

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

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

Name of filer

NATRONA COLLECTIVE HEALTH TRUST

EIN or SSN

83-0230808

Name and title of officer or person subject to tax **BETH WORTHEN**
CEO

Part I 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	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b 331,544.
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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

I authorize BAKER TILLY ADVISORY GROUP, LP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 2024 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.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93732390721

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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.

ERO's signature

Date 10/31/25

ERO Must Retain This Form - See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NATRONA COLLECTIVE HEALTH TRUST	Taxpayer identification number (TIN) 83-0230808
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2810	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CASPER, WY 82602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KYLIE GIBSON
PO BOX 2810 - CASPER, WY 82602

Telephone No. 307-243-2158 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	400,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	75,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	325,000.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Private Foundation

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

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.

For calendar year **2024** or tax year beginning , and ending

Name of foundation NATRONA COLLECTIVE HEALTH TRUST		A Employer identification number 83-0230808
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 2810	Room/suite	B Telephone number 307-243-2158
City or town, state or province, country, and ZIP or foreign postal code CASPER, WY 82602		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 288,266,073.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	97,726.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,006.	1,006.		
	4 Dividends and interest from securities	616,277.	5,449,213.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	6,268,978.			STATEMENT 1
	b Gross sales price for all assets on line 6a	142,254,437.			
	7 Capital gain net income (from Part IV, line 2)		10,558,484.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	200,798.	10,591,873.		STATEMENT 2	
12 Total. Add lines 1 through 11	7,184,785.	26,600,576.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	546,175.	124,830.		421,345.
	14 Other employee salaries and wages	655,978.	0.		656,726.
	15 Pension plans, employee benefits	367,861.	26,404.		341,457.
	16a Legal fees STMT 3	37,917.	0.		24,087.
	b Accounting fees STMT 4	81,080.	38,040.		40,596.
	c Other professional fees STMT 5	809,826.	762,398.		41,713.
	17 Interest				
	18 Taxes STMT 6	200,020.	145.		0.
	19 Depreciation and depletion	281,772.	0.		
	20 Occupancy	149,946.	0.		150,078.
	21 Travel, conferences, and meetings	37,546.	0.		37,546.
	22 Printing and publications				
	23 Other expenses STMT 7	1,462,577.	1,796,678.		1,432,099.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,630,698.	2,748,495.		3,145,647.
	25 Contributions, gifts, grants paid	11,837,715.			13,446,393.
26 Total expenses and disbursements. Add lines 24 and 25	16,468,413.	2,748,495.		16,592,040.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-9,283,628.				
b Net investment income (if negative, enter -0-)		23,852,081.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		278,718.	692,272.	692,272.	
	2	Savings and temporary cash investments		3,987,327.	2,955,412.	2,955,412.	
	3	Accounts receivable	17,011.				
		Less: allowance for doubtful accounts		3,140.	17,011.	17,011.	
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock	STMT 8	5,564,650.	6,955,780.	6,955,780.	
	c	Investments - corporate bonds	STMT 9	15,355,280.	16,093,336.	16,093,336.	
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 10	244,262,285.	255,830,834.	255,830,834.		
14	Land, buildings, and equipment: basis	7,297,602.					
	Less: accumulated depreciation	STMT 11	1,589,963.	3,565,801.	5,707,639.		
15	Other assets (describe DONATED ART STATUE)		13,789.	13,789.	13,789.		
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		273,030,990.	288,266,073.	288,266,073.		
Liabilities	17	Accounts payable and accrued expenses		30,080.	89,004.		
	18	Grants payable		2,100,000.	1,468,500.		
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable			2,075,625.		
	22	Other liabilities (describe)					
23	Total liabilities (add lines 17 through 22)		2,130,080.	3,633,129.			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions		224,079,535.	235,870,571.		
	25	Net assets with donor restrictions		46,821,375.	48,762,373.		
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds					
29	Total net assets or fund balances		270,900,910.	284,632,944.			
30	Total liabilities and net assets/fund balances		273,030,990.	288,266,073.			

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 (must agree with end-of-year figure reported on prior year's return)	1	270,900,910.
2	Enter amount from Part I, line 27a	2	-9,283,628.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	23,015,662.
4	Add lines 1, 2, and 3	4	284,632,944.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	284,632,944.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES				
b ALTERNATIVE INVESTMENTS		P		
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 137,964,931.		131,695,953.	6,268,978.	
b 4,289,506.			4,289,506.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			6,268,978.	
b			4,289,506.	
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 10,558,484.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		{ }		3 N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	331,544.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2a 75,000.	2	0.
3 Add lines 1 and 2	6b 0.	3	331,544.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	6c 325,000.	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	6d 0.	5	331,544.
6 Credits/Payments:		7	400,000.
a 2024 estimated tax payments and 2023 overpayment credited to 2024		8	10,832.
b Exempt foreign organizations - tax withheld at source		9	
c Tax paid with application for extension of time to file (Form 8868)		10	57,624.
d Backup withholding erroneously withheld		11	0.
7 Total credits and payments. Add lines 6a through 6d			
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax 57,624. Refunded			

Part 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 participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
6a By language in the governing instrument, or
6b 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?
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b 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?
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 2024 or the tax year beginning in 2024?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of KYLIE GIBSON Telephone no. 307-243-2158 Located at PO BOX 2810, CASPER, WY ZIP+4 82602
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year
16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part 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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b with 'X' marks in the Yes or No columns.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
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 Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(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	(e) Expense account, other allowances
SEE STATEMENT 12		546,175.	18,822.	85,933.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SAMANTHA SMITH - 159 N WOLCOTT ST SUITE 350, CASPER, WY 82601	SR DIRECTOR OF PROGRAMS 40.00	125,928.	5,037.	10,225.
LEANNE LOYA - 159 N WOLCOTT ST SUITE 350, CASPER, WY 82601	DIRECTOR OF PROGRAMS 40.00	90,654.	2,530.	31,250.
KRISTY OSTER - 159 N WOLCOTT ST SUITE 350, CASPER, WY 82601	DIRECTOR OF COMMUNITY ENGAGEMENT 40.00	98,398.	3,863.	973.
DANIEL MWANGI - 159 N WOLCOTT ST SUITE 350, CASPER, WY 82601	OFFICE MANAGER 40.00	68,040.	2,722.	31,825.
MICHAEL ROMERO - 159 N WOLCOTT ST SUITE 350, CASPER, WY 82601	DIRECTOR OF MASTERSON PLACE 40.00	68,040.	680.	21,649.
Total number of other employees paid over \$50,000				1

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
COMMONFUND - 15 OLD DANBURY RD, SUITE 200, WILTON, CT 06897	INVESTMENT ADVISORY	762,398.
MOSS ADAMS LLP PO BOX 101822, PASADENA, CA 91189	ASSURANCE & TAX	81,083.
STATELINE 7 ARCHITECTS 444 SOUTH CENTER ST, CASPER, WY 82601	ARCHITECT	76,908.
REGIONAL ECONOMIC MODELS INC 433 WEST ST, AMHERST, MA 01002	STUDY FOR MEDICAID IMPACT	64,400.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A 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 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	23,979,373.
b	Average of monthly cash balances	1b	4,304,437.
c	Fair market value of all other assets (see instructions)	1c	255,830,834.
d	Total (add lines 1a, b, and c)	1d	284,114,644.
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	284,114,644.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	4,261,720.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	279,852,924.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	13,992,646.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	13,992,646.
2a	Tax on investment income for 2024 from Part V, line 5	2a	331,544.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	261.
c	Add lines 2a and 2b	2c	331,805.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,660,841.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,660,841.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	13,660,841.

Part XI Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	16,592,040.
b	Program-related investments - total from Part VIII-B	1b	0.
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:		
a	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	16,592,040.

Form 990-PF (2024)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				13,660,841.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			279,709.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 16,592,040.				
a Applied to 2023, but not more than line 2a ...			279,709.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				13,660,841.
e Remaining amount distributed out of corpus	2,651,490.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,651,490.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				0.
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)	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	2,651,490.			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024	2,651,490.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
12-24 CLUB INC 500 S WOLCOTT ST CASPER, WY 82601		PC	GENERAL OPERATING	80,108.
307 DANCE ACADEMY 225 N WOLCOTT ST CASPER, WY 82601		PC	CAPACITY BUILDING	9,050.
ADVENTURE WEST COUNCIL - BOY SCOUTS OF AMERICA 2215 23RD AVE GREELEY, CO 80634		PC	GENERAL OPERATING	10,000.
ART 321 321 W MIDWEST AVE CASPER, WY 82601		PC	GENERAL OPERATING	20,000.
BANNER WYOMING MEDICAL CENTER 1233 E 2ND ST CASPER, WY 82601		PC	GENERAL OPERATING	8,752,370.
Total	SEE CONTINUATION SHEET(S)			3a 13,446,393.
b Approved for future payment				
ADVENTURE WEST COUNCIL - BOY SCOUTS OF AMERICA 2215 23RD AVE GREELEY, CO 80634		PC	GENERAL OPERATING	10,000.
BETTER WYOMING 260 N CEDAR ST LARAMIE, WY 82072		PC	GENERAL OPERATING	10,000.
BOYS & GIRLS CLUBS OF CENTRAL WYOMING 1701 E K ST CASPER, WY 82601		PC	GENERAL OPERATING	20,000.
Total	SEE CONTINUATION SHEET(S)			3b 1,374,936.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BETTER WYOMING 260 N CEDAR ST LARAMIE, WY 82072		PC	GENERAL OPERATING	10,000.
BOYS & GIRLS CLUBS OF CENTRAL WYOMING 1701 E K ST CASPER, WY 82601		PC	GENERAL OPERATING	20,000.
BRAIN INJURY ASSOCIATION OF WYOMING 350 BIG HORN RD CASPER, WY 82601		PC	GENERAL OPERATING	20,000.
CADOMA FOUNDATION 818 E 2ND ST CASPER, WY 82601		PC	CAPACITY BUILDING	4,985.
CASA OF NATRONA COUNTY 140 N CENTER ST CASPER, WY 82601		PC	GENERAL OPERATING	51,000.
CASPER AREA CHAMBER OF COMMERCE 500 N CENTER ST CASPER, WY 82601		PC	SPONSORSHIP	850.
CASPER BOXING CLUB 910 BARBARA STREET CASPER, WY 82601		PC	GENERAL OPERATING	20,000.
CASPER CHILDRENS CHORALE INC 2521 SAGEWOOD AVE CASPER, WY 82601		PC	GENERAL OPERATING	10,000.
CASPER CHILDRENS THEATER INC 949 N DURBIN ST CASPER, WY 82601		PC	GENERAL OPERATING	81,000.
CASPER CHRIST UNITED METHODIST CHURCH 1868 S POPLAR ST CASPER, WY 82601		PC	GENERAL OPERATING	50,000.
Total from continuation sheets				4,574,865.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CASPER COLLEGE STAR PROGRAM 125 COLLEGE DR CASPER, WY 82601		PC	GENERAL OPERATING	30,000.
CASPER COMMUNITY GREENHOUSE PROJECT 1510 S CEDAR ST CASPER, WY 82601		PC	GENERAL OPERATING	30,000.
CASPER FAMILY CONNECTIONS 500 S WOLCOTT, SUITE 102 CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
CASPER FAMILY YMCA 1611 CASPER MOUNTAIN RD CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
CASPER HOUSING AUTHORITY CARES 145 N DURBIN ST CASPER, WY 82601		PC	GENERAL OPERATING	146,000.
CASPER HUMANE SOCIETY 849 EAST E ST CASPER, WY 82601		PC	GENERAL OPERATING	54.
CASPER NATRONA COUNTY HEALTH DEPARTMENT 475 S SPRUCE CASPER, WY 82601		GOV	GENERAL OPERATING	75,000.
CASPER PRIDE 229 W 11TH ST CASPER, WY 82601		PC	GENERAL OPERATING	80,107.
CASPER YOUTH CRISIS CENTER 1656 E 12TH ST CASPER, WY 82601		PC	GENERAL OPERATING	80,000.
CASPER YOUTH CRISIS CENTER 1656 E 12TH ST CASPER, WY 82601		PC	SHARED SERVICES	6,250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CASPER YOUTH CRISIS CENTER 1656 E 12TH ST CASPER, WY 82601		PC	STRATEGIC PLANNING	15,000.
CENTRAL WYOMING COUNSELING CENTER 1430 WILKINS CIR CASPER, WY 82601		PC	GENERAL OPERATING	131,000.
CENTRAL WYOMING HOSPICE AND TRANSITIONS PROGRAM 319 S WILSON ST CASPER, WY 82601		PC	GENERAL OPERATING	70,300.
CHILD DEVELOPMENT CENTER OF NATRONA COUNTY 2020 E 12TH ST CASPER, WY 82601		PC	GENERAL OPERATING	560,000.
CHILD DEVELOPMENT CENTER OF NATRONA COUNTY 2020 E 12TH ST CASPER, WY 82601		PC	TRANSLATION SERVICES	6,670.
CHILDRENS ADVOCACY PROJECT INC 350 N ASH ST CASPER, WY 82601		PC	GENERAL OPERATING	151,500.
CITY OF CASPER RECREATION DIVISION 200 N DAVID CASPER, WY 82601		GOV	GENERAL OPERATING	30,000.
CLIMB WYOMING 1001 W 31ST ST CHEYENNE, WY 82001		PC	GENERAL OPERATING	80,000.
COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY 606 S DAVID ST CASPER, WY 82601		PC	GENERAL OPERATING	261,100.
COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY 606 S DAVID ST CASPER, WY 82601		PC	GRANT WRITING	100.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY 606 S DAVID ST CASPER, WY 82601		PC	SHARED SERVICES	6,250.
COMMUNITY HEALTH CENTER OF CENTRAL WYOMING INC 5000 BLACKMORE RD CASPER, WY 82609		PC	GENERAL OPERATING	80,000.
COMMUNITY RECREATION FOUNDATION 104 S WOLCOTT ST, SUITE 735 CASPER, WY 82601		PC	GENERAL OPERATING	15,000.
DOLLYWOOD FOUNDATION'S IMAGINATION LIBRARY 111 E MAIN ST, 2ND FLOOR SEVIERVILLE, TN 37862		PC	GENERAL OPERATING	60,700.
DRESS FOR SUCCESS CASPER 3451 ARROYO DR CASPER, WY 82604		PC	GENERAL OPERATING	6,000.
EQUAL JUSTICE WYOMING FOUNDATION 2300 CAPITOL AVE CHEYENNE, WY 82002		PC	GENERAL OPERATING	30,000.
EQUALITY STATE POLICY CENTER 419 S 5TH ST, SUITE 1 LARAMIE, WY 82070		PC	SPONSORSHIP	40,250.
EXCEL ACADEMY LLC 500 S JEFFERSON ST CASPER, WY 82601		PC	GENERAL OPERATING	8,300.
FIRESIDE COLLECTIVE 2111 W ODELL AVE CASPER, WY 82604		PC	GENERAL OPERATING	23,200.
FOOD BANK OF WYOMING 5150 RESERVE DR EVANSVILLE, WY 82636		PC	GENERAL OPERATING	21,250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GIRL SCOUTS OF MONTANA AND WYOMING 2303 GRAND AVE BILLINGS, MT 59102		PC	GENERAL OPERATING	40,000.
GREATER WYOMING BIG BROTHERS BIG SISTERS 1010 S 6TH ST LARAMIE, WY 82070		PC	GENERAL OPERATING	40,000.
HABITAT FOR HUMANITY 232 E 2ND ST, SUITE 204 CASPER, WY 82601		PC	GENERAL OPERATING	60,309.
HOPE HOUSE 333 N LINCOLN ST CASPER, WY 82601		PC	GENERAL OPERATING	61,000.
INTERFAITH OF NATRONA COUNTY INC 140 E K ST CASPER, WY 82601		PC	GENERAL OPERATING	60,000.
I-REACH 2 INC 351 N LENNOX ST CASPER, WY 82601		PC	GENERAL OPERATING	15,000.
IRIS CLUBHOUSE INC 239 E H ST CASPER, WY 82601		PC	GENERAL OPERATING	101,199.
JAE FOUNDATION INC 303 W PINE ST PINEDALE, WY 82941		PC	GENERAL OPERATING	2,000.
JASONS FRIENDS FOUNDATION INC 340 W B ST, SUITE 101 CASPER, WY 82601		PC	GENERAL OPERATING	8,054.
LEARNING JUNCTION CHILDREN'S CENTER 1709 S BOXELDER ST CASPER, WY 82604		PC	GENERAL OPERATING	40,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MAKE-A-WISH FOUNDATION OF WYOMING 236 W 1ST ST CASPER, WY 82601		PC	GENERAL OPERATING	4,501.
MEALS ON WHEELS FOUNDATION 1760 E 12TH ST CASPER, WY 82601		PC	GENERAL OPERATING	54.
MERCER FAMILY RESOURCE CENTER INC 535 W YELLOWSTONE HWY CASPER, WY 82601		PC	GENERAL OPERATING	81,161.
MOTHER SETON HOUSING INC 333 E H ST CASPER, WY 82601		PC	GENERAL OPERATING	100,054.
NATIONAL HISTORIC TRAILS CENTER FOUNDATION INC 1501 N POPLAR ST CASPER, WY 82601		PC	GENERAL OPERATING	10,000.
NATRONA COUNTY PUBLIC LIBRARY FOUNDATION 307 E 2ND ST CASPER, WY 82601		PC	GENERAL OPERATING	40,000.
NATRONA COUNTY SCHOOL DISTRICT #1 970 N GLENN RD CASPER, WY 82601		GOV	GENERAL OPERATING	100,000.
NATRONA COUNTY SUICIDE PREVENTION TASK FORCE 535 W YELLOWSTONE HWY CASPER, WY 82601		PC	GENERAL OPERATING	40,000.
NICOLAYSEN ART MUSEUM 400 E COLLINS DR CASPER, WY 82601		PC	GENERAL OPERATING	11,299.
NORTHWEST COMMUNITY ACTION PROGRAMS OF WYOMING INC 500 15 MILE RD WORLAND, WY 82401		PC	GENERAL OPERATING	15,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NOWCAP PARENTS AS TEACHERS 347 N WALSH DR CASPER, WY 82609		PC	GENERAL OPERATING	80,000.
OLIVIA CALDWELL FOUNDATION 419 S WASHINGTON ST, SUITE 102 CASPER, WY 82601		PC	GENERAL OPERATING	60,304.
OPERA WYOMING 2325 CRESCENT AVE CASPER, WY 82604		PC	GENERAL OPERATING	12,000.
PLATTE RIVER TRAILS TRUST 1775 W 1ST ST CASPER, WY 82604		PC	GENERAL OPERATING	1,000.
PROJECT KENNY 1005 FALCON AVE MILLS, WY 82604		PC	GENERAL OPERATING	11,150.
SCIENCE ZONE 222 E COLLINS DR CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
ST MARK'S EPISCOPAL CHURCH 701 S WOLCOTT ST CASPER, WY 82601		PC	GENERAL OPERATING	15,000.
THE ALIGN TEAM 822 W 23RD ST CHEYENNE, WY 82001		PC	SPONSORSHIP, ACES HOMELESSNESS STUDY	8,750.
THE HEALTHY BIRTH AND INFANT BRAINS 4510 E 22ND ST CASPER, WY 82609		PC	GENERAL OPERATING	10,000.
THE SALVATION ARMY 1370 PENNSYLVANIA ST, SUITE 100 DENVER, CO 80203		PC	GENERAL OPERATING	70,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THREE TRAILS ASSESSMENT & RESOURCE SERVICE SOCIETY 812 S DAVID ST CASPER, WY 82601		PC	GENERAL OPERATING	20,000.
THRIVE TOGETHER INITIATIVE 301 THELMA DR, PMB 256 CASPER, WY 82609		PC	GENERAL OPERATING	10,250.
UNACCOMPANIED STUDENTS INITIATIVE 1514 E 12TH ST, UNIT 106 CASPER, WY 82601		PC	GENERAL OPERATING	85,675.
UNIVERSITY OF WYOMING FOUNDATION 222 S 22ND ST LARAMIE, WY 82070		PC	MSW/LPC SCHOLARSHIPS	26,943.
VIBES FINE & PERFORMING ARTS 2008 CY AVE CASPER, WY 82604		PC	GENERAL OPERATING	30,000.
VOA NORTHERN ROCKIES 1876 S SHERIDAN AVE SHERIDAN, WY 82801		PC	GENERAL OPERATING	10,000.
WOMEN'S SELF-HELP CENTER INC 740 LUKER LN EVANSVILLE, WY 82636		PC	GENERAL OPERATING	80,054.
WYOFIELD 220 N 8TH ST LANDER, WY 82520		PC	GENERAL OPERATING	10,000.
WYOMING 211 2617 E LINCOLNWAY, UNIT E CHEYENNE, WY 82001		PC	GENERAL OPERATING	25,000.
WYOMING BEHAVIORAL HEALTH ALLIANCE 1603 CAPITOL AVE, SUITE 205 CHEYENNE, WY 82001		PC	GENERAL OPERATING	20,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WYOMING CHILD & FAMILY DEVELOPMENT INC 301 W B ST CASPER, WY 82601		PC	GENERAL OPERATING	80,000.
WYOMING CIVIC ENGAGEMENT NETWORK INC 109 E 17TH ST, SUITE 6035 CHEYENNE, WY 82001		PC	GENERAL OPERATING	40,000.
WYOMING COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT 710 E GARFIELD ST, SUITE 218 LARAMIE, WY 82070		PC	GENERAL OPERATING	30,000.
WYOMING COMMUNITY FOUNDATION 1472 N 5TH ST, SUITE 201 LARAMIE, WY 82072		PC	GENERAL OPERATING	60,000.
WYOMING COUNCIL OF THE BLIND 123 N LOWELL ST CASPER, WY 82601		PC	GENERAL OPERATING	6,975.
WYOMING COUNSELING ASSOCIATION 123 W 1ST ST CASPER, WY 82601		PC	GENERAL OPERATING	14,840.
WYOMING FAMILIES FOR HANDS & VOICES 5510 WYOMING 410 MOUNTAIN VIEW, WY 82939		PC	GENERAL OPERATING	10,000.
WYOMING FOOD FOR THOUGHT PROJECT 900 SAINT JOHN ST CASPER, WY 82601		PC	GENERAL OPERATING	80,000.
WYOMING FOUNDATION FOR CANCER CARE 441 LANDMARK DR CASPER, WY 82609		PC	GENERAL OPERATING	5,180.
WYOMING HERITAGE FOUNDATION 516 RANDALL AVE CHEYENNE, WY 82001		PC	SPONSORSHIP	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WYOMING HOUSING NETWORK INC 2345 E 2ND ST CASPER, WY 82609		PC	GENERAL OPERATING	120,000.
WYOMING HOUSING NETWORK INC 2345 E 2ND ST CASPER, WY 82609		PC	TRANSLATION SERVICES	202.
WYOMING NONPROFIT NETWORK 822 W 23RD ST CHEYENNE, WY 82001		PC	GENERAL OPERATING	164,049.
WYOMING OFFICE OF THE ATTORNEY GENERAL DIVISION OF VICTIM SERVICES 320 W 25TH ST, 2ND FLOOR CHEYENNE, WY 82002		PC	SPONSORSHIP	500.
WYOMING READS 970 N GLENN RD CASPER, WY 82601		PC	SPONSORSHIP	7,500.
WYOMING SYMPHONY ORCHESTRA 225 S DAVID ST, SUITE 1 CASPER, WY 82601		PC	GENERAL OPERATING	12,996.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CASA OF NATRONA COUNTY 140 N CENTER ST CASPER, WY 82601		PC	GENERAL OPERATING	30,000.
CASPER CHILDRENS CHORALE INC 2521 SAGEWOOD AVE CASPER, WY 82601		PC	GENERAL OPERATING	10,000.
CASPER CHILDRENS THEATER INC 949 N DURBIN ST CASPER, WY 82601		PC	GENERAL OPERATING	40,000.
CASPER COLLEGE STAR PROGRAM 125 COLLEGE DR CASPER, WY 82601		PC	GENERAL OPERATING	30,000.
CASPER COMMUNITY GREENHOUSE PROJECT 1510 S CEDAR ST CASPER, WY 82601		PC	GENERAL OPERATING	30,000.
CASPER FAMILY YMCA 1611 CASPER MOUNTAIN RD CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
CASPER HOUSING AUTHORITY 145 N DURBIN ST CASPER, WY 82601		PC	GENERAL OPERATING	60,000.
CASPER NATRONA COUNTY HEALTH DEPARTMENT 475 S SPRUCE CASPER, WY 82601		PC	GENERAL OPERATING	60,000.
CENTRAL WYOMING COUNSELING CENTER 1430 WILKINS CIR CASPER, WY 82601		PC	TRANSLATION SERVICES	4,000.
CENTRAL WYOMING HOSPICE AND TRANSITIONS PROGRAM 319 S WILSON ST CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
Total from continuation sheets				1,334,936.

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHILD DEVELOPMENT CENTER OF NATRONA COUNTY 2020 E 12TH ST CASPER, WY 82601		PC	TRANSLATION SERVICES	2,589.
CHILDRENS ADVOCACY PROJECT INC 350 N ASH ST CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
CITY OF CASPER RECREATION DIVISION 200 N DAVID CASPER, WY 82601		PC	GENERAL OPERATING	30,000.
COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY 606 S DAVID ST CASPER, WY 82601		PC	GRANT WRITING	21,500.
COMMUNITY ACTION PARTNERSHIP OF NATRONA COUNTY 606 S DAVID ST CASPER, WY 82601		PC	GENERAL OPERATING	80,000.
COMMUNITY RECREATION FOUNDATION 104 S WOLCOTT ST, SUITE 735 CASPER, WY 82601		PC	GENERAL OPERATING	15,000.
EXCEL ACADEMY LLC 500 S JEFFERSON ST CASPER, WY 82601		PC	GRANT WRITING	13,300.
GIRL SCOUTS OF MONTANA AND WYOMING 2303 GRAND AVE BILLINGS, MT 59102		PC	GENERAL OPERATING	40,000.
GREATER WYOMING BIG BROTHERS BIG SISTERS 1010 S 6TH ST LARAMIE, WY 82070		PC	GENERAL OPERATING	40,000.
HABITAT FOR HUMANITY 232 E 2ND ST, SUITE 204 CASPER, WY 82601		PC	GENERAL OPERATING	60,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HABITAT FOR HUMANITY 232 E 2ND ST, SUITE 204 CASPER, WY 82601		PC	TRANSLATION SERVICES	3,691.
IRIS CLUBHOUSE INC 239 E H ST CASPER, WY 82601		PC	GRANT WRITING	13,200.
MOTHER SETON HOUSING INC 333 E H ST CASPER, WY 82601		PC	GENERAL OPERATING	60,000.
NATRONA COUNTY PUBLIC LIBRARY FOUNDATION 307 E 2ND ST CASPER, WY 82601		PC	GENERAL OPERATING	30,000.
PROJECT KENNY 1005 FALCON AVE MILLS, WY 82604		PC	GRANT WRITING	10,450.
SCIENCE ZONE 222 E COLLINS DR CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
THE SALVATION ARMY 1370 PENNSYLVANIA ST, SUITE 100 DENVER, CO 80203		PC	GENERAL OPERATING	70,000.
UNACCOMPANIED STUDENTS INITIATIVE 1514 E 12TH ST, UNIT 106 CASPER, WY 82601		PC	GENERAL OPERATING	70,000.
UNACCOMPANIED STUDENTS INITIATIVE 1514 E 12TH ST, UNIT 106 CASPER, WY 82601		PC	GRANT WRITING	12,175.
UNIVERSITY OF WYOMING FOUNDATION 222 S 22ND ST LARAMIE, WY 82070		PC	MSW/LPC SCHOLARSHIPS	15,233.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VOA NORTHERN ROCKIES 1876 S SHERIDAN AVE SHERIDAN, WY 82801		PC	GENERAL OPERATING	10,000.
WYOFIELD 220 N 8TH ST LANDER, WY 82520		PC	GENERAL OPERATING	10,000.
WYOMING CHILD & FAMILY DEVELOPMENT INC 301 W B ST CASPER, WY 82601		PC	GENERAL OPERATING	80,000.
WYOMING CIVIC ENGAGEMENT NETWORK INC 109 E 17TH ST, SUITE 6035 CHEYENNE, WY 82001		PC	GENERAL OPERATING	40,000.
WYOMING HOUSING NETWORK INC 2345 E 2ND ST CASPER, WY 82609		PC	GENERAL OPERATING	60,000.
WYOMING HOUSING NETWORK INC 2345 E 2ND ST CASPER, WY 82609		PC	TRANSLATION SERVICES	3,798.
Total from continuation sheets				

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization NATRONA COLLECTIVE HEALTH TRUST	Employer identification number 83-0230808
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization NATRONA COLLECTIVE HEALTH TRUST	Employer identification number 83-0230808
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MASTERSON FAMILY FOUNDATION PO BOX 2401 CASPER, WY 82602	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FT INVESTMENTS LLC PO BOX 2671 CASPER, WY 82602	\$ 75,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATRONA COLLECTIVE HEALTH TRUST	Employer identification number 83-0230808
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	LAND _____ _____ _____	\$ 75,000.	12/26/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NATRONA COLLECTIVE HEALTH TRUST	Employer identification number 83-0230808
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name NATRONA COLLECTIVE HEALTH TRUST	Employer identification number 83-0230808
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	331,544.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	331,544.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	91,136.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	91,136.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/15/24	09/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	22,784.	142,988.	67,905.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11		30,000.	45,000.
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			45,000.
14 Add amounts on lines 16 and 17 of the preceding column	14		22,784.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	45,000.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		22,784.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	22,784.	142,988.	22,905.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 10,832.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1a-1c, 3a-3c), calculations (4-6), and final tax amounts (14-19).

Part II Annualized Income Installment Method

		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions)	20				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	2,344,216.	34,043,399.	6,804,807.	10,207,210.
22	Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	23a	14,065,296.	136,173,596.	13,609,614.	13,609,579.
23b	Extraordinary items (see instructions)	23b	711,486.	1,290,178.	2,134,457.	3,201,686.
23c	Add lines 23a and 23b	23c	14,776,782.	137,463,774.	15,744,071.	16,811,265.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return	24	205,397.	1,910,746.	218,843.	233,677.
25	Enter any alternative minimum tax for each payment period. See instructions	25				
26	Enter any other taxes for each payment period. See instr.	26				
27	Total tax. Add lines 24 through 26	27	205,397.	1,910,746.	218,843.	233,677.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	205,397.	1,910,746.	218,843.	233,677.
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31	51,349.	955,373.	164,132.	233,677.

Part III Required Installments

		1st installment	2nd installment	3rd installment	4th installment	
Note: Complete lines 32 through 38 of one column before completing the next column.						
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	51,349.	955,373.	164,132.	233,677.
33	Add the amounts in all preceding columns of line 32. See instructions	33		22,784.	165,772.	165,772.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	51,349.	932,589.	0.	67,905.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	22,784.	142,988.	82,886.	82,886.
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36				82,886.
37	Add lines 35 and 36	37	22,784.	142,988.	82,886.	165,772.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	22,784.	142,988.	0.	67,905.

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
PUBLICLY TRADED SECURITIES						
	137,964,931.	131,695,953.	0.		0.	6,268,978.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
ALTERNATIVE INVESTMENTS						
	4,289,506.	4,289,506.	0.		0.	0.

CAPITAL GAINS DIVIDENDS FROM PART IV						0.
TOTAL TO FORM 990-PF, PART I, LINE 6A						6,268,978.

FORM 990-PF

OTHER INCOME

STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ALTERNATIVE INVESTMENTS	0.	10,590,264.	
MASTERTON PLACE RENT	167,048.	0.	
SUBLEASE RENTAL	33,750.	1,609.	
TOTAL TO FORM 990-PF, PART I, LINE 11	200,798.	10,591,873.	

FORM 990-PF

LEGAL FEES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	37,917.	0.		24,087.
TO FM 990-PF, PG 1, LN 16A	37,917.	0.		24,087.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	81,080.	38,040.		40,596.
TO FORM 990-PF, PG 1, LN 16B	81,080.	38,040.		40,596.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	762,398.	762,398.		0.
CONSULTING FEES	46,953.	0.		40,975.
CONTRACT LABOR	475.	0.		738.
TO FORM 990-PF, PG 1, LN 16C	809,826.	762,398.		41,713.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	200,020.	0.		0.
FOREIGN TAX	0.	145.		0.
TO FORM 990-PF, PG 1, LN 18	200,020.	145.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISEMENT	39,550.	0.		38,718.
ALTERNATIVE INVESTMENT EXPENSES	0.	1,789,292.		0.
BANK CHARGES	7,386.	7,386.		0.
DUES & MEMBERSHIPS	21,965.	0.		23,695.
FOOD & OPERATING SUPPLIES	20,601.	0.		21,699.
HOUSEKEEPING & LAUNDRY	51,438.	0.		51,290.
HR & PAYROLL SERVICES	17,665.	0.		16,854.
INSURANCE EXPENSE	76,413.	0.		57,135.
LICENSES & FEES	70,105.	0.		70,105.
OFFICE SUPPLIES	4,570.	0.		5,393.
OTHER EXPENSE	3,545.	0.		3,595.
POSTAGE & FREIGHT	748.	0.		874.
PROGRAMS	1,110,351.	0.		1,103,620.
RECRUITMENT & DEVELOPMENT	24,869.	0.		25,058.
REPAIRS & MAINTENANCE	10,626.	0.		10,891.
SMALL EQUIPMENT	2,745.	0.		3,172.
TO FORM 990-PF, PG 1, LN 23	1,462,577.	1,796,678.		1,432,099.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIDELITY 500 INDEX FUND	6,955,780.	6,955,780.
TOTAL TO FORM 990-PF, PART II, LINE 10B	6,955,780.	6,955,780.

FORM 990-PF

CORPORATE BONDS

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GMO RESOURCES CLASS R6	5,259,417.	5,259,417.
FIDELITY US BOND INDEX FUND	2,798,183.	2,798,183.
FIDELITY INTER TREASURY BOND INDEX FUND	8,035,736.	8,035,736.
TOTAL TO FORM 990-PF, PART II, LINE 10C	16,093,336.	16,093,336.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OCIO GLOBAL PRIVATE EQUITY FUND V	FMV	1,323,766.	1,323,766.
GLOBAL ABSOLUTE ALPHA COMPANY D	FMV	21,741,668.	21,741,668.
COMMONFUND STRATEGIC SOLUTIONS GLOBAL EQUITY LLC	FMV	159,660,591.	159,660,591.
COMMONFUND STRATEGIC SOLUTIONS CORE REAL ESTATE FUND	FMV	9,816,543.	9,816,543.
COMMONFUND REAL ESTATE & INFRASTRUCTURE OPP FD III	FMV	1,216,386.	1,216,386.
COMMONFUND PRIVATE CREDIT FUND III LP	FMV	1,913,666.	1,913,666.
COMMONFUND INSTITUTIONAL HIGH QUALITY BOND FUND LLC	FMV	22,734,649.	22,734,649.
COMMONFUND CAPITAL VENTURES PARTNERS XIV LP	FMV	3,262,513.	3,262,513.
COMMONFUND CAPITAL VENTURE PARTNERS XV LP	FMV	351,633.	351,633.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP	FMV	2,620,722.	2,620,722.
CF STRATEGIC DIRECT SERIES LLC - CF CREDIT SERIES	FMV	18,051,148.	18,051,148.
CF REIT PORTFOLIO LLC	FMV	13,137,549.	13,137,549.
TOTAL TO FORM 990-PF, PART II, LINE 13		255,830,834.	255,830,834.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
S WASHINGTON NEW MASTERSON PLACE	369,000.	0.	369,000.
ROUGH CARPENTRY, FINISH CARPENTRY	844,575.	365,982.	478,593.
DOORS, FRAMES, HARDWARE & STOREFRONS	204,512.	88,621.	115,891.
ELECTRICAL	496,821.	161,467.	335,354.
ELEVATOR	135,339.	43,985.	91,354.
FIRE SUPPRESSION	39,475.	10,263.	29,212.
FLOORING	172,126.	172,126.	0.
HVAC	215,468.	93,371.	122,097.
DRYWALL, PAINTING, SPECIALITIES, FURNISHINGS	470,339.	152,860.	317,479.
BUILDING MASONRY, METALS, SIDING, THERMAL PROT & CONCRETE	628,509.	102,134.	526,375.
SITE PAVING	147,177.	119,581.	27,596.
PLUMBING	211,601.	68,770.	142,831.
ROOFING	143,956.	93,573.	50,383.
SIGNAGE ALLOWANCE	1,241.	806.	435.
EARTHWORK/UTILITIES	383,595.	99,744.	283,851.
LANDSCAPING AND FENCING	42,985.	27,942.	15,043.
LANDSCAPE ROCK	1,264.	1,264.	0.
DEFIBRILLATOR	967.	967.	0.
COMPUTERS FOR MP FRONT DESK	719.	719.	0.
COMPUTER STATION - FINANCIAL	724.	724.	0.
SIGNAGE ALLOWANCE	8,360.	8,360.	0.
ELECTRIC DOOR LOCKS	12,590.	8,183.	4,407.
ETHERNET SWITCH	5,656.	5,656.	0.
APPLIANCES	10,510.	6,831.	3,679.
MONITORING EQUIPMENT	14,070.	14,070.	0.
CURTAINS	9,317.	9,317.	0.
TELEVISIONS	7,562.	7,562.	0.
ICE MACHINE	4,790.	3,114.	1,676.
ART	10,364.	6,735.	3,629.
BEDS	38,711.	25,162.	13,549.
CHAIRS	11,770.	5,102.	6,668.
MEDIA CONSOLE	15,718.	6,812.	8,906.
NIGHT STANDS	9,983.	4,328.	5,655.
RECLINERS	27,003.	17,551.	9,452.
SOFA	19,417.	10,517.	8,900.
TABLES	17,602.	7,626.	9,976.
MIRRORS	5,710.	3,712.	1,998.
COMPUTERS, MONITORS, TV & MOUNTS FOR OFFICES X3 & BOARD ROOM	6,076.	5,265.	811.
NETWORK & FIREWALL	4,761.	4,126.	635.
OFFICE FURNITURE	64,109.	39,686.	24,423.
IT SWITCH FOR MASTERSON PLACE	6,081.	3,344.	2,737.
FOUNDATION EXPANSION FOR IT	9,958.	5,312.	4,646.
OFFICE FURNITURE - EXPANSION	1,789.	682.	1,107.
OFFICE FURNITURE - EXPANSION	24,695.	8,526.	16,169.

NATRONA COLLECTIVE HEALTH TRUST

83-0230808

OFFICE REMODEL

17,000.

10,389.

6,611.

TOTAL TO FM 990-PF, PART II, LN 14

4,873,995.

1,832,867.

3,041,128.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BETH WORTHEN 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	CEO 40.00	262,500.	7,875.	35,472.
KYLIE GIBSON 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	VP OF FINANCE 40.00	142,425.	5,697.	27,473.
PAULA MONGOLD 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	VP OF OPERATIONS 40.00	131,250.	5,250.	22,988.
MARK DOWELL, MD 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	CHAIR 4.00	0.	0.	0.
JESSICA ODEN 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	CHAIR UNTIL JULY 2024 2.00	10,000.	0.	0.
JENNIFER GLADSON 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	VICE CHAIR 2.00	0.	0.	0.
ERIC NELSON 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	TREASURER 2.00	0.	0.	0.
ABIGAIL BREAUX 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	DIRECTOR 2.00	0.	0.	0.
AMANDA DEDIEGO 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	DIRECTOR 2.00	0.	0.	0.
CONRRADO SALDIVAR 159 N WOLCOTT ST, SUITE 350 CASPER, WY 82601	DIRECTOR 2.00	0.	0.	0.

NATRONA COLLECTIVE HEALTH TRUST

83-0230808

JENNIFER TRUE	DIRECTOR			
159 N WOLCOTT ST, SUITE 350	2.00	0.	0.	0.
CASPER, WY 82601				

JOHN MASTERSON	DIRECTOR			
159 N WOLCOTT ST, SUITE 350	2.00	0.	0.	0.
CASPER, WY 82601				

MELISSA KNUDSON-JOHNSON, MD	DIRECTOR			
159 N WOLCOTT ST, SUITE 350	2.00	0.	0.	0.
CASPER, WY 82601				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>546,175.</u>	<u>18,822.</u>	<u>85,933.</u>
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2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	S WASHINGTON NEW MASTERSON PLACE	07/31/15	L				369,000.				369,000.			0.	
2	ROUGH CARPENTRY, FINISH CARPENTRY	07/31/19	SL	15.00		16	844,575.				844,575.	309,677.		56,305.	365,982.
3	DOORS, FRAMES, HARDWARE & STOREFRONS	07/31/19	SL	15.00		16	204,512.				204,512.	74,987.		13,634.	88,621.
4	ELECTRICAL	07/31/19	SL	20.00		16	496,821.				496,821.	136,626.		24,841.	161,467.
5	ELEVATOR	07/31/19	SL	20.00		16	135,339.				135,339.	37,218.		6,767.	43,985.
6	FIRE SUPPRESSION	07/31/19	SL	25.00		16	39,475.				39,475.	8,684.		1,579.	10,263.
7	FLOORING	07/31/19	SL	5.00		16	172,126.				172,126.	172,126.		0.	172,126.
8	HVAC	07/31/19	SL	15.00		16	215,468.				215,468.	79,006.		14,365.	93,371.
9	DRYWALL, PAINTING, SPECIALTIES, FURNISHINGS	07/31/19	SL	20.00		16	470,339.				470,339.	129,343.		23,517.	152,860.
10	BUILDING MASONRY, METALS, SIDING, THERMAL PROT & CONC	07/31/19	SL	40.00		16	628,509.				628,509.	86,421.		15,713.	102,134.
11	SITE PAVING	07/31/19	SL	8.00		16	147,177.				147,177.	101,184.		18,397.	119,581.
12	PLUMBING	07/31/19	SL	20.00		16	211,601.				211,601.	58,190.		10,580.	68,770.
13	ROOFING	07/31/19	SL	10.00		16	143,956.				143,956.	79,177.		14,396.	93,573.
14	SIGNAGE ALLOWANCE	07/31/19	SL	10.00		16	1,241.				1,241.	682.		124.	806.
15	EARTHWORK/UTILITIES	07/31/19	SL	25.00		16	383,595.				383,595.	84,400.		15,344.	99,744.
16	LANDSCAPING AND FENCING	07/31/19	SL	10.00		16	42,985.				42,985.	23,643.		4,299.	27,942.
17	LANDSCAPE ROCK	01/31/14	SL	11.00		16	1,264.				1,264.	1,264.		0.	1,264.
18	DEFIBRILLATOR	01/31/14	SL	3.00		16	967.				967.	967.		0.	967.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	COMPUTERS FOR MP FRONT DESK	01/31/14	SL	3.00		16	719.				719.	719.		0.	719.
20	COMPUTER STATION - FINANCIAL	04/11/14	SL	3.00		16	724.				724.	724.		0.	724.
21	SIGNAGE ALLOWANCE	07/31/19	SL	5.00		16	8,360.				8,360.	8,360.		0.	8,360.
22	ELECTRIC DOOR LOCKS	07/31/19	SL	10.00		16	12,590.				12,590.	6,924.		1,259.	8,183.
23	ETHERNET SWITCH	07/31/19	SL	5.00		16	5,656.				5,656.	5,656.		0.	5,656.
24	APPLIANCES	07/31/19	SL	10.00		16	10,510.				10,510.	5,780.		1,051.	6,831.
25	MONITORING EQUIPMENT	07/31/19	SL	5.00		16	14,070.				14,070.	14,070.		0.	14,070.
26	CURTAINS	07/31/19	SL	5.00		16	9,317.				9,317.	9,317.		0.	9,317.
27	TELEVISIONS	07/31/19	SL	5.00		16	7,562.				7,562.	7,562.		0.	7,562.
28	ICE MACHINE	07/31/19	SL	10.00		16	4,790.				4,790.	2,635.		479.	3,114.
29	ART	07/31/19	SL	10.00		16	10,364.				10,364.	5,699.		1,036.	6,735.
30	BEDS	07/31/19	SL	10.00		16	38,711.				38,711.	21,291.		3,871.	25,162.
31	CHAIRS	07/31/19	SL	15.00		16	11,770.				11,770.	4,317.		785.	5,102.
32	MEDIA CONSOLE	07/31/19	SL	15.00		16	15,718.				15,718.	5,764.		1,048.	6,812.
33	NIGHT STANDS	07/31/19	SL	15.00		16	9,983.				9,983.	3,662.		666.	4,328.
34	RECLINERS	07/31/19	SL	10.00		16	27,003.				27,003.	14,851.		2,700.	17,551.
35	SOFA	07/31/19	SL	12.00		16	19,417.				19,417.	8,899.		1,618.	10,517.
36	TABLES	07/31/19	SL	15.00		16	17,602.				17,602.	6,453.		1,173.	7,626.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	MIRRORS	07/31/19	SL	10.00		16	5,710.				5,710.	3,141.		571.	3,712.
38	(D)TOYOTA RAV 4 COMPUTERS, MONITORS, TV & MOUNTS FOR OFFICES X3 & BOARD	01/31/14	SL	2.00		16	5,434.				5,434.	5,434.		0.	5,434.
39		05/01/21	SL	5.00		16	6,076.				6,076.	4,050.		1,215.	5,265.
40	NETWORK & FIREWALL	05/01/21	SL	5.00		16	4,761.				4,761.	3,174.		952.	4,126.
41	OFFICE FURNITURE	05/01/21	SL	7.00		16	64,109.				64,109.	30,528.		9,158.	39,686.
42	IT SWITCH FOR MASTERSON PLACE	03/31/22	SL	5.00		16	6,081.				6,081.	2,128.		1,216.	3,344.
43	FOUNDATION EXPANSION FOR IT	04/30/22	SL	5.00		16	9,958.				9,958.	3,320.		1,992.	5,312.
44	OFFICE FURNITURE - EXPANSION	04/30/22	SL	7.00		16	1,789.				1,789.	426.		256.	682.
45	OFFICE FURNITURE - EXPANSION	07/31/22	SL	7.00		16	24,695.				24,695.	4,998.		3,528.	8,526.
46	OFFICE REMODEL	02/28/23	SL	3.00		16	17,000.				17,000.	4,722.		5,667.	10,389.
	* TOTAL 990-PF PG 1 DEPR					4	4,879,429.				4,879,429.	1,578,199.		260,102.	1,838,301.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE					4	4,879,429.			0.	4,879,429.	1,578,199.			1,838,301.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						5,434.			0.	5,434.	5,434.			5,434.
	ENDING BALANCE					4	4,873,995.			0.	4,873,995.	1,572,765.			1,832,867.
	ENDING ACCUM DEPR LESS DISPOSITIONS										1,832,867.				

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Natrona Collective Health Trust
PO Box 2810
Casper, WY 82602

Prepared By:

Baker Tilly Advisory Group, LP
805 SW Broadway Ste 1400
Portland, OR 97205

Amount Due or Refund:

Balance due of \$261

Make Check Payable To:

Payments should be made using the Electronic Federal Tax Payment System (EFTPS).

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

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

Name of filer

NATRONA COLLECTIVE HEALTH TRUST

EIN or SSN

83-0230808

Name and title of officer or person subject to tax **BETH WORTHEN**
CEO

Part I 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	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 261.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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

I authorize BAKER TILLY ADVISORY GROUP, LP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 2024 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.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93732390721

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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.

ERO's signature

Date 10/31/25

ERO Must Retain This Form - See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NATRONA COLLECTIVE HEALTH TRUST	Taxpayer identification number (TIN) 83-0230808
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2810	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CASPER, WY 82602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KYLIE GIBSON
PO BOX 2810 - CASPER, WY 82602

Telephone No. 307-243-2158 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T Section 1: Organization information including name (NATRONA COLLECTIVE HEALTH TRUST), address (PO BOX 2810, CASPER, WY 82602), and EIN (83-0230808).

Form 990-T Section 2: Book value of all assets at end of year (288,266,073) and organization type (501(c) corporation).

Form 990-T Section 3: Filing status and other information (filing only to claim credit from Form 8941).

Form 990-T Section 4: Number of attached Schedules A (1) and subsidiary status (No).

Form 990-T Section 5: Books in care of KYLIE GIBSON, Telephone number 307-243-2158.

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 3,413 to 2,172.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 456 to 456.

Table for Part III: Tax and Payments. Rows 1a-4 showing credits (172, 23) and total tax (261).

Part III Tax and Payments (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	261.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No										
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X										
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X										
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$												
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.												
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.												
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>901101</td> <td>\$ 140,437.</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	901101	\$ 140,437.		\$		\$		\$		
Business Activity Code	Available post-2017 NOL carryover												
901101	\$ 140,437.												
	\$												
	\$												
	\$												
6 a	Reserved for future use												
b	Reserved for future use												

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MAGGIE ELLIOTT	MAGGIE ELLIOTT	10/31/25		P01790721
	Firm's name	BAKER TILLY ADVISORY GROUP, LP		Firm's EIN	39-0859910
	Firm's address	805 SW BROADWAY STE 1400 PORTLAND, OR 97205		Phone no.	503-242-1447

FORM 990-T

OTHER CREDITS

STATEMENT 13

DESCRIPTION

AMOUNT

FOREIGN TAX CREDIT

172.

TOTAL TO FORM 990-T, PAGE 1, PART III, LINE 1B

172.

FORM 990-T

CONTRIBUTIONS

STATEMENT 14

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

CONTRIBUTIONS TO 501(C)(3)
ORGANIZATIONS

N/A

11,426,393.

PASSTHROUGH CONTRIBUTIONS

N/A

23.

TOTAL TO FORM 990-T, PART I, LINE 4

11,426,416.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 15

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021
 FOR TAX YEAR 2022
 FOR TAX YEAR 2023

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	11,426,416	
TOTAL CONTRIBUTIONS AVAILABLE	11,426,416	
TAXABLE INCOME LIMITATION AS ADJUSTED	241	
EXCESS CONTRIBUTIONS	11,426,175	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	11,426,175	
ALLOWABLE CONTRIBUTIONS DEDUCTION		241
TOTAL CONTRIBUTION DEDUCTION		241

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization (NATRONA COLLECTIVE HEALTH TRUST), B Employer identification number (83-0230808), C Unrelated business activity code (901101), D Sequence (1 of 1)

E Describe the unrelated trade or business QUALIFIED PARTNERSHIP INTERESTS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest, 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A 419 S CENTER ST, CASPER, WY 82601
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	33,750.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement)	0.			
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	1,707,345.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)	1,792,791.			
6 Divide line 4 by line 5	95.234%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	32,141.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				32,141.
9 Allocable deductions. Multiply line 3c by line 6	0.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1) QUALIFIED PARTNERSHIP INVESTMENT INCOME	0.	0.	0.	0.
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION		NET INCOME OR (LOSS)
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - ORDINARY BUSINESS INCOME (LOSS)		5,185.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - NET RENTAL REAL ESTATE INCOME		-31.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - OTHER NET RENTAL INCOME (LOSS)		9.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - INTEREST INCOME		1,258.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - DIVIDEND INCOME		7,172.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - ROYALTIES		792.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - OTHER PORTFOLIO INCOME (LOSS)		569.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - GUARANTEED PAYMENTS		1.
COMMONFUND CAPITAL SECONDARY PARTNERS IV LP - OTHER INCOME (LOSS)		-66,619.
COMMONFUND CAPITAL VENTURE PARTNERS XIV LP - INTEREST INCOME		405.
COMMONFUND CAPITAL VENTURE PARTNERS XIV LP - DIVIDEND INCOME		78.
COMMONFUND CAPITAL VENTURE PARTNERS XIV LP - OTHER PORTFOLIO INCOME (LOSS)		142.
COMMONFUND CAPITAL VENTURE PARTNERS XIV LP - GUARANTEED PAYMENTS		2,310.
COMMONFUND CAPITAL VENTURE PARTNERS XIV LP - OTHER INCOME (LOSS)		-9,684.
COMMONFUND PRIVATE CREDIT FUND III LP - ORDINARY BUSINESS INCOME (LOSS)		1,797.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-56,616.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 17
DESCRIPTION		AMOUNT
ACCOUNTING FEES		2,500.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,500.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 18

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
140,437.	13,653.	126,784.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 19

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/23	140,437.	0.	140,437.	140,437.
NOL CARRYOVER AVAILABLE THIS YEAR			140,437.	140,437.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 20

TAXABLE INCOME FROM ALL ENTITIES	17,066.
THIS ENTITIES PORTION OF TAXABLE INCOME	17,066.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	17,066.
80% INCOME LIMITATION	13,653.
POST-2017 AVAILABLE	140,437.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	13,653.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name NATRONA COLLECTIVE HEALTH TRUST	Employer identification number 83-0230808
--	--

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				372.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	372.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				44,261.
11 Enter gain from Form 4797, line 7 or 9			11	57.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	44,318.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	372.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	44,318.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	44,690.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

NATRONA COLLECTIVE HEALTH TRUST

83-0230808

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	COMMONFUND CAPITAL SECONDARY PARTNERS IV						57.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

57.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

57.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Name(s) shown on return

Identifying number

NATRONA COLLECTIVE HEALTH TRUST

83-0230808

A Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT). Are you both (a) an "applicable corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of section 59A(e) for the BEAT? See instructions Yes No

Part I Credits Not Allowed Against Tentative Minimum Tax (TMT)

Complete applicable portions of Parts III and IV before Parts I and II. See instructions.

1	Credits not subject to the passive activity limit from Part III, line 2: combine column (e) with non-passive amounts from column (f)	1	18.
2	Credits subject to the passive activity limit. Combine Part III, line 2, column (d), and passive amounts included on line 2, column (f); and Part IV, line 6, column (d) ...	2	
3	Enter the portion of line 2 allowed for 2024	3	
4	Enter the portion of Part IV, column (f), line 6, that is from carryforwards to 2024	4	
	Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>		
5	Enter the portion of Part IV, column (f), line 6, that is from carrybacks from 2025	5	
6	Add lines 1, 3, 4, and 5	6	18.

Part II Figuring Credit Allowed After Limitations

Section A - Figuring Credit Allowed After Section 38(c)(1) Limitation Based on Amount of Tax

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16; and Schedule 2 (Form 1040), line 1z. Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2 (excluding the base erosion minimum tax entered on line 1f); or the applicable line of your return. Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a, 1b, and 1d, plus any Form 8978 amount included on line 1e; or the amount from the applicable line of your return. 	7	456.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 11. Corporations. Enter the amount from Form 4626, Part II, line 13. Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54. 	8	0.
9	Add lines 7 and 8	9	456.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	456.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	456.
13	Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over \$25,000. See instructions	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 9. Corporations. Enter -0-. Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52. 	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	456.
17	Enter the smaller of line 6 or line 16. This is the amount of your credit allowed after the limitation of section 38(c)(1)	17	18.

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2024)

Part II Figuring Credit Allowed After Limitations *(continued)*

Section B - Figuring Section 38(c)(2) Empowerment Zone and Community Renewal Employment Credit Allowed

Note: If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of Part III, column (e), with the amount from line 3 of Part IV, column (f)	22	
23	Passive activity credit from line 3 of Part III, column (d), plus the amount from line 3 of Part IV, column (d)	23	
24	Enter the applicable passive activity credit allowed for 2024. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.

Section C - Figuring the Specified Credit Amount Allowed Under Section 38(c)(4)

27	Subtract line 13 from line 11. If zero or less, enter -0-	27	456.
28	Add lines 17 and 26	28	18.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	438.
30	Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (f). See instructions	30	5.
31	Reserved	31	
32	Passive activity credits from line 5 of Part III: combine column (d) with passive amounts in column (f). See instructions	32	
33	Enter the applicable passive activity credits allowed for 2024. See instructions	33	
34	Carryforward of business credit to 2024. If completing Part IV and carrying forward a business credit(s), see instructions	34	
	Check this box if the carryforward was changed or revised from the original reported amount		<input type="checkbox"/>
35	Carryback of business credit from 2025. If completing Part IV and carrying back a business credit(s), see instructions	35	
36	Add lines 30, 33, 34, and 35	36	5.
37	Enter the smaller of line 29 or line 36. This is the amount allowed for specified credits	37	5.

Section D - Credits Allowed After Limitations

38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Schedule 3 (Form 1040), line 6a. • Corporations. Form 1120, Schedule J, Part I, line 5c. • Estates and trusts. Form 1041, Schedule G, line 2b. 	38	23.
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Part III **Current Year General Business Credits (GBCs)** (see instructions). If there is more than one number applicable for column (b) or (c) for a line in Part III, enter the number of such items in column (a), complete Part V, and see instructions for what to report on that line in Part III.

Current year credits from:	(a) No. of items	(b) Elective payment or transfer registration number	(c) Pass-through or transferor credit entity EIN	(d) Credits subject to the passive activity limit, before application of the limit	(e) Credits not subject to the passive activity limits	(f) Credit transfer election amount (enter amounts transferred out as a negative amount)	(g) Combine columns (e) and (f) with the credit from column (d) allowed after the passive activity limit	(h) Gross elective payment election (EPE) amount	(i) Amount of column (g) applied against tax in Part II	(j) Net EPE amount. Enter the smaller of column (h) or column (g) minus column (i)
1 a Form 3468, Part II										
b Form 7207										
c Form 6765				18.			18.	18.		
d Form 3468, Part III										
e Form 8826										
f Form 8835, Part II										
g Form 7210										
h Form 8820										
i Form 8874										
j Form 8881, Part I										
k Form 8882										
l Form 8864 (diesel)										
m Form 8896										
n Form 8906										
o Form 3468, Part IV										
p Form 8908										
q Form 7218, Part II										
r Reserved										
s Form 8911, Part II										
t Form 8830										
u Form 7213, Part II										
v Form 3468, Part V										
w Form 8932										
x Form 8933										
y Form 8936, Part II										
z Reserved										
aa Form 8936, Part V										
bb Form 8904										
cc Form 7213, Part I										
dd Form 8881, Part II										
ee Form 8881, Part III										
ff Form 8864, line 8										
gg Form 7211, Part II										
hh Reserved										
ii Reserved										
zz Other credits										
2 Add lines 1a - 1zz				18.			18.	18.		0.

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one number applicable for column (b) or (c) for a line in Part III, enter the number of such items in column (a), complete Part V, and see instructions for what to report on that line in Part III. (continued)

Current year credits from:	(a) No. of items	(b) Elective payment or transfer registration number	(c) Pass-through or transferor credit entity EIN	(d) Credits subject to the passive activity limit, before application of the limit	(e) Credits not subject to the passive activity limits	(f) Credit transfer election amount (enter amounts transferred out as a negative amount)	(g) Combine columns (e) and (f) with the credit from column (d) allowed after the passive activity limit	(h) Gross elective payment election (EPE) amount	(i) Amount of column (g) applied against tax in Part II	(j) Net EPE amount. Enter the smaller of column (h) or column (g) minus column (i)
3 Form 8844										
4 Specified credits:										
a Form 3468, Part VI										
b Form 5884										
c Form 6478										
d Form 8566										
e Form 8835, Part II										
f Form 8846			88-3253592	5.	5.		5.	5.	5.	
g Form 8900										
h Form 8941										
i Form 6765 ESB										
j Form 8994										
k Form 3468, Part VII										
l Reserved										
m Reserved										
z Other specified credits										
5 Add lines 4a - 4z				5.	5.		5.	5.	5.	0.
6 Add lines 2, 3, and 5				23.	23.		23.	23.	23.	0.

Form 3800 (2024)

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name NATRONA COLLECTIVE HEALTH TRUST	Employer identification number 83-0230808
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				372.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	372.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				44,261.
11 Enter gain from Form 4797, line 7 or 9			11	57.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	44,318.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	372.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	44,318.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	44,690.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

NATRONA COLLECTIVE HEALTH TRUST

83-0230808

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	COMMONFUND CAPITAL SECONDARY PARTNERS IV						57.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

57.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

57.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor NATRONA COLLECTIVE HEALTH TRUST	Identifying number (see instructions) 83-0230808
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
CF STRATEGIC DIRECT SERIES LLC - CF CREDIT SERIES	82-4705617

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) KKR GLOBAL CREDIT OPPORTUNITIES FUND (OVERSEAS) LP	5a Identifying number, if any 98-1172704
--	---

6 Address (including country) 30 HUDSON YARDS NEW YORK, NY 10001	5b Reference ID number
--	------------------------

7 Country code of country of incorporation or organization
CAYMAN ISLANDS

8 Foreign law characterization (see instructions)
LIMITED PARTNERSHIP

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		425,372.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .179 % (b) After .230 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor NATRONA COLLECTIVE HEALTH TRUST	Identifying number (see instructions) 83-0230808
---	---

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND CAPITAL VENTURE PARTNERS XIV LP	87-1740827

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) IDEOGRAM AI INC	5a Identifying number, if any
6 Address (including country) 201-56 THE ESPLANADE TORONTO, ON M5E 1A6 CANADA	5b Reference ID number 2001
7 Country code of country of incorporation or organization CANADA	
8 Foreign law characterization (see instructions) CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/03/2023		253,632.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After .065 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor NATRONA COLLECTIVE HEALTH TRUST	Identifying number (see instructions) 83-0230808
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
COMMONFUND CAPITAL VENTURE PARTNERS XIV LP	87-1740827

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) MISTRAL AI INC	5a Identifying number, if any
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6 Address (including country) 15 RUE DES HALLES PARIS, 75001 FRANCE	5b Reference ID number 99-0657949
--	---

7 Country code of country of incorporation or organization
FRANCE

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/05/2023		680,499.		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After .199 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

NATRONA COLLECTIVE HEALTH TRUST
FEIN: 83-0230808
FOR TAX YEAR ENDED DECEMBER 31, 2024

STATEMENT PURSUANT TO § 1.351-3(a) BY NATRONA COLLECTIVE HEALTH TRUST
(FEIN: 83-0230808), A SIGNIFICANT TRANSFEROR

Description of the Transfer: On December 31st, 2023, Natrona Collective Health Trust (“Transferor”) (FEIN: 83-0230808), contributed \$425,372 in cash to KKR Global Credit Opportunities Fund (Overseas) LP (FEIN: 98-1172704), in exchange for shares of common stock. For US federal income tax purposes, the contribution of property is treated as a contribution of assets by Transferor to Transferee. Immediately before and after the exchange, Transferor owned some of the issued and outstanding stock of Transferee. The transaction is intended to qualify as a transfer under Section 351.

This statement is attached to the federal income tax return for Natrona Collective Health Trust for the tax year ending December 31, 2024, as required pursuant to Treasury Regulation Section 1.351-3. Pursuant to Treasury Regulation Section 1.351-3(c), a separate transferee statement has not been attached to this return.

(1) The name and employer identification number (if any) of the transferor and transferee corporation(s):

Transferor:

Natrona Collective Health Trust

FEIN: 83-0230808

Transferee:

KKR Global Credit Opportunities Fund (Overseas) LP

FEIN: 98-1172704

(2) The date(s) of the transfer(s) of assets: 12/31/2023

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the property transferred by such transferor in the exchange:

The aggregate fair market value and basis of the transferred property was approximately \$425,372.

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange:

No private letter rulings were requested with respect to these exchanges.

NATRONA COLLECTIVE HEALTH TRUST
FEIN: 83-0230808
FOR TAX YEAR ENDED DECEMBER 31, 2024

STATEMENT PURSUANT TO § 1.351-3(a) BY NATRONA COLLECTIVE HEALTH TRUST
(FEIN: 83-0230808), A SIGNIFICANT TRANSFEROR

Description of the Transfer: On November 3rd, 2023, Natrona Collective Health Trust (“Transferor”) (FEIN: 83-0230808), contributed \$253,632 in cash to Ideogram AI Inc, in exchange for shares of common stock. For US federal income tax purposes, the contribution of property is treated as a contribution of assets by Transferor to Transferee. Immediately before and after the exchange, Transferor owned some of the issued and outstanding stock of Transferee. The transaction is intended to qualify as a transfer under Section 351.

This statement is attached to the federal income tax return for Natrona Collective Health Trust for the tax year ending December 31, 2024, as required pursuant to Treasury Regulation Section 1.351-3. Pursuant to Treasury Regulation Section 1.351-3(c), a separate transferee statement has not been attached to this return.

(1) The name and employer identification number (if any) of the transferor and transferee corporation(s):

Transferor:

Natrona Collective Health Trust

FEIN: 83-0230808

Transferee:

Ideogram AI Inc

FEIN: N/A

(2) The date(s) of the transfer(s) of assets: 11/03/2023

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the property transferred by such transferor in the exchange:

The aggregate fair market value and basis of the transferred property was approximately \$253,632.

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange:

No private letter rulings were requested with respect to these exchanges.

NATRONA COLLECTIVE HEALTH TRUST
FEIN: 83-0230808
FOR TAX YEAR ENDED DECEMBER 31, 2024

STATEMENT PURSUANT TO § 1.351-3(a) BY NATRONA COLLECTIVE HEALTH TRUST
(FEIN: 83-0230808), A SIGNIFICANT TRANSFEROR

Description of the Transfer: On December 5th, 2023, Natrona Collective Health Trust (“Transferor”) (FEIN: 83-0230808), contributed \$680,499 in cash to Mistral AI Inc, in exchange for shares of common stock. For US federal income tax purposes, the contribution of property is treated as a contribution of assets by Transferor to Transferee. Immediately before and after the exchange, Transferor owned some of the issued and outstanding stock of Transferee. The transaction is intended to qualify as a transfer under Section 351.

This statement is attached to the federal income tax return for Natrona Collective Health Trust for the tax year ending December 31, 2024, as required pursuant to Treasury Regulation Section 1.351-3. Pursuant to Treasury Regulation Section 1.351-3(c), a separate transferee statement has not been attached to this return.

(1) The name and employer identification number (if any) of the transferor and transferee corporation(s):

Transferor:

Natrona Collective Health Trust

FEIN: 83-0230808

Transferee:

Mistral AI Inc

FEIN: N/A

(2) The date(s) of the transfer(s) of assets: 12/05/2023

(3) The aggregate fair market value and basis, determined immediately before the exchange, of the property transferred by such transferor in the exchange:

The aggregate fair market value and basis of the transferred property was approximately \$680,499.

(4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange:

No private letter rulings were requested with respect to these exchanges.

NATRONA COLLECTIVE HEALTH TRUST
FEIN: 83-0230808
FOR TAX YEAR ENDED DECEMBER 31, 2024

STATEMENT PURSUANT TO REG. §1.6038B-1(C) AND TEMP. REG. §1.6038B-1T(C)(1) THROUGH §1.6038B-1T(C)(5) - INFORMATION REQUIRED WITH RESPECT TO TRANSFERS DESCRIBED IN SECTION 603B(A)(1)(A)

1. Transferor: Natrona Collective Health Trust
FEIN: 83-0230808

2. Transfer Information:
 - a. Transferee Information: KKR Global Credit Opportunities Fund (Overseas) LP
FEIN: 98-1172704
30 Hudson Yards,
New York, NY 10001

 - b. Description of Transfer: Natrona Collective Health Trust transferred cash of USD 425,372 to KKR Global Credit Opportunities Fund (Overseas) LP.

3. Consideration Received: Natrona Collective Health Trust received additional stock basis for properties transferred. Natrona Collective Health Trust owns 0.230% of KKR Global Credit Opportunities Fund (Overseas) LP immediately after the contribution as described above.

4. Property Transferred: Please see 2(b).
 - a. Active Business Property: N/A
 - b. Stock or Securities: Yes
 - c. Depreciated Property: N/A
 - d. Property to be Leased: N/A
 - e. Property to be Sold: N/A
 - f. Transfers to FSCs: N/A
 - g. Tainted Property: N/A
 - h. Foreign Loss Branch: N/A
 - i. Other Intangibles: N/A

5. Transfers of Foreign Branch with Previously Deducted Losses: N/A

NATRONA COLLECTIVE HEALTH TRUST
FEIN: 83-0230808
FOR TAX YEAR ENDED DECEMBER 31, 2024

STATEMENT PURSUANT TO REG. §1.6038B-1(C) AND TEMP. REG. §1.6038B-1T(C)(1) THROUGH §1.6038B-1T(C)(5) - INFORMATION REQUIRED WITH RESPECT TO TRANSFERS DESCRIBED IN SECTION 603B(A)(1)(A)

1. Transferor: Natrona Collective Health Trust
FEIN: 83-0230808

2. Transfer Information:
 - a. Transferee Information: Ideogram AI Inc
FEIN: N/A
201-56 The Esplanade
Toronto, ON M5E 1A6 Canada

 - b. Description of Transfer: Natrona Collective Health Trust transferred cash of USD 253,632 to Ideogram AI Inc.

3. Consideration Received: Natrona Collective Health Trust received additional stock basis for properties transferred. Natrona Collective Health Trust owns 0.065% of Ideogram AI Inc immediately after the contribution as described above.

4. Property Transferred: Please see 2(b).
 - a. Active Business Property: N/A
 - b. Stock or Securities: Yes
 - c. Depreciated Property: N/A
 - d. Property to be Leased: N/A
 - e. Property to be Sold: N/A
 - f. Transfers to FSCs: N/A
 - g. Tainted Property: N/A
 - h. Foreign Loss Branch: N/A
 - i. Other Intangibles: N/A

5. Transfers of Foreign Branch with Previously Deducted Losses: N/A

NATRONA COLLECTIVE HEALTH TRUST
FEIN: 83-0230808
FOR TAX YEAR ENDED DECEMBER 31, 2024

STATEMENT PURSUANT TO REG. §1.6038B-1(C) AND TEMP. REG. §1.6038B-1T(C)(1) THROUGH §1.6038B-1T(C)(5) - INFORMATION REQUIRED WITH RESPECT TO TRANSFERS DESCRIBED IN SECTION 603B(A)(1)(A)

1. Transferor: Natrona Collective Health Trust
FEIN: 83-0230808

2. Transfer Information:
 - a. Transferee Information: Mistral AI Inc
FEIN: N/A
15 Rue Des Halles
Paris, 75001 France

 - b. Description of Transfer: Natrona Collective Health Trust transferred cash of USD 680,499 to Mistral AI Inc.

3. Consideration Received: Natrona Collective Health Trust received additional stock basis for properties transferred. Natrona Collective Health Trust owns 0.019% of Mistral AI Inc immediately after the contribution as described above.

4. Property Transferred: Please see 2(b).
 - a. Active Business Property: N/A
 - b. Stock or Securities: Yes
 - c. Depreciated Property: N/A
 - d. Property to be Leased: N/A
 - e. Property to be Sold: N/A
 - f. Transfers to FSCs: N/A
 - g. Tainted Property: N/A
 - h. Foreign Loss Branch: N/A
 - i. Other Intangibles: N/A

5. Transfers of Foreign Branch with Previously Deducted Losses: N/A