

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROCKY MOUNTAIN HEALTH FOUNDATION		D Employer identification number 84-1424932
	Doing business as		E Telephone number 970-644-8188
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2768 COMPASS DRIVE		G Gross receipts \$ 1,596,811.
	City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81506		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: MICHAELLE SMITH SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: ▶ RMHEALTH.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998	M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH OF COLORADANS LIVING ON THE WESTERN SLOPE BY INVESTING IN EXISTING COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 574,893.	Current Year 538,306.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,320,295.	1,058,505.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,112,198.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,007,386.	1,596,811.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,580,279.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		381,205.	381,877.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		393,970.	302,727.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,355,454.	2,869,311.
19 Revenue less expenses. Subtract line 18 from line 12	17,651,932.	<1,272,500.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 54,361,615.	End of Year 57,078,198.
	21 Total liabilities (Part X, line 26)	508,387.	213,291.
	22 Net assets or fund balances. Subtract line 21 from line 20	53,853,228.	56,864,907.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MICHAELLE SMITH, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KYLE FRITCH, CPA	KYLE FRITCH, CPA	05/07/21	<input type="checkbox"/>	P01313374
Firm's name ▶ EIDE BAILLY LLP			Firm's EIN ▶ 45-0250958		
Firm's address ▶ 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429			Phone no. 970-223-8825		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: IMPROVE THE HEALTH OF COLORADANS LIVING ON THE WESTERN SLOPE BY INVESTING IN EXISTING COMMUNITY ASSETS AND BY ACTING AS A CATALYST FOR NEW APPROACHES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 396,527. including grants of \$ 396,527.) (Revenue \$) BABY AND ME TOBACCO FREE PROGRAM - PREGNANT SMOKERS RECEIVE SMOKING CESSATION COUNSELING AND SUPPORT. BEFORE AND AFTER GIVING BIRTH, THEY ARE CHECKED MONTHLY WITH A CARBON MONOXIDE MONITOR AT THEIR HEALTH DEPARTMENT OR COMMUNITY CLINIC AND RECEIVE FREE DIAPERS EACH MONTH THEY REMAIN TOBACCO FREE FOR UP TO A YEAR. THIS PROGRAM HAS BEEN IMPLEMENTED ACROSS THE STATE OF COLORADO WITH 38 COUNTIES PARTICIPATING.

4b (Code:) (Expenses \$ 41,633. including grants of \$ 41,633.) (Revenue \$) EMERGENCY SUPPORT FUND - PROVIDE A ONE-TIME GIFT TO INDIVIDUALS OR FAMILIES FACING A CRISIS AFFECTING THEIR OVERALL HEALTH. THE GIFT IS INTENDED TO BRIDGE A GAP ENABLING THEM TO REACH OVERALL HEALTH SUSTAINABILITY. THERE MUST BE STRONG EVIDENCE OF FINANCIAL NEED AS VERIFIED BY A CASE MANAGER, CARE COORDINATOR OR SOCIAL SERVICE PROFESSIONAL. THE PERSON MUST HAVE A CAPABILITY TO MANAGE THEIR FUTURE NEEDS. FUNDS ARE PAID DIRECTLY TO ORGANIZATIONS COVERING THINGS SUCH AS RENT, UTILITIES, ETC. WHILE GIFT CARDS ARE GIVEN DIRECTLY TO FAMILIES FOR ITEMS SUCH AS FOOD, CLOTHING, AND TRANSPORTATION. THE FUND MAY ALSO PURCHASE SERVICES OR MEDICAL SUPPLIES NOT COVERED BY INSURANCE, WHICH HAVE THE POTENTIAL TO IMPROVE AN INDIVIDUAL'S HEALTH STATUS OR PREVENT INJURY.

4c (Code:) (Expenses \$ 2,042,283. including grants of \$ 1,746,547.) (Revenue \$) GRANTS TO VARIOUS HEALTH AND WELLNESS PROGRAMS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,480,443.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CO**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MICHAELLE SMITH - 970-644-8188**
2768 COMPASS DRIVE, NO. 109, GRAND JUNCTION, CO 81506

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAELLE SMITH EXECUTIVE DIRECTOR	40.00			X			150,215.	0.	17,206.	
(2) SALLY SCHAEFER CHAIR/PRESIDENT	2.00	X		X			299.	0.	0.	
(3) PATRICIA RIDDELL VICE CHAIR/VICE PRESIDENT	1.00	X		X			300.	0.	0.	
(4) CHARLES BREAU TREASURER	1.00	X		X			300.	0.	0.	
(5) JENNIFER ROLLER SECRETARY	1.00	X		X			225.	0.	0.	
(6) NICOLE BERNAL RUIZ DIRECTOR	1.00	X					300.	0.	0.	
(7) THERESA CHASE DIRECTOR	1.00	X					300.	0.	0.	
(8) RICHARD BETTS DIRECTOR	1.00	X					300.	0.	0.	
(9) CASSIE COMEAU DIRECTOR	1.00	X					225.	0.	0.	
(10) ERROL SNIDER DIRECTOR	1.00	X					300.	0.	0.	
(11) JEFFREY KUHR DIRECTOR	1.00	X					150.	0.	0.	
(12) JOHN FEENEY-COYLE EX-OFFICIO DIRECTOR	1.00	X					0.	0.	0.	
(13) KATHLEEN MCINNIS DIRECTOR	1.00	X					300.	0.	0.	
(14) ROBERT TESCH DIRECTOR	1.00	X					225.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							153,439.	0.	17,206.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							153,439.	0.	17,206.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	435,803.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	102,503.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		538,306.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,058,505.		1,058,505.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		1,596,811.	0.	0.	1,058,505.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,143,074.	2,143,074.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	41,633.	41,633.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	165,478.	58,411.	107,067.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	172,306.	131,669.	40,637.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	44,093.	24,855.	19,238.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	2,000.		2,000.	
c Accounting	37,472.		37,472.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	99,231.		99,231.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,100.	2,100.		
12 Advertising and promotion				
13 Office expenses	8,182.	4,668.	3,514.	
14 Information technology	12,182.	7,847.	4,335.	
15 Royalties				
16 Occupancy	38,482.	23,626.	14,856.	
17 Travel	18,269.	13,672.	4,597.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	11,486.		11,486.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BABY AND ME ADMINISTRAT</u>	38,654.		38,654.	
b <u>MEMBERSHIP DUES AND SUB</u>	6,879.	5,554.	1,325.	
c _____				
d _____				
e All other expenses _____	27,790.	23,334.	4,456.	
25 Total functional expenses. Add lines 1 through 24e	2,869,311.	2,480,443.	388,868.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	174,322.	2	1,483,239.
	3 Pledges and grants receivable, net	172,235.	3	67,509.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,227.	9	1,664.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	49,896,633.	11	55,525,786.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,112,198.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	54,361,615.	16	57,078,198.	
Liabilities	17 Accounts payable and accrued expenses	208,387.	17	13,291.
	18 Grants payable	300,000.	18	200,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	508,387.	26	213,291.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	53,814,047.	27	56,843,837.
	28 Net assets with donor restrictions	39,181.	28	21,070.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	53,853,228.	32	56,864,907.
	33 Total liabilities and net assets/fund balances	54,361,615.	33	57,078,198.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,596,811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,869,311.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,272,500.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,853,228.
5	Net unrealized gains (losses) on investments	5	4,284,179.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,864,907.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	685,312.	548,766.	591,390.	574,893.	538,306.	2938667.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	685,312.	548,766.	591,390.	574,893.	538,306.	2938667.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						40,386.
6 Public support. Subtract line 5 from line 4.						2898281.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	685,312.	548,766.	591,390.	574,893.	538,306.	2938667.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86.	184,569.	1360558.	1463383.	1058505.	4067101.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7005768.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	41.37 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	48.57 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number

84-1424932

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932
---	---

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	<hr/> <hr/> <hr/>	\$ <u>435,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932
---	---

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
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932
---	---

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	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **ROCKY MOUNTAIN HEALTH FOUNDATION** Employer identification number **84-1424932**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,781,759.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,284,179.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	4,284,179.
3	Subtract line 2e from line 1		3	1,497,580.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	99,231.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	99,231.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,596,811.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,770,080.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,770,080.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	99,231.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	99,231.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,869,311.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION, AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. THE FOUNDATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE FOUNDATION HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

Part XIII Supplemental Information *(continued)*

MANAGEMENT BELIEVES THAT THE FOUNDATION HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **ROCKY MOUNTAIN HEALTH FOUNDATION** Employer identification number **84-1424932**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DELTA COUNTY HEALTH DEPARTMENT 255 W. 6TH STREET DELTA, CO 81401	84-0882458	GOVERNMENT	5,000.	0.			COVID-19 RESPONSE
DOS RIOS ELEMENTARY SCHOOL 265 LINDEN AVENUE GRAND JUNCTION, CO 81503	84-6002839	GOVERNMENT	5,000.	0.			ORCHARD MESA COMMUNITY BIKE PLAYGROUND AND TRAIL SYSTEM AT DOS RIOS.
EAGLE COUNTY HEALTH SERVICE DISTRICT - PO BOX 990 - EDWARDS, CO 81632	84-0878965	GOVERNMENT	5,000.	0.			COVID-19 RESPONSE
EAGLE COUNTY SCHOOL DISTRICT RE50-J - PO BOX 740 - EAGLE, CO 81631	84-6012253	GOVERNMENT	5,000.	0.			COVID-19 RESPONSE
GRAND LAKE FIRE PROTECTION DISTRICT - PO BOX 1408 - GRAND LAKE, CO 80447	84-0806002	GOVERNMENT	8,000.	0.			COVID-19 RESPONSE
MESA COUNTY VALLEY SCHOOL DISTRICT 51 - NUTRITION SERVICES - 2280 E. MAIN STREET - GRAND JUNCTION, CO 81501	84-6002839	GOVERNMENT	5,000.	0.			COVID-19 RESPONSE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **126.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEZUMA COUNTY PUBLIC HEALTH DEPT - 106 W. NORTH ST. - CORTEZ, CO 81321	84-6000786	GOVERNMENT	7,500.	0.			COVID-19 RESPONSE
MONTEZUMA COUNTY PUBLIC HEALTH DEPT - 106 W. NORTH ST. - CORTEZ, CO 81321	84-6000786	GOVERNMENT	10,000.	0.			ACCESS TO & AFFORDABILITY OF PHYSICAL, ORAL & VISUAL HEALTH
OURAY COUNTY PUBLIC HEALTH DEPARTMENT AND SAN MIGUEL COUNTY DEPT OF HEALTH AND E - PO BOX 670 - OURAY, CO 81427	84-6000791	GOVERNMENT	15,000.	0.			FAMILY WELLNESS ASSISTANCE PROGRAM
SAN MIGUEL & OURAY COUNTIES JUVENILE SERVICES - PO BOX 1068 - TELLURIDE, CO 81423	84-6000806	GOVERNMENT	25,000.	0.			SAN MIGUEL & OURAY COUNTIES JUVENILE SERVICES
SOUTH ROUTT MEDICAL CENTER HEALTH SERVICE DISTRICT - PO BOX 8 - OAK CREEK, CO 80467	84-6032810	GOVERNMENT	27,000.	0.			HEMATOLOGY ANALYZER REPLACEMENT PURCHASE
A KIDZ CLINIC 360 E 8TH ST DELTA, CO 81416	47-1408195	501(C)(3)	8,500.	0.			COVID-19 SPECIFIC RESPONSE
A WAY OUT, INC. PO BOX 10825 ASPEN, CO 81612	46-1809899	501(C)(3)	15,000.	0.			ADDICTION RECOVERY ENGAGEMENT
ADVOCATES FOR VICTIMS OF ASSAULT, INC. - PO BOX 1859 - FRISCO, CO 80443	84-0950954	501(C)(3)	5,000.	0.			BASIC NEEDS
ADVOCATES FOR VICTIMS OF ASSAULT, INC. - PO BOX 1859 - FRISCO, CO 80443	84-0950954	501(C)(3)	5,000.	0.			COVID-19 RESPONSE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES OF LAKE COUNTY 711 HARRISON AVENUE LEADVILLE, CO 80461	84-0912821	501(C)(3)	11,000.	0.			BASIC NEEDS SPEC POP
ADVOCATES OF ROUTT COUNTY PO BOX 771424 STEAMBOAT SPRINGS, CO 80477	84-0939362	501(C)(3)	5,000.	0.			BASIC NEEDS
ADVOCATES VICTIM ASSISTANCE TEAM PO BOX 155 HOT SULPHUR SPRINGS, CO 80451	84-1044194	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
ARCHULETA COUNTY VICTIM ASSISTANCE PROGRAM, INC./RISE ABOVE VIOLENCE - 191 TALISMAN DR #104-105 - PAGOSA SPRINGS, CO 81147	31-1622803	501(C)(3)	5,000.	0.			BASIC NEEDS
ARIEL CLINICAL SERVICES 2938 NORTH AVENUE SUITE G GRAND JUNCTION, CO 81504	84-1255228	501(C)(3)	15,000.	0.			BEHAVIORAL/MENTAL HEALTH
ASPEN HOMELESS SHELTER 405 CASTLE CREEK RD ASPEN, CO 81611	30-0566563	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
ASPEN HOPE CENTER THE HOPE CENTER 227 MIDLAND AVE #15B BASALT, CO 81621	27-3703825	501(C)(3)	20,000.	0.			BEHAVIORAL/MENTAL HEALTH
BRECKENRIDGE OUTDOOR EDUCATION CENTER - PO BOX 697 - BRECKENRIDGE, CO 80424	84-0725560	501(C)(3)	5,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY - 1060 WEST BEAVER CREEK BLVD - AVON, CO 81620	84-0938374	501(C)(3)	5,000.	0.			BASIC NEEDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT FUTURES PO BOX 4216 TELLURIDE, CO 81435	20-2169766	501(C)(3)	10,000.	0.			BRIGHT FUTURES
CASA OF THE 7TH JUDICIAL DISTRICT PO BOX 1708 MONTROSE, CO 81402	84-1546403	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
CASA OF THE 7TH JUDICIAL DISTRICT PO BOX 1708 MONTROSE, CO 81402	84-1546403	501(C)(3)	10,000.	0.			BEHAVIORAL/MENTAL HEALTH
CASA OF THE CONTINENTAL DIVIDE PO BOX 2092 DILLON, CO 80435	84-1471924	501(C)(3)	7,000.	0.			BASIC NEEDS SPEC POP
CENTER FOR ENRICHED COMMUNICATION/DBA COUNSELING & EDUCATION CENTER - 2708 PATTERSON ROAD - GRAND JUNCTION, CO 81506	74-2232416	501(C)(3)	15,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
CLIFTON CHRISTIAN CHURCH FOOD AND CLOTHING - 3241 F 1/4 RD - CLIFTON, CO 81520	84-0583347	501(C)(3)	10,000.	0.			COVID-19 RESPONSE
CLOUD CITY CONSERVATION CENTER PO BOX 459 LEADVILLE, CO 80461	46-0616024	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
CLOUD CITY CONSERVATION CENTER PO BOX 459 LEADVILLE, CO 80461	46-0616024	501(C)(3)	20,000.	0.			HEALTHY ROOTS
COLORADO HEALTH INSTITUTE 1999 BROADWAY, SUITE 600 DENVER, CO 80202	74-3082235	501(C)(3)	5,000.	0.			COLORADO HEALTH ACCESS SURVEY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO HEALTH INSTITUTE 1999 BROADWAY, SUITE 600 DENVER, CO 80202	74-3082235	501(C)(3)	5,000.	0.			COLORADO HEALTH ACCESS SURVEY
COLORADO AIDS PROJECT/HOWARD DENTAL CENTER - 2352 N. 7TH ST SUITE A-1 - GRAND JUNCTION, CO 81501	84-0961159	501(C)(3)	10,000.	0.			WESTERN COLORADO HEALTH NETWORK FOOD PANTRY
COMMUNITY BUDGET CENTER 555 YAMPA AVENUE CRAIG, CO 81625	84-0799337	501(C)(3)	38,500.	0.			EMERGENCY SUPPORT FUNDING
COMMUNITY CLINICS AT MEMORIAL REGIONAL HEALTH (DBA: OPEN HEART ADVOCATES) - 750 HOSPITAL LOOP - CRAIG, CO 81625	26-2303349	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
COMMUNITY DENTAL CLINIC, INC. 87 MERCHANT DRIVE MONTROSE, CO 81401	47-0891200	501(C)(3)	10,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502	84-0817696	501(C)(3)	10,000.	0.			COVID-19 RESPONSE
COMMUNITY FOUNDATION OF THE GUNNISON VALLEY - 525 N. MAIN STREET - GUNNISON, CO 81230	31-1650658	501(C)(3)	43,000.	0.			EMERGENCY SUPPORT FUNDING
DELTA COUNTY MEMORIAL HOSPITAL 1501 E 3RD STREET DELTA, CO 81401	84-0428757	501(C)(3)	10,000.	0.			COVID-19 SPECIFIC RESPONSE
DOORS 2 SUCCESS 8 FORESIGHT CIRCLE GRAND JUNCTION, CO 81505	26-2807058	501(C)(3)	15,000.	0.			BASIC NEEDS MISC

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAGLE VALLEY COMMUNITY FOUNDATION PO BOX 1580 VAIL, CO 81658	47-1915583	501(C)(3)	5,000.	0.			BASIC NEEDS
EAGLE VALLEY COMMUNITY FOUNDATION PO BOX 1580 VAIL, CO 81658	47-1915583	501(C)(3)	7,500.	0.			COVID-19 RESPONSE
EUREKA! MATH AND SCIENCE CENTER (COLORADO MESA UNIVERSITY FOUNDATION) - 1450 N 12TH STREET - GRAND JUNCTION, CO 81501	84-6037667	501(C)(3)	100,000.	0.			CAPITAL GRANT
FAMILY & INTERCULTURAL RESOURCE CENTER - 251 W. 4TH STREET - SILVERTHORNE, CO 80498	84-1252900	501(C)(3)	21,000.	0.			EMERGENCY SUPPORT FUNDING
FAMILY VISITOR PROGRAM OF GARFIELD COUNTY, INC - PO BOX 1845 - GLENWOOD SPRINGS, CO 81602	84-1001484	501(C)(3)	10,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
FOOD BANK OF THE ROCKIES 120 NORTH RIVER RD. PALISADE, CO 81526	84-0772672	501(C)(3)	7,500.	0.			COVID-19 RESPONSE
FOOD BANK OF THE ROCKIES 120 NORTH RIVER RD. PALISADE, CO 81526	84-0772672	501(C)(3)	25,000.	0.			FIGHTING HUNGER, FEEDING HOPE THROUGHOUT THE WESTERN SLOPE
GRAND COUNTY WILDFIRE FUND 551 ZEREX STREET, SUITE C203 FRASER, CO 80442	84-1374928	501(C)(3)	10,000.	0.			EMERGENCY RELIEF FUNDS FOR BASIC NEEDS
GRAND VALLEY CATHOLIC OUTREACH 245 S 1ST GRAND JUNCTION, CO 81501	20-0064007	501(C)(3)	25,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501(C)(3)	18,642.	0.			EMERGENCY SUPPORT FUNDING
GUNNISON VALLEY HEALTH FOUNDATION 711 NORTH TAYLOR GUNNISON, CO 81230	26-1243347	501(C)(3)	10,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
GUNNISON VALLEY MENTORS 101 N 8TH ST GUNNISON, CO 81230	84-1157649	501(C)(3)	10,000.	0.			MENTAL HEALTH
HARMONY ACRES EQUESTRIAN CENTER PO BOX 38 FRUITA, CO 81521	68-0508799	501(C)(3)	10,000.	0.			MENTAL HEALTH
HAVEN HOUSE OF MONTROSE, INC PO BOX 3122 MONTROSE, CO 81402	27-3747144	501(C)(3)	10,000.	0.			BASIC NEEDS
HAVEN HOUSE OF MONTROSE, INC. PO BOX 3122 MONTROSE, CO 81402	27-3747144	501(C)(3)	5,000.	0.			50% CHILDCARE PROGRAM/50% PLAYGROUND PROJECT
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE GRAND JUNCTION, CO 81506	74-2321009	501(C)(3)	22,000.	0.			EMERGENCY SUPPORT FUNDING
HILLTOP COMMUNITY RESOURCES, INC. 1331 HERMOSA AVE GRAND JUNCTION, CO 81506	74-2321009	501(C)(3)	12,000.	0.			PHYSICAL HEALTH
HISPANIC AFFAIRS PROJECT PO BOX 2024 MONTROSE, CO 81402	27-1276653	501(C)(3)	5,000.	0.			BASIC NEEDS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEWARDBOUND OF THE GRAND VALLEY, INC - 2853 NORTH AVE. - GRAND JUNCTION, CO 81501	26-0052916	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
HOPEWEST 3090 N. 12TH ST. UNIT B GRAND JUNCTION, CO 81506	84-1207388	501(C)(3)	7,500.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
HORIZONS SPECIALIZED SERVICES PO BOX 774867 STEAMBOAT SPRINGS, CO 80477	84-0705884	501(C)(3)	7,500.	0.			BASIC NEEDS
HOUSING SOLUTIONS OF THE SOUTHWEST 295 GIRARD ST DURANGO, CO 81303	84-0853925	501(C)(3)	45,750.	0.			EMERGENCY SUPPORT FUNDING
INTEGRATED COMMUNITY 443 OAK ST STEAMBOAT SPRINGS, CO 80487	46-1325467	501(C)(3)	10,000.	0.			BASIC NEEDS
KIDS AID 2978 GUNNISON AVENUE GRAND JUNCTION, CO 81504	26-1673162	501(C)(3)	5,000.	0.			BASIC NEEDS
LA PLATA FAMILY CENTERS COALITION 150 TECH CENTER DRIVE, SUITE A DURANGO, CO 81301	84-0988973	501(C)(3)	10,000.	0.			BASIC NEEDS
LA PLATA YOUTH SERVICES, INC. 2490 MAIN AVENUE DURANGO, CO 81301	84-1265550	501(C)(3)	12,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
LIFT UP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	84-1385379	501(C)(3)	10,000.	0.			COVID-19 RESPONSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFT UP OF ROUTT COUTNY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	84-1385379	501(C)(3)	10,000.	0.			BASIC NEEDS
LOCAL FIRST FOUNDATION 835 MAIN AVE #221 DURANGO, CO 81301	32-0600640	501(C)(3)	15,000.	0.			PHYSICAL HEALTH
LOWER VALLEY HOSPITAL ASSOCIATION 300 W. OTTLEY AVENUE FRUITA, CO 81521	84-0447998	501(C)(3)	8,000.	0.			ACCESS TO & AFFORDABILITY OF PHYSICAL, ORAL & VISUAL HEALTH
MARILLAC CLINIC, INC. 2333 N 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	6,000.	0.			COVID-19 RESPONSE
MARILLACHEALTH 2333 N 6TH STREET GRAND JUNCTION, CO 81501	84-1085822	501(C)(3)	20,000.	0.			COVID-19 SPECIFIC RESPONSE
MESA COUNTY PARTNERS 1169 COLORADO AVE GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	10,000.	0.			BEHAVIORAL/MENTAL HEALTH
MESA DEVELOPMENTAL SERVICES, DBA STRIVE - 790 WELLINGTON AVENUE - GRAND JUNCTION, CO 81501	84-6044855	501(C)(3)	15,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
MONTROSE COUNTY SENIOR CITIZENS TRANSPORTATION INC. - PO BOX 1416 - MONTROSE, CO 81402	74-2561376	501(C)(3)	10,000.	0.			BASIC NEEDS
MONTROSE MEMORIAL HOSPITAL, INC. 800 S 3RD STREET MONTROSE, CO 81401	84-6002707	501(C)(3)	10,000.	0.			COVID-19 SPECIFIC RESPONSE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSAIC 2456 INDUSTRIAL BOULEVARD GRAND JUNCTION, CO 81505	11-3669999	501(C)(3)	25,000.	0.			EXPANDING THE ACCESS OF PEOPLE WITH DISABILITIES AND MENTAL HEALTH DISORDERS TO BEHAVIORAL
MOUNTAIN FAMILY CENTER PO BOX 638 GRANBY, CO 80446	74-2446390	501(C)(3)	15,000.	0.			BASIC NEEDS
MOUNTAIN FAMILY HEALTH CENTERS 2700 GILSTRAP COURT #100 GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	15,000.	0.			PHYSICAL HEALTH
ONWARD! A LEGACY FOUNDATION - MONTEZUMA FOOD COALITION - PO BOX 26 - CORTEZ, CO 81321	26-0045741	501(C)(3)	6,000.	0.			COVID-19 RESPONSE
PAGOSA OUTREACH CONNECTION (UNITED WAY OF SW CO FISCAL SPONSOR) - PO BOX 300 - PAGOSA SPRINGS, CO 81147	23-7113221	501(C)(3)	18,250.	0.			EMERGENCY SUPPORT FUNDING
PATHFINDERS PO BOX 11799 ASPEN, CO 81612	20-1710899	501(C)(3)	20,000.	0.			SCHOOLS-BASED PROGRAM
PINE RIVER SHARES 658 SOUTH EAST STREET BAYFIELD, CO 81122	84-1474900	501(C)(3)	10,000.	0.			BASIC NEEDS FOOD
PROJECT HOPE OF GUNNISON VALLEY PO BOX 1812 GUNNISON, CO 81230	84-1127292	501(C)(3)	7,500.	0.			BASIC NEEDS
REGION 10 145 S CASCADE AVE MONTROSE, CO 81401	84-0631483	501(C)(3)	18,000.	0.			SENIOR COMPANION PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESPONSE 405 CASTLE CREEK ROAD SUITE 203 ASPEN, CO 81611	74-2328814	501(C)(3)	9,000.	0.			BASIC NEEDS SPEC POP
RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501(C)(3)	15,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
RIVER CENTER OF NEW CASTLE PO BOX 272 NEW CASTLE, CO 81647	27-3837160	501(C)(3)	43,000.	0.			EMERGENCY SUPPORT FUNDING
ROUTT COUNTY COUNCIL ON AGING PO BOX 770207 STEAMBOAT SPRINGS, CO 80477	84-0678596	501(C)(3)	10,000.	0.			BASIC NEEDS
SAN MIGUEL RESOURCE CENTER PO BOX 3243 TELLURIDE, CO 81435	84-1248457	501(C)(3)	18,000.	0.			BASIC NEEDS
SENIOR MATTERS BECAUSE SENIORS MATTER - PO BOX 991 - CARBONDALE, CO 81623	26-0534007	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
SHARING MINISTRIES, INC. 49 N. 1ST STREET MONTROSE, CO 81401	84-1338604	501(C)(3)	15,000.	0.			BASIC NEEDS
SOUTHERN COLORADO COMMUNITY ACTION AGENCY - CELEBRATING HEALTHY COMMUNITIES - 835 E 2ND AVE SUITE 200 - DURANGO, CO 81301	84-0576978	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
SUMMIT COMMUNITY CARE CLINIC PO BOX 4337 FRISCO, CO 80443	20-1139635	501(C)(3)	5,000.	0.			COVID-19 RESPONSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT COUNTY FAMILY RESOURCE CENTER - PO BOX 1636 - SILVERTHORNE, CO 80498	84-1252900	501(C)(3)	10,000.	0.			ACCESS TO & AFFORDABILITY OF PHYSICAL, ORAL & VISUAL HEALTH
SUMMITWEST CARE 2800 PRINTERS WAY SUITE 200 GRAND JUNCTION, CO 81501	02-0565600	501(C)(3)	10,000.	0.			COVID-19 SPECIFIC RESPONSE
SURFACE CREEK COMMUNITY SERVICES INC - PO BOX 963 - CEDAREGE, CO 81413	46-0475616	501(C)(3)	6,000.	0.			WALK IN FREEZER
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	84-1530768	501(C)(3)	43,000.	0.			EMERGENCY SUPPORT FUNDING
TELLURIDE MEDICAL CENTER FOUNDATION - PO BOX 1229 - TELLURIDE, CO 81435	84-0561224	501(C)(3)	5,000.	0.			GENERAL OPERATING
THE BISHOP AND DIOCESE OF COLORADO - ST. GEORGE EPISCOPAL CHURCH - PO BOX 243 - LEADVILLE, CO 80461	84-1467723	501(C)(3)	10,000.	0.			BASIC NEEDS
THE BRIDGE EMERGENCY SHELTER 735 N. PARK STREET CORTEZ, CO 81321	26-3068964	501(C)(3)	5,000.	0.			BASIC NEEDS
THE CENTER FOR RURAL OUTREACH AND PUBLIC SERVICES, INC. (CROPS) - 7362 E. SOARING EAGLE WAY - SCOTTSDALE, AZ 85266	36-4563009	501(C)(3)	9,000.	0.			COVID-19 RESPONSE
THE CYCLE EFFECT PO BOX 1503 EAGLE, CO 81631	46-0961369	501(C)(3)	15,000.	0.			GIRLS MOUNTAIN BIKE PROGRAM

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DOLPHIN HOUSE CHILD ADVOCACY CENTER - 735 S. 1ST ST. - MONTROSE, CO 81401	20-2086127	501(C)(3)	16,000.	0.			BASIC NEEDS SPEC POP
THE GRIEF CENTER OF SOUTHWEST COLORADO - 2243 NORTH MAIN AVE STE 4F - DURANGO, CO 81301	81-0898389	501(C)(3)	10,000.	0.			MENTAL HEALTH
THE JOSEPH CENTER 2511 BELFORD AVE. SUITE B GRAND JUNCTION, CO 81501	47-5602713	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
THE JOSEPH CENTER 2511 BELFORD AVE. SUITE B GRAND JUNCTION, CO 81501	47-5602713	501(C)(3)	20,000.	0.			BASIC NEEDS
THE KEYSTONE CENTER - FOR UTE MTN UTE TRIBE, MOGUAN BEHAVIORAL HEALTH - 1628 STS. JOHN ROAD - KEYSTONE, CO 80435	84-0688506	501(C)(3)	15,000.	0.			MENTAL HEALTH
THE PINON PROJECT 210 E. MAIN STREET CORTEZ, CO 81321	84-1284735	501(C)(3)	32,000.	0.			EMERGENCY SUPPORT FUNDING
THE SALVATION ARMY, A CALIFORNIA CORPORATION - 1370 PENNSYLVANIA ST. - DENVER, CO 80203	94-1156347	501(C)(3)	10,000.	0.			COVID-19 RESPONSE
THE SALVATION ARMY, A CALIFORNIA CORPORATION - 1370 PENNSYLVANIA ST. - DENVER, CO 80203	94-1156347	501(C)(3)	20,000.	0.			EAGLE COUNTY HORTICULTURAL THERAPY PROGRAMMING (HT)
TRI-COUNTY HEALTH NETWORK PO BOX 4178 TELLURIDE, CO 81435	27-4743848	501(C)(3)	10,000.	0.			BASIC NEEDS SPEC POP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIO THERAPY PARTNERS PO BOX 4002 EAGLE, CO 81631	83-2600458	501(C)(3)	5,000.	0.			PHYSICAL HEALTH
VALLEY SETTLEMENT 520 SOUTH THIRD STREET, STE 9 CARBONDALE, CO 81623	81-2401368	501(C)(3)	20,000.	0.			BASIC NEEDS SPEC POP
VOLUNTEERS OF AMERICA, COLORADO BRANCH - PO BOX 2107 - DURANGO, CO 81302	84-0430995	501(C)(3)	10,000.	0.			BASIC NEEDS
WEST END FAMILY LINK CENTER PO BOX 602 NUCLA, CO 81424	84-1611156	501(C)(3)	20,000.	0.			BASIC NEEDS
WEST MOUNTAIN REGIONAL HEALTH ALLIANCE - PO BOX 1909 - GLENWOOD SPRINGS, CO 81602	47-2360654	501(C)(3)	15,000.	0.			HOUSING
WESTERN CO AREA HEALTH EDUCATION CENTER - 2938 NORTH AVE., UNIT B - GRAND JUNCTION, CO 81501	74-2044175	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
WESTERN COLORADO FOOD AND AGRICULTURE COUNCIL - VALLEY FOOD PARTNERSHIP - 1245 E. MAIN STREET - MONTROSE, CO 81401	20-4915575	501(C)(3)	24,000.	0.			BASIC NEEDS FOOD
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	84-1128554	501(C)(3)	10,000.	0.			COVID-19 SPECIFIC RESPONSE
YAMPA VALLEY AUTISM PROGRAM PO BOX 771824 STEAMBOAT SPRINGS, CO 80477	20-8317094	501(C)(3)	10,000.	0.			MENTAL HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501(C)(3)	10,000.	0.			ACCESS TO AND AFFORDABILITY OF SOCIAL-EMOTIONAL-BEHAVIORAL HEALTH
COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING - 1570 GRANT STREET - DENVER, CO 80203		GOVERNMENT	25,000.	0.			INTEGRATED CARE SAFETY NET CLINICS
MEDICINE HORSE CENTER PO BOX 1074 MANCOS, CO 81328	84-1560026	501(C)(3)	15,000.	0.			BEHAVIORAL/MENTAL HEALTH

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING, MEDICAL EQUIPMENT, UTILITIES	67	41,633.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION'S BOARD OF DIRECTORS OR GRANT COMMITTEE REVIEW THE UNDERLYING MERIT OF AN ORGANIZATION'S REQUEST PRIOR TO GRANTING FUNDS. THE BOARD, ITS COMMITTEES AND/OR MANAGEMENT ALSO MONITOR AND INQUIRE ON THE UNDERLYING PROGRAM AS A WHOLE.

REFERRALS FOR INDIVIDUAL FINANCIAL SUPPORT COME FROM CASE MANAGERS, A CARE COORDINATOR OR OTHER HUMAN SERVICES PROFESSIONAL. THE REQUEST IS EVALUATED FOR FINANCIAL NEED, IMPACT ON OVERALL HEALTH AND THE PERSON'S ABILITY TO

Part IV Supplemental Information

MANAGE THEIR FUTURE NEEDS. FOUNDATION STAFF APPROVE REQUESTS AND REPORT TO THE BOARD OF DIRECTORS ANNUALLY REGARDING EXPENDITURES AND LONG TERM SUCCESS OF THE INTERVENTION. FUNDS ARE PAID DIRECTLY TO ORGANIZATIONS WHO PROVIDE HOUSING, UTILITIES, MEDICAL EQUIPMENT, ETC. GIFT CARDS ARE GIVEN DIRECTLY TO INDIVIDUALS FOR ITEMS SUCH AS FOOD, GAS, CLOTHING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MOSAIC

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING THE ACCESS OF PEOPLE WITH DISABILITIES AND MENTAL HEALTH DISORDERS TO BEHAVIORAL SERVICES

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number

84-1424932

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAELLE SMITH EXECUTIVE DIRECTOR	(i)	145,050.	5,165.	0.	6,020.	11,306.	167,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

COMPLIMENTARY GYM MEMBERSHIP IS PROVIDED TO THE EXECUTIVE DIRECTOR AS PART OF THE OFFICE LEASE AGREEMENT. THE EXECUTIVE DIRECTOR REIMBURSED THE FOUNDATION FOR THE MEMBERSHIP COST.

PART I, LINE 7:

THE ORGANIZATION'S BOARD OF DIRECTORS ANNUALLY REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR TO DETERMINE IF ADDITIONAL COMPENSATION IN THE FORM OF BONUSES WILL BE PAID. DURING CALENDAR YEAR ENDED DECEMBER 31, 2020, THE BOARD OF DIRECTORS AWARDED THE EXECUTIVE DIRECTOR A BONUS BASED ON REVIEW OF HER PERFORMANCE AND SERVICES TO THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number

84-1424932

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASSETS AND BY ACTING AS A CATALYST FOR NEW APPROACHES.

FORM 990, PART VI, SECTION A, LINE 1:

ONE MEMBER IS A REPRESENTATIVE OF THE ATTORNEY GENERAL'S OFFICE. HE HAS A
DIFFERENT TERM (5 YRS.) AND IS A NONVOTING MEMBER OF THE BOARD. THIS WAS
REQUIRED BY THE ATTORNEY GENERAL AS PART OF OVERSEEING THE TRANSITION OF
ROCKY MOUNTAIN HEALTH PLANS FROM A NONPROFIT TO A FOR PROFIT. THE
FOUNDATION WAS CREATED WITH PROCEEDS FROM THE SALE TO MAINTAIN CHARITABLE
ASSETS FOR THE PEOPLE OF COLORADO.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEE WITH THE AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS DISTRIBUTED TO THE ENTIRE GOVERNING BODY FOR THEIR REVIEW.
EACH DIRECTOR IS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND/OR PROVIDE
COMMENTS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO
COMPLETE A CONFLICT OF INTEREST POLICY FORM EACH YEAR DISCLOSING ANY
CONFLICTS OF INTEREST THAT MAY EXIST. THESE ARE REVIEWED ANNUALLY BY THE
EXECUTIVE DIRECTOR. CONFLICTS ARE DECLARED BY THE BOARD WHEN ISSUES ARISE.
BOARD MEMBERS MAY NOT VOTE ON AN ISSUE THAT THEY HAVE A CONFLICT IN. THE

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number

84-1424932

CONFLICT OF INTEREST STATEMENTS ARE ALSO SENT TO THE COLORADO ATTORNEY
GENERAL'S OFFICE.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER FULLTIME FOUNDATION STAFF
WAS DETERMINED BY USING THE FOLLOWING SOURCES:

- INSPIRITY CONTRACTED PROFESSIONAL EMPLOYER ORGANIZATION
- PHILANTHROPY COLORADO - COLORADO BASED ASSOCIATION FOR FUNDERS
- EXPONENT PHILANTHROPY - NATIONAL ASSOCIATION OF LEAN FUNDERS
- THE COUNCIL OF FOUNDATIONS - NATIONAL ASSOCIATION OF FUNDERS OF ALL SIZES

THE EXECUTIVE DIRECTOR COLLECTS COMPARABLE SALARY INFORMATION AND PROVIDES
IT TO THE CHAIR OF THE BOARD AND THE EXECUTIVE COMMITTEE. THE EXECUTIVE
COMMITTEE CONDUCTS THE PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AND
RECOMMENDS COMPENSATION. THE FULL BOARD APPROVES DECISIONS REGARDING THE
EXECUTIVE DIRECTOR SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE
PROVIDED UPON REQUEST TO THE EXTENT REQUIRED BY APPLICABLE LAW.

FORM 990, PART I, LINE 5, PART V, LINE 2A, PART VII AND PART X:

ROCKY MOUNTAIN HEALTH FOUNDATION (RMHF) HAS A CLIENT SERVICE AGREEMENT
WITH INSPIRITY HR SERVICES (INSPIRITY), AN UNRELATED ORGANIZATION.
INSPIRITY IS A PROFESSIONAL EMPLOYER ORGANIZATION. AS A RESULT,
INSPIRITY IS THE EMPLOYER FOR THE PURPOSES OF PAYING WAGES AND
BENEFITS. RMHF INPUTS AND APPROVES ALL EMPLOYEE TIME AND WAGES INTO
INSPIRITY'S ONLINE SYSTEM AND INSPIRITY PROCESSES THE PAYROLL AND

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number

84-1424932

ADMINISTERS ALL BENEFITS ON BEHALF OF RMHF. INSPERITY ALSO REMITS ALL TAXES AND FILES ALL RETURNS UNDER THEIR NAME AND EMPLOYER IDENTIFICATION NUMBER. THE SALARY, BENEFITS, AND PAYROLL TAX EXPENSES SHOWN ON LINE 5,7,AND 9 OF PART IX REPRESENT AMOUNTS PAID BY INSPERITY AS PART OF THE CLIENT SERVICE AGREEMENT. IN ADDITION, RMHF IS NOT REPORTING ANY PAID EMPLOYEES ON FORM 990, PART V, LINE 2A BECAUSE OF THE RELATIONSHIP WITH INSPERITY AS STATED ABOVE.