

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

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.

A For the 2021 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ROCKY MOUNTAIN HEALTH FOUNDATION</td> <td rowspan="2">D Employer identification number 84-1424932</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number 970-644-8188</td> </tr> <tr> <td>2768 COMPASS DRIVE</td> <td>109</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81506</td> <td>G Gross receipts \$ 28,200,255.</td> </tr> <tr> <td colspan="2" rowspan="2">F Name and address of principal officer: MICHAELLE SMITH SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">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</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ RMHEALTH.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1998 M State of legal domicile: CO</td> </tr> </table>	C Name of organization ROCKY MOUNTAIN HEALTH FOUNDATION		D Employer identification number 84-1424932	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 970-644-8188	2768 COMPASS DRIVE	109	City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81506		G Gross receipts \$ 28,200,255.	F Name and address of principal officer: MICHAELLE SMITH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	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		H(c) Group exemption number ▶	J Website: ▶ RMHEALTH.ORG			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
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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 15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 1
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 538,306. Current Year 25,648,009.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,058,505. 2,552,246.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,596,811. 28,200,255.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	381,877. 470,981.
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)	302,727. 327,027.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,869,311. 3,826,369.	
19	Revenue less expenses. Subtract line 18 from line 12	-1,272,500. 24,373,886.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 57,078,198. End of Year 91,706,196.
	21	Total liabilities (Part X, line 26)	213,291. 200,176.
	22	Net assets or fund balances. Subtract line 21 from line 20	56,864,907. 91,506,020.

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 MICHAELLE SMITH, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name KYLE FRITCH, CPA	Preparer's signature KYLE FRITCH, CPA	Date 06/02/22
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958	Check if self-employed <input type="checkbox"/> PTIN P01313374
	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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] 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 \$ 507,963. including grants of \$ 507,963.) (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 THROUGH THEIR CELL PHONE AND RECEIVE FREE DIAPER VOUCHERS 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 \$ 2,916,136. including grants of \$ 2,520,398.) (Revenue \$) GRANTS TO VARIOUS HEALTH AND WELLNESS PROGRAMS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,424,099.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 on 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 columns. Includes questions 2a through 17 regarding employee reporting, tax compliance, and organizational activities.

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	15	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
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?		
10b			
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 on 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 on Schedule O how this was done	X	
12c			
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		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		
16b			

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, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				160,812.	0.	17,292.
(2) SALLY SCHAEFER DIRECTOR/PAST CHAIR	1.00	X						570.	0.	0.
(3) PATRICIA RIDDELL CHAIR/PRESIDENT	4.00	X		X				375.	0.	0.
(4) CHARLES BREAU TREASURER/FINANCE & INVESTMENT	2.00	X		X				375.	0.	0.
(5) NICOLE BERNAL RUIZ DIRECTOR	1.00	X						375.	0.	0.
(6) RICHARD BETTS DIRECTOR	1.00	X						375.	0.	0.
(7) ERROL SNIDER DIRECTOR	1.00	X						375.	0.	0.
(8) KATHLEEN MCINNIS DIRECTOR	1.00	X						375.	0.	0.
(9) BERNIE BUESCHER DIRECTOR	2.00	X						375.	0.	0.
(10) JENNIFER ROLLER VICE CHAIR/GRANTS CHAIR	3.00	X		X				300.	0.	0.
(11) ROBERT TESCH SECRETARY	1.00	X		X				300.	0.	0.
(12) THERESA CHASE DIRECTOR	1.00	X						300.	0.	0.
(13) JEFFREY KUHR DIRECTOR	1.00	X						300.	0.	0.
(14) CASSIE COMEAU DIRECTOR	1.00	X						225.	0.	0.
(15) JANETTE NAJERA DIRECTOR	1.00	X						225.	0.	0.
(16) JOHN FEENEY-COYLE EX-OFFICIO DIRECTOR	1.00	X						0.	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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							165,657.	0.	17,292.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							165,657.	0.	17,292.	

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	548,009.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,100,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			25,648,009.			
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)		2,552,246.			2552246.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(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	7a	(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	8a						
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	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
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			28,200,255.	0.	0.	2552246.	

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 ...	3,028,361.	3,028,361.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	182,799.	67,500.	115,299.	
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	234,947.	196,654.	38,293.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	53,235.	45,010.	8,225.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	8,500.		8,500.	
c Accounting	39,808.		39,808.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	149,762.		149,762.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,181.	862.	319.	
12 Advertising and promotion				
13 Office expenses	6,797.	4,964.	1,833.	
14 Information technology	13,439.	9,938.	3,501.	
15 Royalties				
16 Occupancy	40,213.	29,947.	10,266.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	16,370.	11,950.	4,420.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	12,961.		12,961.	
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 LICENSES & FEES	15,846.	11,568.	4,278.	
b STIPENDS	10,400.	10,400.		
c MEMBERSHIP DUES AND SUB	9,514.	6,945.	2,569.	
d BABY AND ME ADMINISTRAT	2,236.		2,236.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,826,369.	3,424,099.	402,270.	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	1,483,239.	2	2,762,208.
	3 Pledges and grants receivable, net	67,509.	3	133,762.
	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	1,664.	9	12,471.
	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	55,525,786.	11	88,797,755.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,078,198.	16	91,706,196.	
Liabilities	17 Accounts payable and accrued expenses	13,291.	17	100,176.
	18 Grants payable	200,000.	18	100,000.
	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	213,291.	26	200,176.
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	56,843,837.	27	67,689,438.
	28 Net assets with donor restrictions	21,070.	28	23,816,582.
	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	56,864,907.	32	91,506,020.
	33 Total liabilities and net assets/fund balances	57,078,198.	33	91,706,196.

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	28,200,255.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,826,369.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,373,886.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,864,907.
5	Net unrealized gains (losses) on investments	5	10,267,227.
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	91,506,020.

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 on 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
2b	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	
2c	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
3b	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 _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	548,766.	591,390.	574,893.	538,306.	25648009.	27901364.
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	548,766.	591,390.	574,893.	538,306.	25648009.	27901364.
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)						24409587.
6 Public support. Subtract line 5 from line 4.						3491777.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	548,766.	591,390.	574,893.	538,306.	25648009.	27901364.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	184,569.	1360558.	1463383.	1058505.	2552246.	6619261.
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						34520625.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	10.12	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	41.37	%
16a 33 1/3% support test - 2021. 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 type="checkbox"/>
b 33 1/3% support test - 2020. 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 checked="" type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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>		
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>		
1		
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?		
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>		
3 By reason of the relationship described on 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>		
1		
2		
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>			
b Did the activities described on 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>			
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>			
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>			
2a			
2b			
3a			
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

(This area contains horizontal lines for supplemental information.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932
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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/>	\$ 548,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 25,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

2021

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	38,317,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,267,227.	
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	10,267,227.	
3	Subtract line 2e from line 1	3	28,050,493.	
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	149,762.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	149,762.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,200,255.	

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	3,676,607.
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	3,676,607.	
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	149,762.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	149,762.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,826,369.	

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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 THE CHILDREN 129 COUNTY ROAD 250 DURANGO, CO 81301	02-0666382	501C3	10,000.	0.			DEVELOP A CHILD ADVOCACY CENTER PROGRAM
A WAY OUT PO BOX 10825 ASPEN, CO 81612	46-1809899	501C3	20,250.	0.			STAFF HEALTH & WELLNESS - INITIAL, 12-MONTH GRADUATED CARE RECOVERY ENGAGEMENT PROGRAM
ADVOCATES OF ROUTT COUNTY PO BOX 771424 STEAMBOAT SPRINGS, CO 80477	84-0939362	501C3	22,280.	0.			STAFF HEALTH & WELLNESS - INITIAL, SUPPORT THE SAFEHOUSE AND SERVICES FOR SURVIVORS OF DOMESTIC
ALL POINTS TRANSIT 175 MERCHANT DR MONTROSE, CO 81401	74-2561376	501C3	23,480.	0.			HOME MEAL DELIVERY FOR THE HOMEBOUND, AND RIDES FOR VULNERABLE, MOBILITY-CHALLENGED
ARCHULETA SENIORS INC - ASI 451 HOT SPRINGS BOULEVARD PAGOSA SPRINGS, CO 81147	41-2078192	501C3	16,500.	0.			STAFF HEALTH & WELLNESS; PROVIDE HOME DELIVERY NUTRITIONAL MEALS ON WHEELS AND TO-GO PICKUP
ARIEL CLINICAL SERVICES 2938 NORTH AVENUE SUITE G GRAND JUNCTION, CO 81504	84-1255228	501C3	8,280.	0.			STAFF HEALTH & WELLNESS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **108.**

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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGING BIONICS FOUNDATION PO BOX 3766 BASALT, CO 81621	46-2182977	501C3	11,000.	0.			STAFF HEALTH & WELLNESS; SUPPORT DIRECT COSTS FOR THE PHYSICAL THERAPISTS REQUIRED TO MANAGE CLIENT
BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY - 1060 WEST BEAVER CREEK BLVD - AVON, CO 81620	84-0938374	501C3	22,560.	0.			STAFF HEALTH & WELLNESS; CRISIS INTERVENTION, ADVOCACY AND LONG-TERM HEALING SERVICES FOR
BRIGHT FUTURES PO BOX 4216 TELLURIDE, CO 81435	20-2169766	501C3	9,400.	0.			STAFF HEALTH & WELLNESS; PROVIDE FAMILIES WITH SUPPORT SERVICES, ADDRESSES CHALLENGING
CARING FOR COLORADO FOUNDATION 1635 W 13TH AVE SUITE 303 DENVER, CO 80204	84-1477197	501C3	75,000.	0.			VACCINE EQUITY ROUND 1, STATEWIDE FUNDER COLLABORATIVE
CASA OF MESA COUNTY 360 GRAND AVENUE, SUITE 201 GRAND JUNCTION, CO 81501	84-1409144	501C3	16,500.	0.			STAFF HEALTH & WELLNESS; RECRUIT, SCREEN, TRAIN, AND SUPPORT VOLUNTEER ADVOCATES WHO PROVIDE A
CHAIN OF LOVE CORPORATION 1402 S. MAIN STREET DELTA, CO 81416	46-5009989	501C3	10,000.	0.			DOUBLE OUTPUT OF FOOD AND PERSONAL ITEMS PLUS OFFER A SECOND DISTRIBUTION DAY EACH MONTH.
CLIFTON CHRISTIAN CHURCH FOOD BANK 3241 F 1/4 RD CLIFTON, CO 81520	86-2800733	501C3	16,500.	0.			STAFF HEALTH & WELLNES; BUILD ORGANIZATIONAL CAPACITY TO MEET THE INCREASE IN NEED FOR
CLOUD CITY CONSERVATION CENTER PO BOX 459 LEADVILLE, CO 80461	46-0616024	501C3	22,250.	0.			STAFF HEALTH & WELLNES; SUSTAINABLE FOOD PROGRAMS
COLORADO DISCOVER ABILITY 601 STRUTHERS AVE GRAND JUNCTION, CO 81501	84-1569050	501C3	6,000.	0.			ADAPTIVE SPORTS PROGRAM FOR CHILDREN AND ADULTS WITH DISABILITIES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO LIONS KIDSIGHT PROGRAM 8200 S. QUEBEC STREET CENTENNIAL, CO 80112	45-3718930	501C3	5,500.	0.			STAFF HEALTH & WELLNESS; VISION SCREENING FOR CHILDREN
COLORADO MOUNTAIN COLLEGE FOUNDATION - 802 GRAND AVE - GLENWOOD SPRINGS, CO 81601	74-2393418	501C3	33,000.	0.			STAFF HEALTH & WELLNESS; START-UP EQUIPMENT AND SUPPLIES FOR THE NURSING SIMULATION LAB IN
COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION - 500 KENNEDY DRIVE - RANGELY, CO 81648	84-0842160	501C3	9,900.	0.			STAFF HEALTH & WELLNESS; PURCHASE 8 DENTAL FLEX ARMS FOR USE IN THE DENTAL HYGIENE CLINIC TO
COMMUNITY BUDGET CENTER 555 YAMPA AVENUE CRAIG, CO 81625	84-0799337	501C3	56,000.	0.			EMERGENCY SUPPORT FUNDING; REIMBURSE VOLUNTEER DRIVERS FOR MILEAGE TO GET CLIENTS TO
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502	84-0817696	501C3	27,500.	0.			STAFF HEALTH & WELLNESS; FOOD PANTRY FOCUSED ON FRESH, NUTRITION FOODS
COMMUNITY FOUNDATION OF THE GUNNISON VALL - 525 N. MAIN STREET - GUNNISON, CO 81230	31-1650658	501C3	38,500.	0.			EMERGENCY SUPPORT FUNDING
COMMUNITY OPTIONS INC 336 S 10TH ST MONTROSE, CO 81401	84-0626085	501C3	32,500.	0.			STAFF HEALTH & WELLNESS; TWO NEW WHEEL-CHAIR ACCESSIBLE, ADA-COMPLIANT VEHICLES TO SAFELY
COUNSELING AND EDUCATION CENTER 2780 PATTERSON RD. GRAND JUNCTION, CO 81506	74-2232416	501C3	27,980.	0.			STAFF HEALTH & WELLNESS; LOW-INCOME COUNSELING PROGRAM
CROPS (FOR UTE MOUNTAIN UTE TRIBE) 125 MIKE WASH RD TOWAOC, CO 81334	36-4563009	GOVT	30,000.	0.			GENERAL OPERATING FOR 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA COUNTY MEMORIAL HOSPITAL 1501 E 3RD STREET DELTA, CO 81401	84-0428757	501C3	15,000.	0.			STAFF HEALTH & WELLNESS
DREAM CATCHER THERAPY CENTER 5814 HWY 348 OLATHE , CO 81425	84-1488284	501C3	22,000.	0.			STAFF HEALTH & WELLNESS; EQUINE ASSISTED THERAPIES
EAGLE VALLEY COMMUNITY FOUNDATION PO BOX 1580 VAIL, CO 81658	47-1915583	501C3	30,600.	0.			STAFF HEALTH & WELLNESS; GENERAL OPERATING
EUREKA! MATH AND SCIENCE CENTER (COLORADO MESA UNIVERSITY FOUNDATION) - 1450 N 12TH STREET - GRAND JUNCTION, CO 81501	84-6037667	501C3	100,000.	0.			CAPITAL SUPPORT
FAMILY & INTERCULTURAL RESOURCE CENTER - 251 W. 4TH STREET - SILVERTHORNE, CO 80498	84-1252900	501C3	25,960.	0.			STAFF HEALTH & WELLNESS; EMERGENCY SUPPORT FUNDING
FAMILY VISITOR PROGRAM OF GARFIELD COUNTY, INC - PO BOX 1845 - GLENWOOD SPRINGS, CO 81602	84-1001484	501C3	10,640.	0.			STAFF HEALTH & WELLNESS; ASSIST FAMILIES IN SETTING AND ACHIEVING GOALS TOWARD
FOUR CORNERS IMMIGRANT RESOURCE CENTER - 701 CAMINO DEL RIO - DURANGO, CO 81301	37-1640345	501C3	20,000.	0.			GENERAL OPERATING FOR BASIC NEEDS
FOUR CORNERS RAINBOW YOUTH CENTER 701 CAMINO DEL RIO DURANGO , CO 81301	82-1752513	501C3	20,000.	0.			ENHANCE THE MENTAL HEALTH SERVICES FOR LGBTQ+ YOUTH WITH SUPPORT GROUPS, IN PERSON, ONLINE AND A WARM
FULL CIRCLE OF LAKE COUNTY 115 E 7TH ST LEADVILLE, CO 80461	84-1386727	501C3	11,000.	0.			STAFF HEALTH & WELLNESS; COLLABORATIVE CASE MANAGEMENT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARFIELD COUNTY PUBLIC HEALTH 2014 BLAKE AVE GLENWOOD SPRINGS , CO 81501	84-0594277	GOVT	16,500.	0.			STAFF HEALTH & WELLNESS; USING MOBILE DENTAL UNITS AND EQUIPMENT, HYGIENISTS PROVIDE DENTAL
GRAND COUNTY RURAL HEALTH NETWORK 416 BYERS AVE HOT SULPHUR SPRINGS, CO 80451	84-1587575	501C3	25,000.	0.			MENTAL HEALTH VOUCHERS & PATIENT NAVIGATION SERVICES TO IMPROVE BEHAVIORAL HEALTH ACCESS
GRAND VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501C3	117,600.	0.			STAFF HEALTH & WELLNESS; EMERGENCY SUPPORT FUNDING
GUNNISON COUNTY 200 E VIRGINIA GUNNISON, CO 81230	84-6000770	GOVT	16,500.	0.			STAFF HEALTH & WELLNESS; SUPPORT HEALTH COALITION COORDINATOR AND HEALTH NAVIGATOR
GUNNISON VALLEY HEALTH FOUNDATION 711 NORTH TAYLOR GUNNISON, CO 81230	26-1243347	501C3	22,250.	0.			STAFF HEALTH & WELLNESS; MENTAL HEALTH SERVICES
HAVEN HOUSE OF MONTROSE, INC PO BOX 3122 MONTROSE, CO 81402	27-3747144	501C3	16,940.	0.			STAFF HEALTH & WELLNESS; TRANSITIONAL HOUSING PROGRAM FOR HOMELESS FAMILIES.
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE GRAND JUNCTION, CO 81506	74-2321009	501C3	70,000.	0.			EMERGENCY SUPPORT FUNDING; STAFF HEALTH & WELLNESS
HISPANIC AFFAIRS PROJECT PO BOX 2024 MONTROSE, CO 81402	27-1276653	501C3	26,250.	0.			STAFF HEALTH & WELLNESS; GENERAL OPERATING FOR BASIC NEEDS
HOPE CENTER OF THE EAGLE RIVER VALLEY - PO BOX 2127 - EAGLE, CO 81631	85-2425930	501C3	16,500.	0.			STAFF HEALTH & WELLNESS; EXPAND MENTAL HEALTH COUNSELING SERVICES AND HIRE A BILINGUAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE WEST 3090 N. 12TH ST. UNIT B GRAND JUNCTION, CO 81506	84-1207388	501C3	28,200.	0.			STAFF HEALTH & WELLNESS; PALLIATIVE CARE SERVICES, GRIEF PROGRAMMING FOR CHILDREN AND ADULTS
HOUSING SOLUTIONS FOR THE SOUTHWEST - 295 GIRARD ST - DURANGO, CO 81303	84-0853925	501C3	71,500.	0.			STAFF HEALTH & WELLNESS; EMERGENCY SUPPORT FUNDING; SUPPORT THE ESPERO HOUSING PROGRAM,
IN THE WEEDS 1150 MAIN AVENUE DURANGO, CO 81301	84-3770665	501C3	10,000.	0.			SUPPORT THE MENTAL HEALTH OF RESTAURANT & HOSPITALITY STAFF.
INTEGRATED COMMUNITY 443 OAK ST STEAMBOAT SPRINGS, CO 80487	46-1325467	501C3	30,280.	0.			STAFF HEALTH & WELLNESS; GENERAL OPERATING FOR BASIC NEEDS
KARIS PO BOX 2837 GRAND JUNCTION, CO 81502	26-4600743	501C3	100,000.	0.			YOUTH MENTAL HEALTH - UNITED/RMHP DIRECTED
KIDS AID 2978 GUNNISON AVENUE GRAND JUNCTION, CO 81504	26-1673162	501C3	25,750.	0.			STAFF HEALTH & WELLNESS; FOOD FOR THE WEEKLY BACKPACK PROGRAM
LA PLATA FAMILY CENTERS COALITION 150 TECH CENTER DRIVE, SUITE A DURANGO, CO 81301	84-0988973	501C3	25,440.	0.			STAFF HEALTH & WELLNESS; GENERAL OPERATING FOR BASIC NEEDS
LA PLATA YOUTH SERVICES 2490 MAIN AVENUE DURANGO, CO 81301	84-1265550	501C3	17,220.	0.			STAFF HEALTH & WELLNESS; PROVIDE SOCIAL/EMOTIONAL AND BEHAVIORAL HEALTH SUPPORTS INCLUDING
LAKE CITY AREA MEDICAL CENTER 700 N HENSON ST LAKE CITY, CO 81235	51-0438516	GOVT	9,000.	0.			COVER THE GAP BETWEEN THE COST TO RUN THE LAB AND INSUFFICIENT INSURANCE REIMBURSEMENT

Schedule I (Form 990)

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

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LIFT UP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	84-1385379	501C3	45,040.	0.			STAFF HEALTH & WELLNESS; BASIC NEEDS ASSISTANCE; EMERGENCY SUPPORT FUNDING
LIFT-UP 800 RAILROAD RIFLE, CO 81650	84-0896081	501C3	27,500.	0.			STAFF HEALTH & WELLNESS; FOOD ASSISTANCE PROVIDING HEALTHIER FOOD OPTIONS TO THOSE STRUGGLING WITH
LOWER VALLEY HOSPITAL ASSOCIATION 300 W. OTTLEY AVENUE FRUITA, CO 81521	84-0447998	501C3	15,000.	0.			STAFF HEALTH & WELLNESS
MANNA - THE DURANGO SOUP KITCHEN 1100 AVENIDA DEL SOL DURANGO, CO 81301	84-1004473	501C3	20,000.	0.			PURCHASE FOOD AND FOOD RELATED SUPPLIES (TO-GO CONTAINERS)
MONTROSE MEMORIAL HOSPITAL 800 S 3RD STREET MONTROSE, CO 81401	84-6002707	501C3	15,000.	0.			STAFF HEALTH & WELLNESS
MOUNTAIN FAMILY CENTER PO BOX 638 GRANBY, CO 80446	74-2446390	501C3	23,040.	0.			STAFF HEALTH & WELLNESS; EMERGENCY SUPPORT FUNDING; SUPPORT THE "FAMILY PATHWAYS"
MOUNTAIN FAMILY HEALTH CENTERS 2700 GILSTRAP COURT #100 GLENWOOD SPRINGS, CO 81601	84-0742145	501C3	7,000.	0.			STAFF HEALTH & WELLNESS
MOUNTAIN MENTORS - SUMMIT COUNTY GOVERNMENT - 360 PEAK ONE DR - FRISCO, CO 80443	84-6000808	GOVT	8,000.	0.			YOUTH MENTORSHIP PROGRAM
NAMI PO BOX 1864 GRAND JUNCTION, CO 81502	84-1159354	501C3	5,800.	0.			TECHNICAL ASSISTANCE

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

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NORTHSIDE HEALTH CENTER PO BOX 10,000 MONTROSE, CO 81402	84-0517051	GOVT	19,800.	0.			STAFF HEALTH & WELLNESS; RURAL HEALTH SERVICES
NORTHWEST COLORADO CENTER FOR INDEPENDENCE - 1855 SHIELD DR #300 - STEAMBOAT SPRINGS, CO 80487	84-1473968	501C3	10,000.	0.			PROVIDE TOOLS, RESOURCES AND OPPORTUNITIES FOR PEOPLE WITH DISABILITIES IN NORTHWESTERN COLORADO
ONE TO ONE MENTORING PO BOX 1574 TELLURIDE, CO 81435	84-1502625	501C3	10,000.	0.			SUPPORT MENTORING PROGRAM
PARTNERS IN ROUTT COUNTY 465 ANGLERS DRIVE STEAMBOAT SPRINGS, CO 80487	84-1339921	501C3	10,000.	0.			SCHOOL-BASED MENTORING PROGRAM
PEAK HEALTH ALLIANCE 1628 ST. JOHN ROAD KEYSTONE, CO 80435	83-4270490	501C3	15,000.	0.			EXPAND THE NUMBER OF CONTRACTED MENTAL HEALTH PROVIDERS AND WORK WITH THERAPISTS AROUND
POSTVENTION ALLIANCE 1115 CHIPETA AVENUE GRAND JUNCTION, CO 81501	84-3284885	501C3	5,500.	0.			STAFF HEALTH & WELLNESS; EDUCATION AND SUPPORT GROUP FOR PEOPLE AFFECTED BY A THE SUICIDAL
PROJECT 1,27 585 39 ROAD PALISADE, CO 81526	26-3341511	501C3	7,500.	0.			CASE MANAGEMENT
PROJECT HOPE OF GUNNISON VALLEY PO BOX 1812 GUNNISON, CO 81230	84-1127292	501C3	11,250.	0.			STAFF HEALTH & WELLNESS; BASIC NEEDS ASSISTANCE
RANGELY HOSPITAL DISTRICT 225 EAGLE CREST DRIVE RANGELY, CO 81648	84-6014785	GOVT	6,000.	0.			STAFF HEALTH & WELLNESS

Schedule I (Form 990)

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

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REACHING EVERYONE PREVENTING SUICIDE - 1915 ALPINE PLAZA, SUITE C5 - STEAMBOAT SPRINGS, CO 80487	45-4420603	501C3	8,250.	0.			STAFF HEALTH & WELLNESS; SUICIDE PREVENTION AND OTHER IMPORTANT TOPICS THAT YOUTH ARE FACING
RECOVERY RESOURCES 405 CASTLE CREEK RD ASPEN, CO 81611	81-4075657	501C3	11,000.	0.			STAFF HEALTH & WELLNESS; CARE COORDINATION AND PERSONALIZED CASE MANAGEMENT
RISE ABOVE VIOLENCE 191 TALISMAN DR PAGOSA SPRINGS, CO 81147	31-1622803	501C3	8,610.	0.			STAFF HEALTH & WELLNESS; SUPPORT VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN
RIVER BRIDGE REGIONAL CENTER 520 21ST STREET GLENWOOD SPRINGS, CO 81601	45-5464778	501C3	22,400.	0.			STAFF HEALTH & WELLNESS; SERVICES FOR CHILD AND ADULT SURVIVORS OF DOMESTIC VIOLENCE AND
RIVER CENTER OF NEW CASTLE PO BOX 272 NEW CASTLE, CO 81647	27-3837160	501C3	55,000.	0.			EMERGENCY SUPPORT FUNDING
RIVER VALLEY FAMILY HEALTH CENTER 308 MAIN ST OLATHE, CO 81425	27-3757444	501C3	16,500.	0.			STAFF HEALTH & WELLNESS; OPEN A CONVENIENT CARE CLINIC IN DELTA, ENSURING THE COMMUNITY CONTINUES
RIVERSIDE EDUCATIONAL CENTER 1101 WINTERS AVE GRAND JUNCTION, CO 81501	20-5451495	501C3	23,500.	0.			SUMMER PROGRAMMING FOR STUDENTS AT CLIFTON ELEMENTARY SCHOOL
ROUTT COUNTY COUNCIL ON AGING PO BOX 770207 STEAMBOAT SPRINGS, CO 80477	84-0678596	501C3	11,600.	0.			STAFF HEALTH & WELLNESS; SUPPORT GROUP LUNCHES, MEALS ON WHEELS HOME-DELIVERED LUNCHES,
SAFE AND ABUNDANT NUTRITION ALLIANCE (SANA) - 195 W. 14TH STREET - RIFLE, CO 81650	84-1267213	501C3	13,000.	0.			STIPENDS FOR COMMUNITY VOLUNTEERS ON THE GOVERNING COUNCIL AND WORK GROUPS AND FOR

Schedule I (Form 990)

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

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SAN JUAN BASIN PUBLIC HEALTH 281 SAWYER DRIVE DURANGO, CO 81303	84-6002563	GOVT	20,000.	0.			SUPPORTS OUR CARE COORDINATOR
SAN MIGUEL RESOURCE CENTER PO BOX 3243 TELLURIDE, CO 81435	84-1248457	501C3	16,860.	0.			STAFF HEALTH & WELLNESS; SUPPORT FOR SURVIVORS OF DOMESTIC VIOLENCE/SEXUAL ASSAULT
SENIOR MATTERS BECAUSE SENIORS MATTER (VALLEY MEALS & MORE) - PO BOX 991 - CARBONDALE, CO 81623	26-0534007	501C3	10,000.	0.			MEALS FOR OLDER ADULTS (60+)
SMILEMAKERS DENTAL CLINIC 106 W NORTH STREET CORTEZ, CO 81321	84-6000786	GOVT	23,160.	0.			STAFF HEALTH & WELLNESS; PREVENTIVE DENTAL CARE FOR STUDENTS
SOUTHWEST CENTER FOR INDEPENDENCE 3473 MAIN AVE DURANGO, CO 81301	84-1144621	501C3	15,000.	0.			SUPPORTS SOUTHWEST RIDES (SWRIDES) PROGRAM TO PROVIDE TRANSPORTATION FOR RURAL AGING ADULTS
SOUTHWESTERN COLORADO AREA HEALTH EDUCATION CENTER - 701 CAMINO DEL RIO - DURANGO, CO 81301	27-2461746	501C3	19,500.	0.			STAFF HEALTH & WELLNESS; INDIGENOUS PEER RECOVERY CIRCLE IN MONTEZUMA COUNTY. A RELAPSE
ST. GEORGE EPISCOPAL MISSION 200 W. 4TH ST LEADVILLE, CO 80461	84-1467723	501C3	22,250.	0.			STAFF HEALTH & WELLNESS; FOOD PANTRY
ST. VINCENT GENERAL HOSPITAL DISTRICT - 822 W 4TH ST - LEADVILLE, CO 80461	84-0424585	GOVT	13,200.	0.			STAFF HEALTH & WELLNESS; COMMUNITY HEALTH NAVIGATOR PROGRAM
STEAMBOAT ADAPTIVE RECREATIONAL SPORTS - PO BOX 770208 - STEAMBOAT SPRINGS, CO 80477	20-5823688	501C3	10,000.	0.			INCREASE PHYSICAL ACTIVITY AMONG THE GROWING POPULATION OF PEOPLE WITH DISABILITIES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81501	84-6044855	501C3	21,360.	0.			STAFF HEALTH & WELLNESS; CRISIS INTERVENTION PROGRAMMING FOR THE RESIDENTS OF SUMMIT
SUMMIT ADVOCATES 760 LITTLE BEAVER TRAIL DILLON, CO 80435	84-0950954	501C3	22,000.	0.			STAFF HEALTH & WELLNESS
SUMMITWEST CARE 2800 PRINTERS WAY SUITE 200 GRAND JUNCTION, CO 81501	02-0565600	501C3	36,300.	0.			STAFF HEALTH & WELLNESS; REMOTE PATIENT MONITORING MEDICAL EQUIPMENT TFOR PATIENTS UTILIZING
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	84-1530768	501C3	64,900.	0.			EMERGENCY SUPPORT FUNDING
TELLURIDE REGIONAL MEDICAL CENTER 500 W PACIFIC AVE TELLURIDE, CO 81435	84-0738052	GOVT	16,500.	0.			STAFF HEALTH & WELLNESS; SUPPORT A BILINGUAL, BICULTURAL MEDICAL INTERPRETER AND ADVOCATE.
THE BRIDGE EMERGENCY SHELTER 735 N. PARK STREET CORTEZ, CO 81321	26-3068964	501C3	14,740.	0.			STAFF HEALTH & WELLNESS; EMERGENCY SHELTER
THE BUDDY PROGRAM 110 E HALLAM ASPEN, CO 81611	74-2594693	501C3	8,000.	0.			SUPPORT A BILINGUAL CASE MANAGER WHO WILL PROVIDE IN-DEPTH SERVICES TO SPANISH SPEAKING YOUTH,
THE CENTER FOR MENTAL HEALTH 2130 E MAIN ST MONTROSE, CO 81401	84-0561224	501C3	16,500.	0.			STAFF HEALTH & WELLNESS; COUNSELING SERVICES IN OUR RURAL LOCATIONS SUCH AS NORWOOD, NATURITA,
THE CYCLE EFFECT PO BOX 1503 EAGLE, CO 81631	46-0961369	501C3	16,280.	0.			STAFF HEALTH & WELLNESS; PROVIDE SCHOLARSHIPS TO GIRLS FOR 80+ DAYS OF PROGRAMMING, ALL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PINON PROJECT FAMILY RESOURCE CTR - 210 E. MAIN STREET - CORTEZ, CO 81321	84-1284735	501C3	38,500.	0.			EMERGENCY SUPPORT FUNDING
THE SHAREHOUSE 30-A N BEECH ST CORTEZ, CO 81321	26-0045741	501C3	16,500.	0.			STAFF HEALTH & WELLNESS; SUPPORT FOR THE THE COMMUNITY FOOD CENTER.
TRI-COUNTY HEALTH NETWORK 238 EAST COLORADO AVE TELLURIDE, CO 81435	27-4743848	501C3	21,160.	0.			STAFF HEALTH & WELLNESS; GENERAL OPERATING FOR BASIC NEEDS
UPROOT 0971 COUNTY RD 107 CARBONDALE, CO 81623	82-1407915	501C3	15,000.	0.			HIRE A LATINX GLEANING AND VOLUNTEER-OUTREACH COORDINATOR
VALLEY SETTLEMENT 520 SOUTH THIRD STREET, STE 9 CARBONDALE, CO 81623	81-2401368	501C3	26,040.	0.			STAFF HEALTH & WELLNESS; GENERAL OPERATING FOR BASIC NEEDS
VOLUNTEERS OF AMERICA - SOUTHWEST COLORADO DIVISION - PO BOX 2107 - DURANGO, CO 81302	84-0430995	501C3	28,540.	0.			STAFF HEALTH & WELLNESS; EMERGENCY SHELTER SERVICES TO SURVIVORS OF DOMESTIC VIOLENCE/SEXUAL
WEST END FAMILY LINK CENTER PO BOX 602 NUCLA, CO 81424	84-1611156	501C3	20,360.	0.			STAFF HEALTH & WELLNESS; ASSIST WITH RENT/MORTGAGE, UTILITIES (NOT COVERED BY ENERGY
WESTERN COLORADO HEALTH NETWORK 2352 N. 7TH ST GRAND JUNCTION, CO 81501	84-0961159	501C3	15,000.	0.			PURCHASE AN ARRAY OF NUTRITIONAL FOOD; FOOD STORAGE EQUIPMENT
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	84-1128554	501C3	29,860.	0.			STAFF HEALTH & WELLNESS; SERVICES FOR CHILDREN AND ADULTS WHO ARE SURVIVORS OF SEXUAL ASSAULT/ABUSE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDWALKERS EQUINE ASSISTED THERAPY CENTER - 1030 COUNTY ROAD 102 - CARBONDALE, CO 81623	38-3716992	501C3	16,500.	0.			STAFF HEALTH & WELLNESS; EQUINE ASSISTED THERAPIES
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	84-0712993	501C3	28,100.	0.			STAFF HEALTH & WELLNESS; MENTAL HEALTH AND SUBSTANCE USE COUNSELING SERVICES FOR YOUTH
FOUR CORNERS CHILD ADVOCACY CENTER (NEST) - 118 N CHESTNUT ST - CORTEZ, CO 81321	84-1212945	501C3	14,300.	0.			STAFF HEALTH & WELLNESS; ESTABLISH A TELE MENTAL HEALTH PROGRAM FOR YOUTH IN RURAL COLORADO.

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADVOCATES OF ROUTT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS - INITIAL, SUPPORT THE SAFEHOUSE AND SERVICES FOR SURVIVORS OF DOMESTIC

Part IV Supplemental Information

VIOLENCE/SEXUAL ASSAULT

NAME OF ORGANIZATION OR GOVERNMENT: ALL POINTS TRANSIT

(H) PURPOSE OF GRANT OR ASSISTANCE: HOME MEAL DELIVERY FOR THE
HOMEBOUND, AND RIDES FOR VULNERABLE, MOBILITY-CHALLENGED COMMUNITY
MEMBERS ACROSS DELTA, MONTROSE & SAN MIGUEL COUNTIES FOR HEALTHCARE,
NUTRITION, AND PERSONAL APPOINTMENTS; STAFF HEALTH & WELLNESS - INITIAL

NAME OF ORGANIZATION OR GOVERNMENT: ARCHULETA SENIORS INC - ASI

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; PROVIDE
HOME DELIVERY NUTRITIONAL MEALS ON WHEELS AND TO-GO PICKUP AND/OR
DELIVERY FOR CONGREGATE MEAL PARTICIPANTS, AS WELL AS SUPPLEMENTAL
NUTRITION (BREAKFAST, DINNERS, SNACKS) THROUGHOUT THE WEEK, AND OTHER
SUPPORT SERVICES AS NEEDED FOR SENIORS IN AR

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGING BIONICS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; SUPPORT
DIRECT COSTS FOR THE PHYSICAL THERAPISTS REQUIRED TO MANAGE CLIENT ACCESS
TO THE PROGRAM AND ASSISTIVE TECHNOLOGY.

NAME OF ORGANIZATION OR GOVERNMENT:

BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; CRISIS
INTERVENTION, ADVOCACY AND LONG-TERM HEALING SERVICES FOR SURVIVORS OF
DOMESTIC VIOLENCE AND SEXUAL ASSAULT AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHT FUTURES

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; PROVIDE

Part IV Supplemental Information

FAMILIES WITH SUPPORT SERVICES, ADDRESSES CHALLENGING BEHAVIORS IN YOUNG CHILDREN AND IMPROVES ACCESS AND QUALITY OF CHILD CARE.

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF MESA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; RECRUIT, SCREEN, TRAIN, AND SUPPORT VOLUNTEER ADVOCATES WHO PROVIDE A VOICE FOR CHILDREN IN THE FOSTER CARE SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: CLIFTON CHRISTIAN CHURCH FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNES; BUILD ORGANIZATIONAL CAPACITY TO MEET THE INCREASE IN NEED FOR EMERGENCY FOOD

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO MOUNTAIN COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; START-UP EQUIPMENT AND SUPPLIES FOR THE NURSING SIMULATION LAB IN STEAMBOAT AND A TRAVEL STIPEND PROGRAM FOR STUDENTS FROM ALL THREE NURSING CAMPUSES TO TRAVEL TO REMOTE LOCATIONS TO COMPLETE THEIR IN-PERSON CLINICAL ROTATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO NORTHWESTERN COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; PURCHASE 8 DENTAL FLEX ARMS FOR USE IN THE DENTAL HYGIENE CLINIC TO PROTECT AND BETTER SERVE OUR PATIENTS WHILE ENSURING THAT OUR STUDENTS DO NOT DEVELOP REPETITION INJURIES THAT COULD SHORTEN THEIR CAREERS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY BUDGET CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SUPPORT FUNDING;

Part IV Supplemental Information

REIMBURSE VOLUNTEER DRIVERS FOR MILEAGE TO GET CLIENTS TO NUTRITIONAL AND MEDICAL DESTINATIONS BOTH IN AND OUT OF TOWN.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY OPTIONS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; TWO NEW WHEEL-CHAIR ACCESSIBLE, ADA-COMPLIANT VEHICLES TO SAFELY TRANSPORT PEOPLE WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY VISITOR PROGRAM OF GARFIELD COUNTY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; ASSIST FAMILIES IN SETTING AND ACHIEVING GOALS TOWARD SELF-SUFFICIENCY AND IMPROVED PARENT/CHILD INTERACTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: FOUR CORNERS RAINBOW YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE MENTAL HEALTH SERVICES FOR LGBTQ+ YOUTH WITH SUPPORT GROUPS, IN PERSON, ONLINE AND A WARM PHONE LINE

NAME OF ORGANIZATION OR GOVERNMENT: GARFIELD COUNTY PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; USING MOBILE DENTAL UNITS AND EQUIPMENT, HYGIENISTS PROVIDE DENTAL SCREENINGS, EDUCATION, FLUORIDE VARNISH, AND DENTAL SEALANTS FOR STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: GRAND COUNTY RURAL HEALTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH VOUCHERS & PATIENT NAVIGATION SERVICES TO IMPROVE BEHAVIORAL HEALTH ACCESS AND ADDRESS SOCIAL DETERMINANTS OF HEALTH.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HOPE CENTER OF THE EAGLE RIVER VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; EXPAND MENTAL HEALTH COUNSELING SERVICES AND HIRE A BILINGUAL CLINICIAN AT AVON ELEMENTARY FOR STUDENTS WITH MULTIPLE RISK FACTORS INCLUDING SIGNIFICANT TRAUMA

NAME OF ORGANIZATION OR GOVERNMENT: HOUSING SOLUTIONS FOR THE SOUTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; EMERGENCY SUPPORT FUNDING; SUPPORT THE ESPERO HOUSING PROGRAM, WHICH FEATURES 40 UNITS OF HOUSING AND INTEGRATED HEALTH CARE ON-SITE

NAME OF ORGANIZATION OR GOVERNMENT: LA PLATA YOUTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; PROVIDE SOCIAL/EMOTIONAL AND BEHAVIORAL HEALTH SUPPORTS INCLUDING INDIVIDUAL COUNSELING, THERAPY, AND GROUPS TO DURANGO AND SILVERTON SCHOOL DISTRICTS

NAME OF ORGANIZATION OR GOVERNMENT: LIFT-UP

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; FOOD ASSISTANCE PROVIDING HEALTHIER FOOD OPTIONS TO THOSE STRUGGLING WITH FOOD SCARCITY AND INSECURITY, INCLUDING THE MEAL MONKEY LUNCH PROGRAM FOR KIDS

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN FAMILY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; EMERGENCY SUPPORT FUNDING; SUPPORT THE "FAMILY PATHWAYS" PROGRAM, WHICH INCORPORATES DEVELOPING LIFE SKILLS TO ENSURE FAMILIES BECOME SELF-RELIANT AND THRIVE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST COLORADO CENTER FOR INDEPENDENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TOOLS, RESOURCES AND OPPORTUNITIES FOR PEOPLE WITH DISABILITIES IN NORTHWESTERN COLORADO TO LIVE MORE INDEPENDENTLY

NAME OF ORGANIZATION OR GOVERNMENT: PEAK HEALTH ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND THE NUMBER OF CONTRACTED MENTAL HEALTH PROVIDERS AND WORK WITH THERAPISTS AROUND INSURANCE BILLING NUANCES, THROUGH EDUCATION AND COLLABORATION WITH PEAK CARRIER PARTNERS. WORK AS A CENTRALIZED ADVOCATE FOR THERAPISTS AROUND HEALTH INSURANCE.

NAME OF ORGANIZATION OR GOVERNMENT: POSTVENTION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; EDUCATION AND SUPPORT GROUP FOR PEOPLE AFFECTED BY A THE SUICIDAL BEHAVIOR OF OTHERS

NAME OF ORGANIZATION OR GOVERNMENT: RISE ABOVE VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; SUPPORT VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN ARCHULETA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: RIVER BRIDGE REGIONAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; SERVICES FOR CHILD AND ADULT SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

NAME OF ORGANIZATION OR GOVERNMENT: RIVER VALLEY FAMILY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; OPEN A CONVENIENT CARE CLINIC IN DELTA, ENSURING THE COMMUNITY CONTINUES TO HAVE

Part IV Supplemental Information

ACCESS TO THESE SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: ROUTT COUNTY COUNCIL ON AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; SUPPORT GROUP LUNCHES, MEALS ON WHEELS HOME-DELIVERED LUNCHES, AND TRANSPORTATION AND LAUNCH THE HELPING HANDS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

SAFE AND ABUNDANT NUTRITION ALLIANCE (SANA)

(H) PURPOSE OF GRANT OR ASSISTANCE: STIPENDS FOR COMMUNITY VOLUNTEERS ON THE GOVERNING COUNCIL AND WORK GROUPS AND FOR LANGUAGE INTERPRETATION SERVICES FOR MEETINGS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWEST CENTER FOR INDEPENDENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS SOUTHWEST RIDES (SWRIDES) PROGRAM TO PROVIDE TRANSPORTATION FOR RURAL AGING ADULTS (50+) AND PEOPLE WITH DISABILITIES TO GET TO AND FROM HEALTHCARE AND OTHER ESSENTIAL RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHWESTERN COLORADO AREA HEALTH EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; INDIGENOUS PEER RECOVERY CIRCLE IN MONTEZUMA COUNTY. A RELAPSE PREVENTION AND RECOVERY SUPPORT PROGRAM FOR NATIVE CLIENTS WHO ARE COMPLETING TREATMENT, RETURNING TO THE COMMUNITY FROM INCARCERATION, OR WHO HAVE BEEN WORKING ON THEIR RECOVERY JOURNEY, USING TRADITIONAL METHODS OF RECOVERY SUPPORT AND ENCOURAGES SUPPORT BETWEEN INDIVIDUALS WITH SIMILAR LIVED EXPERIENCES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

STEAMBOAT ADAPTIVE RECREATIONAL SPORTS

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE PHYSICAL ACTIVITY AMONG THE GROWING POPULATION OF PEOPLE WITH DISABILITIES WHO RESIDE IN NORTHWEST COLORADO

NAME OF ORGANIZATION OR GOVERNMENT: STRIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; CRISIS INTERVENTION PROGRAMMING FOR THE RESIDENTS OF SUMMIT COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: SUMMITWEST CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; REMOTE PATIENT MONITORING MEDICAL EQUIPMENT TFOR PATIENTS UTILIZING TELEHEALTH

NAME OF ORGANIZATION OR GOVERNMENT: THE BUDDY PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT A BILINGUAL CASE MANAGER WHO WILL PROVIDE IN-DEPTH SERVICES TO SPANISH SPEAKING YOUTH, FAMILIES, AND VOLUNTEERS.

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER FOR MENTAL HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; COUNSELING SERVICES IN OUR RURAL LOCATIONS SUCH AS NORWOOD, NATURITA, TELLURIDE, AND CRESTED BUTTE.

NAME OF ORGANIZATION OR GOVERNMENT: THE CYCLE EFFECT

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; PROVIDE SCHOLARSHIPS TO GIRLS FOR 80+ DAYS OF PROGRAMMING, ALL NECESSARY

Part IV Supplemental Information

EQUIPMENT INCLUDING BIKES, SAFETY EQUIPMENT, PROPER CYCLING APPAREL,
NUTRITIONAL RIDE FOOD, AND RACE ENTRY FEES.

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS OF AMERICA - SOUTHWEST COLORADO DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; EMERGENCY
SHELTER SERVICES TO SURVIVORS OF DOMESTIC VIOLENCE/SEXUAL ASSAULT, AND
PEOPLE EXPERIENCING HOMELESSNESS.

NAME OF ORGANIZATION OR GOVERNMENT: WEST END FAMILY LINK CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFF HEALTH & WELLNESS; ASSIST
WITH RENT/MORTGAGE, UTILITIES (NOT COVERED BY ENERGY OUTREACH COLORADO),
TRANSPORTATION, AND FOOD

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number

84-1424932

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	146,083.	14,729.	0.	5,841.	11,571.	178,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(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 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, 2021, 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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 III, LINE 3, CHANGES IN PROGRAM SERVICES:

DURING THE 2021, THE ORGANIZATION CEASED THE EMERGENCY SUPPORT FUND

PROGRAM WHICH PROVIDED GRANTS TO INDIVIDUALS FACING A CRISIS AFFECTING

THEIR OVERALL HEALTH. EMERGENCY SUPPORT GRANTS ARE NOW GIVEN TO

NONPROFIT ORGANIZATIONS TO PROVIDE THIS SERVICE.

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

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 4:

THE ORGANIZATION AMENDED THEIR BYLAWS IN NOVEMBER OF 2021. ARTICLE III,

SECTION 3.3 NOW REQUIRES THAT DIRECTORS OF THE BOARD MUST BE A RESIDENT OF

ONE OF THE TWENTY-TWO COUNTIES OF THE WESTERN SLOPE. ALSO, ARTICLE VIII,

4.1 ADDED THAT PROPOSED BYLAW CHANGES SHALL BE DELIVERED IN WRITING TO ALL

DIRECTORS AT LEAST 14 DAYS BEFORE THE MEETING.

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

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEE WITH THE AUTHORITY TO ACT ON

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

Schedule O (Form 990) 2021

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

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number

84-1424932

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 INSPERITY HR SERVICES (INSPERITY), AN UNRELATED ORGANIZATION.

INSPERITY IS A PROFESSIONAL EMPLOYER ORGANIZATION. AS A RESULT,

INSPERITY IS THE EMPLOYER FOR THE PURPOSES OF PAYING WAGES AND

BENEFITS. RMHF INPUTS AND APPROVES ALL EMPLOYEE TIME AND WAGES INTO

INSPERITY'S ONLINE SYSTEM AND INSPERITY PROCESSES THE PAYROLL AND

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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. ROCKY MOUNTAIN HEALTH FOUNDATION	Taxpayer identification number (TIN) 84-1424932
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2768 COMPASS DRIVE, 109	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND JUNCTION, CO 81506	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

MICHAELLE SMITH

• The books are in the care of ▶ **2768 COMPASS DRIVE, 109 - GRAND JUNCTION, CO 81506**

Telephone No. ▶ **970-644-8188** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2021** or
- ▶ tax year beginning _____, and ending _____.

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

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

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