Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public

Check Applicability Chamber of organization HIGHPOINTERS FOUNDATION INC Demployer Identification number Demployer Identification Demploy	A	For the 2	e 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023								
Number of uter testure Po Box 2092 Po Box 2092 Po Box 2092 City crown, state or province, country, and 2IP or foreign postal code City crown, state or province, country, and 2IP or foreign postal code City crown, state or province, country, and 2IP or foreign postal code City crown, state or province, country, and 2IP or foreign postal code City crown, state or province, country, and 2IP or foreign postal code City crown, state or province, country, and 2IP or foreign postal code City crown, state or province, country, and 2IP or foreign postal code City crown, state or province, country, and 2IP or foreign postal code City crown state or province, country, and 2IP or foreign postal code City crown state or province, country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown, state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown, state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City crown state or country, and 2IP or foreign postal code City cr	В	Check if a	applicable: C Name of organization HIGHPOINTERS FOUNDATION INC					D Employer identification number			
Pollar detum-terminated Pollar 2092 Pollar detum-terminated Pollar 2092 Pollar detum-terminated Pollar 2092 Polla		Address c	change Doing business as					20-5276032			
City or town, state or province, country, and ZIP or foreign postal code Amended return Power		Name cha	me change Number and street (or P.O. box if mail is not delivered to street address)				Room	com/suite E Telephone number			
Application pending Evergreen, CO 80437 Falme and address of principal officer: Dave Covill Haj is this argoup return frozontatest Yes No Hajo Arabication pending Falme and address of principal officer: Dave Covill Hajo is this argoup return frozontatest Yes No Hajo Arabication Yes Yes No Hajo Arabication Yes		Initial retu	itial return PO Box 2092					303-517-0355			
Application pending Name and address of principal officer. Dave Covill High) set als appropriate for stoolatest? Yes No PO Box 2092, Evergreen, CO 80437 High) are all subordinates included? Yes No IT Tax-essempt status: Stoicigis Stoicigis Stoicigis Might Migh are all subordinates included? Yes No If Tax-essempt status: Stoicigis Might		Final return	-								
POB Box 2092, Evergreen, CO 80437		Amended	return	Evergreen, CO 80437						receipts \$	26,988
Tease-exempt status:		Applicatio	n pending	F Name and address of principal officer: Dave Covill H(a) Is this a gro					oup return for subordinates? Yes No		
Website: www.HighpoIntersFoundation.org K Form of organization: Corporation: Corpora				PO Box 2092, Evergreen, CO 80437					ubordinates included? Yes No		
Part Summary	ī	Tax-exem	pt status:	✓ 501(c)(3)) (insert no.)	or 527		If "No," attach	ch a list. See instructions.		
Summary Briefly describe the organization's mission or most significant activities: To aid in the preservation and conservation of the state highpoints and to maintain safe access for the public to these highpoints. 2	J	Website: www.HighpointersFoundation.org					H(c) Group ex	roup exemption number			
Briefly describe the organization's mission or most significant activities: To aid in the preservation and conservation of the 50 state highpoints and to maintain safe access for the public to these highpoints. 2	K								M State of legal domicile: CO		
So state highpoints and to maintain safe access for the public to these highpoints	Р	art I Summary									
So state highpoints and to maintain safe access for the public to these highpoints		1 E	·								
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb 0 0	e										
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb 0 0	au	_									
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb 0 0	er	2 (Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.								
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb 0 0	õ	3 1							3		13
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb 0 0	જ	4 1	Number of						4		13
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb 0 0	ies	5				line 2a)			5		0
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb 0 0	ξ	6							6		19
b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0 Begin and the proof of	Ac	7a 7							7a		0
8 Contributions and grants (Part VIII, line 1h)									7b		0
9								Prior Year	r	Current Yea	ar
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Φ	8 (Contributions and grants (Part VIII, line 1h)						40,384		26,720
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ž								0		
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	eve		=						4		155
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	æ							170			
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 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 0 0 0 0 0 0 0											
14 Benefits paid to or for members (Part IX, column (A), line 4)											
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 10 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. Paid Print/Type preparer's name Preparer's signature Pring saddress Phone no.											
16a Professional fundraising fees (Part IX, column (A), line 11e)	S	4- 6		-					500		1,000
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 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 Part II Paid Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Firm's name Firm's address Phone no.	JSe	16a F									
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 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 Part II Paid Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Firm's name Firm's address Phone no.	þer	b 7									
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	Ж	17 (· · · · · · · · · · · · · · · · · · ·					3.107		2.972
19 Revenue less expenses. Subtract line 18 from line 12 22,619 -7,844			-								
Beginning of Current Year End of Year			-	-		-					
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 Signature of officer Date Dave Covill, President Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's EIN Firm's address Phone no.	- Se									End of Yea	
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 Signature of officer Date Dave Covill, President Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's EIN Firm's address Phone no.	ets	20 7	Total asset	ts (Part X, line 16)					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 Signature of officer Date Dave Covill, President Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's EIN Firm's address Phone no.	Ass	21 7									
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 Signature of officer Date Dave Covill, President Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's EIN Firm's address Phone no.	E E	22 1	Net assets or fund balances. Subtract line 21 from line 20						79,467		72,693
Sign Signature of officer Date Paid Preparer Use Only Firm's name Firm's address Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Date Date Date Date Date Date Date											<u> </u>
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