officer: Dave Covill, President Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no.: _____

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