

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

For calendar year **2022** or tax year beginning , and ending

Name of foundation ROCKY MOUNTAIN HEALTH FOUNDATION		A Employer identification number 84-1424932
Number and street (or P.O. box number if mail is not delivered to street address) 2768 COMPASS DRIVE	Room/suite 109	B Telephone number 970-644-8188
City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81506		C If exemption application is pending, check here ...
G Check all that apply: Initial return <input checked="" type="checkbox"/> Initial return of a former public charity Final return <input type="checkbox"/> Amended return Address change <input type="checkbox"/> Name change <input type="checkbox"/>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation <input type="checkbox"/>		E If private foundation status was terminated under section 507(b)(1)(A), check here ...
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 75,669,606.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	422,805.		N/A	
	2 Check <small>if the foundation is not required to attach Sch. B</small>				
	3 Interest on savings and temporary cash investments	378.	378.		STATEMENT 1
	4 Dividends and interest from securities	1,677,617.	1,677,617.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	263,733.			
	b Gross sales price for all assets on line 6a 13,811,853.				
	7 Capital gain net income (from Part IV, line 2)		263,733.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	2,364,533.	1,941,728.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	209,553.	4,016.		211,037.
	14 Other employee salaries and wages	191,350.	0.		189,197.
	15 Pension plans, employee benefits	52,499.	0.		52,729.
	16a Legal fees STMT 2	1,750.	0.		1,750.
	b Accounting fees STMT 3	46,272.	1,400.		53,747.
	c Other professional fees STMT 4	531,383.	149,916.		396,855.
	17 Interest				
	18 Taxes STMT 5	92,852.	38,026.		30,169.
	19 Depreciation and depletion				
	20 Occupancy	41,044.	0.		40,259.
	21 Travel, conferences, and meetings	31,626.	0.		32,078.
	22 Printing and publications				
	23 Other expenses STMT 6	71,135.	0.		72,378.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,269,464.	193,358.		1,080,199.
	25 Contributions, gifts, grants paid	3,831,100.			3,936,100.
26 Total expenses and disbursements. Add lines 24 and 25	5,100,564.	193,358.		5,016,299.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	<2,736,031.>				
b Net investment income (if negative, enter -0-)		1,748,370.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	2,762,208.	735,900.	735,900.
	2 Savings and temporary cash investments	133,762.	88,110.	88,110.
	3 Accounts receivable	115,246.		
	Less: allowance for doubtful accounts		115,246.	115,246.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	12,471.	16,288.	16,288.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 7	88,797,755.	74,552,419.	74,552,419.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe STATEMENT 8)		0.	161,643.	161,643.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		91,706,196.	75,669,606.	75,669,606.
Liabilities	17 Accounts payable and accrued expenses	100,176.	65,786.	
	18 Grants payable	100,000.		
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe LEASE LIABILITY)		0.	62,429.
23 Total liabilities (add lines 17 through 22)		200,176.	128,215.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	67,689,438.	55,535,152.	
	25 Net assets with donor restrictions	23,816,582.	20,006,239.	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances		91,506,020.	75,541,391.	
30 Total liabilities and net assets/fund balances		91,706,196.	75,669,606.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	91,506,020.
2 Enter amount from Part I, line 27a	2	<2,736,031.>
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	88,769,989.
5 Decreases not included in line 2 (itemize) UNREALIZED LOSS	5	13,228,598.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	75,541,391.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES	P		
b PUBLICLY TRADED SECURITIES	P		
c CAPITAL GAINS DIVIDENDS			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 4,105,969.		4,517,308.	<411,339.>
b 9,214,902.		9,030,812.	184,090.
c 490,982.			490,982.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			<411,339.>
b			184,090.
c			490,982.
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	263,733.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	24,302.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 Add lines 1 and 2	3	24,302.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	24,302.
6 Credits/Payments:		
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	40,799.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	40,799.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	209.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	16,288.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 16,288. Refunded	11	0.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? SEE STATEMENT 9 If "Yes," attach a detailed description of the activities.	X	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>CO</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>RMHEALTH.ORG</u>		
14 The books are in care of <u>MICHAELLE SMITH</u> Telephone no. <u>970-644-8188</u> Located at <u>2768 COMPASS DRIVE, 109, GRAND JUNCTION, CO</u> ZIP+4 <u>81506</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 N/A		
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		196,904.	12,649.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JULIE HINKSON - 2768 COMPASS DRIVE, STE. 109, GRAND JUNCTION, CO 81506	SENIOR RESOURCE AND RELATIONSHIP PA 40.00	87,566.	10,228.	0.
STEPHANIE SELF - 2768 COMPASS DRIVE, STE. 109, GRAND JUNCTION, CO 81506	RESOURCE AND RELATIONSHIP PARTNER 40.00	68,603.	12,206.	0.

Total number of other employees paid over \$50,000 2

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MASON INVESTMENT ADVISORY SERVICES 11921 FREEDOM DR SUITE 1000, RESTON, VA 20190	INVESTMENT ADVISING	149,916.

Total number of others receiving over \$50,000 for professional services **1**

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 11	377,816.
2 	
3 	
4 	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 DISCOUNT NOTE TO RURAL HOMES, LLC (SUPPORT CONSTRUCTION OF AFFORDABLE HOUSING)	100,000.
2 	
3 All other program-related investments. See instructions. 	
Total. Add lines 1 through 3	100,000.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	79,505,286.
b	Average of monthly cash balances	1b	1,447,887.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	80,953,173.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	80,953,173.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,214,298.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	79,738,875.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	3,986,944.

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

1	Minimum investment return from Part IX, line 6	1	3,986,944.
2a	Tax on investment income for 2022 from Part V, line 5	2a	24,302.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	24,302.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,962,642.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,962,642.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	3,962,642.

Part XI Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	5,016,299.
b	Program-related investments - total from Part VIII-B	1b	100,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	5,116,299.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				3,962,642.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ <u>5,116,299.</u>				
a Applied to 2021, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				3,962,642.
e Remaining amount distributed out of corpus	1,153,657.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,153,657.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	1,153,657.			
10 Analysis of line 9:				
a Excess from 2018 ...				
b Excess from 2019 ...				
c Excess from 2020 ...				
d Excess from 2021 ...				
e Excess from 2022 ...	1,153,657.			

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

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

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

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

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

c Any submission deadlines:

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

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a Paid during the year				
4 EAGLE SENIOR CARE 4098 HWY 131 WOLCOTT, CO 81655	NONE	PC	SOCIAL/EMOTIONAL	5,000.
4 THE CHILDREN 129 COUNTY ROAD 250 DURANGO, CO 81301	NONE	PC	BASIC NEEDS - SAFETY	10,400.
A WAY OUT PO BOX 10825 ASPEN, CO 81612	NONE	PC	BEHAVIORAL HEALTH - CRISIS RESPONSE	20,800.
ADAPTIVE SPORTS ASSOCIATION INC. 463 TURNER DR #105 DURANGO, CO 81303	NONE	PC	ADAPTIVE RECREATION	5,000.
ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302	NONE	PC	GENERAL OPERATIONS	1,000.
Total	SEE CONTINUATION SHEET(S)			3a 3,831,100.
b Approved for future payment				
NONE				
Total				
				3b 0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	378.	
4 Dividends and interest from securities			14	1,677,617.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	263,733.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,941,728.	0.
13 Total. Add line 12, columns (b), (d), and (e)					13 1,941,728.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage in any of the following... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ADAPTIVE SPORTS CENTER 19 EMMONS ROAD MT. CRESTED BUTTE, CO 81225	NONE	PC	ADAPTIVE RECREATION	5,000.
ADVOCATE SAFEHOUSE PROJECT PO 2036 GLENWOOD SPRINGS, CO 81602	NONE	PC	FOCUS AREA - BASIC NEEDS- SAFETY	10,000.
ADVOCATES OF LAKE COUNTY 711 HARRISON AVE. LEADVILLE, CO 80461	NONE	PC	1 BEHAVIORAL/MENTAL HEALTH INTERN-DOMESTIC VIOLENCE	22,000.
ADVOCATES OF LAKE COUNTY PO BOX 325 LEADVILLE, CO 80461	NONE	PC	BASIC NEEDS - SAFETY	21,500.
ALL POINTS TRANSIT (MONTROSE COUNTY SENIOR CITIZENS TRANSPORTATION, INC) PO BOX 1416 MONTROSE, CO 81402	NONE	PC	BASIC NEEDS - TRANSPORTATION	28,000.
ALTERNATIVE HORIZONS PO BOX 503 DURANGO, CO 81302	NONE	PC	GENERAL OPERATIONS	1,000.
ARCHULETA SENIORS INC - ASI PO BOX 3444 PAGOSA SPRINGS, CO 81147	NONE	PC	BASIC NEEDS - FOOD ACCESS	10,800.
ASPEN CAMP OF THE DEAF AND HARD OF HEARING 4862 SNOWMASS CREEK RD SNOWMASS, CO 81654	NONE	PC	CAMP - SPECIAL POPULATIONS	5,000.
ASPEN HOPE CENTER P.O. BOX 1115 BASALT, CO 81621	NONE	PC	BEHAVIORAL HEALTH - CRISIS RESPONSE	38,000.
ASPEN HOPE CENTER PO BOX 1115 BASALT, CO 81621	NONE	PC	PILOT - CRISIS COMMUNICATION & DE-ESCALATION TRAINING FOR LOCAL NONPROFITS	5,000.
Total from continuation sheets				3,788,900.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ASPEN STRONG PO BOX 8648 ASPEN, CO 81612	NONE	PC	FOCUS AREA - BEHAVIORAL HEALTH - SUICIDE PREVENTION	10,000.
ASPEN YOUTH CENTER 861 MAROON CREEK RD ASPEN, CO 81611	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
BAM! BUSINESS ART MENTORSHIP 568 MILLEMAN STREET PALISADE, CO 81526	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
BASIN CLINIC PO BOX 340 NATURITA, CO 81422	NONE	PC	PHYSICAL HEALTH CARE	17,500.
BETTER TOMORROW PO BOX 771424 STEAMBOAT SPRINGS, CO 80477	NONE	PC	BASIC NEEDS - SAFETY	26,800.
BLACK CANYON BOYS & GIRLS CLUB 2900 SUNNYSIDE ROAD MONTROSE, CO 81401	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
BLACK CANYON BOYS AND GIRLS CLUB PO BOX 1907 MONTROSE, CO 81402	NONE	PC	GENERAL OPERATIONS	5,000.
BOEC 524 WELLINGTON RD BRECKENRIDGE, CO 80424	NONE	PC	ADAPTIVE RECREATION	5,000.
BOYS & GIRLS CLUB OF LA PLATA COUNTY 2750 MAIN AVENUE DURANGO, CO 81301	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
BRIDGING BIONICS FOUNDATION PO BOX 3766 BASALT, CO 81621	NONE	PC	FOCUS AREA - PHYSICAL HEALTH	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY PO BOX 2558 AVON, CO 81620	NONE	PC	BASIC NEEDS - SAFETY	27,500.
BRIGHT FUTURE FOUNDATION 1060 W BEAVER CREEK BLVD SUITE 201 AVON, CO 81620	NONE	PC	2-4 PAID INTERNSHIPS FOR DOMESTIC VIOLENCE	14,000.
BUILDING HOPE 701 GRANITE STREET #270 FRISCO, CO 80443	NONE	PC	10 STIPENDS FOR PROF DEVELOP/SUPERVISION OF STAFF	20,000.
BUILDING HOPE PO BOX 1771 FRISCO, CO 80443	NONE	PC	SCHOLARSHIP PROGRAM	5,000.
CARBONDALE AGE-FRIENDLY COMMUNITY INITIATIVE 1056 VILLAGE ROAD CARBONDALE, CO 81623	NONE	PC	SOCIAL/EMOTIONAL	5,000.
CASA OF THE CONTINENTAL DIVIDE 330 FIELDER AVENUE, SUITE 207 DILLON, CO 80435	NONE	PC	FOCUS AREA - BASIC NEEDS- SAFETY	5,000.
CASA OF THE SEVENTH JUDICIAL DISTRICT, INC 147 N TOWNSEND AVE MONTROSE, CO 81402	NONE	PC	BASIC NEEDS - COURT ADVOCACY, HOUSING, CASE MANAGEMENT	21,500.
CATTLEMEN'S DAYS - TOUGH ENOUGH TO WEAR PINK PO BOX 375 GUNNISON, CO 81230	NONE	PC	PHYSICAL HEALTH CARE	10,400.
CB STATE OF MIND PO BOX 1083 CRESTED BUTTE, CO 81224	NONE	PC	BEHAVIORAL HEALTH - SUICIDE PREVENTION	10,400.
CEDAREEDGE COMMUNITY GARDENS 250 SE HIGH COUNTRY PARK CEDAREEDGE, CO 81413	NONE	PC	COMMUNITY GARDENS	4,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CEDAREGE FOOD BANK 245 W MAIN ST CEDAREGE, CO 81413	NONE	PC	FOCUS AREA - BASIC NEEDS, FOOD	10,000.
CELEBRATING HEALTHY COMMUNITIES 2257 MAIN AVE DURANGO, CO 81301	NONE	PC	FOCUS AREA - BEHAVIORAL HEALTH, SUBSTANCE ABUSE PREVENTION	10,000.
CENTER FOR INDEPENDENCE 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	11,500.
CHILD AND MIGRANT SERVICES P.O. BOX 1038 PALISADE, CO 81526	NONE	PC	PROGRAM SUPPORT FOR MIGRANT WORKERS	2,000.
CHILD AND MIGRANT SERVICES P.O. BOX 1038 PALISADE, CO 81526	NONE	PC	BASIC NEEDS - FOOD ACCESS AND TRANSPORTATION FOR IMMIGRANTS	10,400.
CITY OF GUNNISON 201 W. VIRGINIA AVENUE GUNNISON, CO 81230	NONE	GOV	COALITION - LATINX	10,000.
CLIFTON CHRISTIAN CHURCH FOOD BANK 3241 F 1/4 ROAD CLIFTON, CO 81520	NONE	PC	BASIC NEEDS - FOOD ACCESS	16,400.
CLOUD CITY CONSERVATION CENTER PO BOX 459 LEADVILLE, CO 80461	NONE	PC	BASIC NEEDS - FOOD ACCESS	26,400.
COLLABORATIVE ACTION FOR IMMIGRANTS (CAFI) 238 E COLORADO AVE #8 TELLURIDE, CO 81435	NONE	PC	COALITION LATINX	5,000.
COLORADO CANYONS ASSOCIATION 543 MAIN STREET #4 GRAND JUNCTION, CO 81501	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COLORADO DISCOVER ABILITY 601 STRUTHERS AVE GRAND JUNCTION, CO 81501	NONE	PC	ADAPTIVE RECREATION	5,000.
COLORADO DISCOVER ABILITY 601 STRUTHERS AVE GRAND JUNCTION, CO 81501	NONE	PC	GENERAL OPERATIONS	1,000.
COLORADO DIVISION OF VETERANS AFFAIRS, VETERAN SERVICES, GUNNISON COUNTY 220 N SPRUCE ST GUNNISON, CO 81230	NONE	GOV	FOCUS AREA - PHYSICAL HEALTH, ACCESS	10,000.
COLORADO FARM & FOOD ALLIANCE 122 GRAND AVE PAONIA, CO 81428	NONE	PC	COMMUNITY GARDENS	5,000.
COLORADO MOUNTAIN COLLEGE FOUNDATION 802 GRAND AVE GLENWOOD SPRINGS, CO 81601	NONE	GOV	50 TRAVEL STIPENDS FOR NURSING STUDENTS	20,000.
COLORADO-NATIONAL COLLABORATIVE 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81502	NONE	PC	FOCUS AREA - BEHAVIORAL HEALTH - SUICIDE PREVENTION	10,000.
COMMUNITY BUDGET CENTER 555 YAMPA AVE CRAIG, CO 81625	NONE	PC	FUNDING FOR MOFFAT AND RIO BLANCO COUNTIES	40,250.
COMMUNITY BUDGET CENTER 555 YAMPA AVENUE CRAIG, CO 81625	NONE	PC	GENERAL OPERATIONS	2,500.
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502	NONE	PC	BASIC NEEDS - FOOD ACCESS	25,800.
COMMUNITY FOUNDATION OF THE GUNNISON VALLEY PO BOX 7057 GUNNISON, CO 81230	NONE	GOV	FUNDING IN GUNNISON AND HINSDALE COUNTIES	23,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY HEALTH SERVICES 0405 CASTLE CREEK RD #201 ASPEN, CO 81611	NONE	PC	PHYSICAL HEALTH CARE	16,500.
COMMUNITY OPTIONS INC PO BOX 31 MONTROSE, CO 81402	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	15,000.
COMMUNITY RESOURCE CENTER 789 SHERMAN STREET DENVER, CO 80203	NONE	PC	RURAL PHILANTHROPY DAYS CONFERENCE SPONSORSHIP	1,500.
COMPANEROS 701 CAMINO DEL RIO SUITE 319 DURANGO, CO 81301	NONE	PC	BASIC NEEDS, INTEGRATION, ADVOCACY	21,200.
CORTEZ CULTURAL CENTER 25 N. MARKET STREET CORTEZ, CO 81321	NONE	PC	GENERAL OPERATIONS	2,500.
COUNSELING & EDUCATION CENTER 2708 PATTERSON RD GRAND JUNCTION, CO 81506	NONE	PC	4 PAID INTERNSHIPS AND STAFF TIME TO SUPERVISE INTERNS	40,000.
COUNSELING AND EDUCATION CENTER 2708 PATTERSON RD GRAND JUNCTION, CO 81506	NONE	PC	BEHAVIORAL HEALTH - COUNSELING/THERAPY	40,800.
CROPS (FOR UTE MOUNTAIN UTE TRIBE) 3211 ANNANDALE DRIVE PRESTO, PA 15142	NONE	PC	FOOD ACCESS	31,500.
DELTA COUNTY SCHOOL DISTRICT FARM TO SCHOOL PROGRAM 465 LORAH LN HOTCHKISS, CO 81419	NONE	GOV	COMMUNITY GARDENS	5,000.
DISTRICT 51 FOUNDATION- D51 FOUNDATION 2115 GRAND AVENUE GRAND JUNCTION, CO 81501	NONE	PC	ART/MUSIC FOR SPECIAL POPULATION	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DOORS 2 SUCCESS 8 FORESIGHT CIRCLE GRAND JUNCTION, CO 81505	NONE	PC	PHYSICAL HEALTH NAVIGATION - PROMOTORA	16,800.
DREAM CATCHER THERAPY CENTER 5814 HWY 348 OLATHE, CO 81425	NONE	PC	BEHAVIORAL HEALTH - ANIMAL-ASSISTED	15,400.
EAGLE VALLEY BEHAVIORAL HEALTH 429 EDWARDS ACCESS RD EDWARDS, CO 81632	NONE	PC	COMMUNITY FUND TO PAY 50% OF CLINICAL SUPERVISION	20,000.
EAGLE VALLEY COMMUNITY FOUNDATION 56 EDWARDS VILLAGE BOULEVARD EDWARDS, CO 81632	NONE	PC	FOOD ACCESS, HEALTH ACCESS	31,500.
ECC OF LA PLATA COUNTY 701 CAMINO DEL RIO #209 DURANGO, CO 81301	NONE	PC	EARLY CHILDHOOD DEVELOPMENT	8,000.
EVERY CHILD PEDIATRICS - FOUR CORNERS YOUTH CLINICS (SBHC) 401 N. DOLORES RD CORTEZ, CO 81321	NONE	PC	PHYSICAL HEALTH CARE	26,800.
EVOLVE THRIVE JOY YOUTH 105 EDWARDS VILLAGE BLVD - 201 EDWARDS, CO 81632	NONE	PC	SOCIAL/EMOTIONAL	5,000.
FAMILY & INTERCULTURAL RESOURCE CENTER 251 W 4TH STREET SILVERTHORNE, CO 80498	NONE	PC	FUNDING FOR SUMMIT COUNTY	28,750.
FAMILY AND INTERCULTURAL RESOURCE CENTER PO BOX 1636 SILVERTHORNE, CO 80498	NONE	PC	BASIC NEEDS - FAMILY RESOURCE CENTER	33,000.
FAMILY RESOURCE CENTER OF THE ROARING FORK SCHOOLS 400 SOPRIS AVE CARBONDALE, CO 81623	NONE	GOV	20 SCHOLARSHIPS FOR PUBLIC HEALTH MENTORSHIP & PEER GROUP	40,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILY VISITOR PROGRAMS 401 23RD ST #204 GLENWOOD SPRINGS, CO 81601	NONE	PC	FOCUS AREA - BASIC NEEDS, SAFETY	10,000.
FIRST CONGREGATIONAL CHURCH (FCC) 1425 N 5TH ST GRAND JUNCTION, CO 81501	NONE	PC	FOCUS AREA - BEHAVIORAL HEALTH - SUICIDE PREVENTION	10,000.
FOOD BANK OF THE ROCKIES 120 NORTH RIVER RD PALISADE, CO 81526	NONE	PC	GENERAL OPERATIONS	2,500.
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DR DURANGO, CO 81301	NONE	PC	10 PAID PUBLIC HEALTH INTERNS	20,000.
FOSTER ALUMNI MENTORS (FAM) 750 MAIN STREET, SUITE 105 GRAND JUNCTION, CO 81501	NONE	PC	MENTORING	8,000.
FOUR CORNERS CHILD ADVOCACY CENTER (NEST) 118 N CHESTNUT ST CORTEZ, CO 81321	NONE	PC	BASIC NEEDS - SAFETY	12,800.
			COUNSELING/THERAPY/SUI	
FOUR CORNERS RAINBOW YOUTH CENTER 701 CAMINO DEL RIO ROOM 103A DURANGO, CO 81301	NONE	PC	BEHAVORAL HEALTH - SUICIDE PREVENTION	20,400.
FULL CIRCLE OF LAKE COUNTY PO BOX 622 LEADVILLE, CO 80461	NONE	PC	FUNDING FOR LAKE COUNTY	17,250.
GOOD SAM'S FOOD PANTRY PO BOX 662 CORTEZ, CO 81321	NONE	PC	GENERAL OPERATIONS	1,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GRAND COUNTY RURAL HEALTH NETWORK PO BOX 95 HOT SULPHUR SPRINGS, CO 80451	NONE	PC	PHYSICAL HEALTH CARE AND NAVIGATION	20,800.
GRAND VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	NONE	PC	GENERAL OPERATIONS	5,000.
GRAND VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	NONE	PC	FUNDING FOR MESA COUNTY	103,500.
GRAND VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	NONE	PC	BASIC NEEDS - FOOD ACCESS, HOUSING, MENTAL & PHYSICAL HEALTH, CASE MGMNT	36,500.
GRAND VALLEY PEACE & JUSTICE 740 GUNNISON AVENUE SUITES 218 & 220 GRAND JUNCTION, CO 81501	NONE	PC	FOCUS AREA - BASIC NEEDS, SAFETY, TRANSPORTATION	6,000.
GRAND VALLEY PEACE AND JUSTICE 740 GUNNISON AVENUE, SUITES 218 & 220 GRAND JUNCTION, CO 81501	NONE	PC	GENERAL OPERATIONS	500.
GUNNISON COUNTRY FOOD PANTRY PO BOX 7077 GUNNISON, CO 81230	NONE	PC	WESTERN STATE UNIVERSITY ON-CAMPUS STUDENT FOOD BANK	2,500.
GUNNISON COUNTRY FOOD PANTRY PO BOX 7077 GUNNISON, CO 81230	NONE	PC	BASIC NEEDS - FOOD ACCESS AND CASE MANAGEMENT	16,800.
GUNNISON COUNTY SUBSTANCE ABUSE PREVENTION PROJECT 200 E VIRGINIA AVE GUNNISON, CO 81230	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	9,000.
GUNNISON VALLEY HEALTH FOUNDATION 711 N TAYLOR ST GUNNISON, CO 81230	NONE	PC	SCHOLARSHIPS FOR ADVANCED CERTIFICATIONS OR CLINICAL DEGREES, SUPERVISION	30,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GUNNISON VALLEY HEALTH FOUNDATION 711 N TAYLOR ST GUNNISON, CO 81230	NONE	PC	BEHAVIORAL HEALTH COUNSELING/THERAPY	25,400.
GUNNISON VALLEY MENTORS 101 N 8TH ST GUNNISON, CO 81230	NONE	PC	MENTORING	5,000.
HARMONY ACRES EQUESTRIAN CENTER P.O. BOX 38 FRUITA, CO 81521	NONE	PC	BEHAVIORAL HEALTH - ANIMAL-ASSISTED	16,800.
HAVEN HOUSE 4806 N RIVER RD. OLATHE, CO 81425	NONE	PC	CASE MANAGEMENT, LIVING ALLOWANCE, AND TRANSPORTATION FOR TENANTS IN CNA TRAINING	15,000.
HAVEN HOUSE PO BOX 3122 MONTROSE, CO 81402	NONE	PC	BASIC NEEDS - HOUSING	21,500.
HEALTHY ARCHULETA, INC. 434 LEWIS ST PAGOSA SPRINGS, CO 81147	NONE	PC	COMMUNITY GARDENS	5,000.
HIGH DESERT DEVO PO BOX 1344 CORTEZ, CO 81321	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE GRAND JUNCTION, CO 81506	NONE	PC	FUNDING FOR DELTA AND MONTROSE COUNTIES	46,000.
HILLTOP COMMUNITY RESOURCES, INC 1331 HERMOSA AVE GRAND JUNCTION, CO 81506	NONE	PC	BASIC NEEDS - SAFETY AND HEALTH NAVIGATION	40,000.
HISPANIC AFFAIRS PROJECT 1010 CASCADE AVENUE SUITE A1 MONTROSE, CO 81401	NONE	PC	BASIC NEEDS, INTEGRATION, ADVOCACY	26,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HISPANIC AFFAIRS PROJECT 1010 CASCADE AVENUE SUITE A1 MONTROSE, CO 81401	NONE	PC	CONTRIBUTION TO ONE ASSOCIATION MEMBERS FOR RESTRAINING ORDER BOND AGAINST NEW INVESTOR OF MOBILE	5,000.
HISPANIC AFFAIRS PROJECT 1010 CASCADE AVENUE SUITE A1 MONTROSE, CO 81401	NONE	PC	BIA ACCREDITED LEGAL SERVICES PROGRAM	3,500.
HOMECARE & HOSPICE OF THE VALLEY 823 GRAND AVE SUITE 300 GLENWOOD SPRINGS, CO 81601	NONE	PC	PHYSICAL HEALTH - HOSPICE AND HOME CARE	13,000.
HOMEWARD BOUND OF THE GRAND VALLEY INC. 562 29 ROAD GRAND JUNCTION, CO 81504	NONE	PC	BASIC NEEDS - SHELTER FOR HOMELESS	13,000.
HOPE WEST 3090 N 12 STREET GRAND JUNCTION, CO 81506	NONE	PC	PHYSICAL HEALTH - HOSPICE, PALLIATIVE, HOME CARE	20,000.
HORIZONS SPECIALIZED SERVICES PO BOX 774867 STEAMBOAT SPRINGS, CO 80477	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	21,000.
HOSPICE OF MONTEZUMA PO DRAWER 740 CORTEZ, CO 81321	NONE	PC	BEHAVIORAL HEALTH - COUNSELING/THERAPY	11,500.
HOUSING RESOURCES OF WESTERN COLORADO 524 30 ROAD SUITE 3 GRAND JUNCTION, CO 81504	NONE	PC	HOUSING COUNSELING	10,000.
HOUSING SOLUTIONS OF THE SOUTHWEST - CEAC 295 GIRARD STREET DURANGO, CO 81303	NONE	PC	FUNDING FOR LA PLATA AND SAN JUAN COUNTIES	40,250.
IN THE WEEDS 1150 MAIN AVENUE, SUITE A DURANGO, CO 81301	NONE	PC	PEER SUPPORT	10,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INTEGRATED COMMUNITY PO BOX 880587 STEAMBOAT SPRINGS, CO 80487	NONE	PC	BASIC NEEDS, ENGLISH LANGUAGE TUTORING, INTEGRATION	31,500.
JDA INTERNATIONAL (DBA GRAND VALLEY RESETTLEMENT PROGRAM) 2695 PATTERSON RD, UNIT 2 #188 GRAND JUNCTION, CO 81506	NONE	PC	FOCUS AREA - BASIC NEEDS, HOUSING/FOOD	9,000.
KARIS, INC PO BOX 2837 GRAND JUNCTION, CO 81502	NONE	PC	BASIC NEEDS - HOMELESS SHELTER FOR TEENS	23,000.
KIDS AID 2978 GUNNISON AVE GRAND JUNCTION, CO 81504	NONE	PC	GENERAL OPERATIONS	1,000.
KIWANIS CLUB PO BOX 1377 GRAND JUNCTION, CO 81502	NONE	PC	SOCIAL/EMOTIONAL	4,000.
LA PLATA COUNTY HUMANE SOCIETY 1111 SOUTH CAMINO DEL RIO DURANGO, CO 81303	NONE	PC	GENERAL OPERATIONS	2,000.
LA PLATA FAMILY CENTERS COALITION 150 TECH CENTER DRIVE SUITE A DURANGO, CO 81301	NONE	PC	FOOD ACCESS, INTEGRATION, FAMILY SVCS	30,000.
LA PLATA YOUTH SERVICES 2490 MAIN AVE DURANGO, CO 81301	NONE	PC	GRADUATE LEVEL PAID INTERNSHIP	20,000.
LAKE CITY AREA MEDICAL CENTER PO BOX 999 LAKE CITY, CO 81235	NONE	GOV	PHYSICAL HEALTH CARE	11,500.
LIFT UP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	NONE	PC	FUNDING FOR ROUTT COUNTY	34,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LIFTUP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	NONE	PC	BASIC NEEDS - FOOD ACCESS, FINANCIAL ASSISTANCE, CASE MANAGEMENT	33,000.
LONE CONE LIBRARY 1455 PINON ST NORWOOD, CO 81423	NONE	GOV	SOCIAL/EMOTIONAL	5,000.
MANNA PO BOX 1196 DURANGO, CO 81302	NONE	PC	BASIC NEEDS - FOOD ACCESS, CASE MANAGEMENT	31,500.
MARILLACHEALTH 2333 N 6TH ST GRAND JUNCTION, CO 81051	NONE	PC	UNDOCUMENTED PATIENTS & CLIFTON EXPANSION PROJECT	3,500.
MARILLACHEALTH 2333 N 6TH ST GRAND JUNCTION, CO 81501	NONE	PC	PHYSICAL HEALTH CARE AND HEALTH NAVIGATION	20,000.
MEALS ON WHEELS MESA COUNTY 551 CHIPETA AVENUE GRAND JUNCCTION, CO 81501	NONE	PC	BASIC NEEDS - FOOD ACCESS FOR SENIOR CITIZENS	11,500.
MEDICINE HORSE CENTER PO 1074 MANCOS, CO 81328	NONE	PC	BEHAVIORAL HEALTH - ANIMAL-ASSISTED	26,800.
MEMORIAL HOSPITAL OF CRAIG FOUNDATION, INC. PO BOX 1203 CRAIG, CO 81626	NONE	PC	TUITION ASSISTANCE FOR 5 GRADUATING LATINX NURSES	40,000.
MEMORIAL REGIONAL HEALTH FOUNDATION PO BOX 1203 CRAIG, CO 81626	NONE	PC	PHYSICAL HEALTH - SCHOOL NURSES	17,000.
MESA COUNTY RSVP, INC. 422 WHITE AVENUE, STE #090 GRAND JUNCTION, CO 81502	NONE	PC	SOCIAL/EMOTIONAL	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MOGUAN BEHAVIORAL HEALTH CENTER PO BOX 49 TOWAOC, CO 81334	NONE	GOV	PEER RECOVERY	1,000.
MONTELORES EARLY CHILDHOOD COUNCIL 925 S BROADWAY #212 CORTEZ, CO 81321	NONE	PC	EARLY CHILDHOOD DEVELOPMENT	10,000.
MONTEZUMA COUNTY PUBLIC HEALTH DEPARTMENT - SMILEMAKERS DENTAL CLINIC 106 W NORTH STREET CORTEZ, CO 81321	NONE	GOV	PHYSICAL HEALTH - DENTAL	16,800.
MONTEZUMA SENIOR SERVICES 107 NORTH CHESTNUT CORTEZ, CO 81321	NONE	GOV	SOCIAL/EMOTIONAL	5,000.
MONTEZUMA YOUTH ALLIANCE -MYA 211 W FIRST ST MANCOS, CO 81328	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
MOUNTAIN DREAMERS 619 MAIN ST FRISCO, CO 80443	NONE	PC	LEGAL AID	5,000.
MOUNTAIN FAMILY CENTER PO BOX 638 GRANBY, CO 80446	NONE	PC	FUNDING FOR GRAND AND JACKSON COUNTIES	23,000.
MOUNTAIN FAMILY CENTER PO BOX 638 GRANBY, CO 80446	NONE	PC	BASIC NEEDS - FAMILY RESOURCE CENTER	23,000.
MOUNTAIN FAMILY HEALTH CENTERS 2700 GILSTRAP COURT, STE 100 GLENWOOD SPRINGS, CO 81601	NONE	PC	CERTIF/CREDENT FOR 28 PEOPLE (15 MED ASST, 10 SOCIAL HLTH ADV)	40,000.
MOUNTAIN FAMILY HEALTH CENTERS 2802 GRAND AVE GLENWOOD SPRINGS, CO 81601	NONE	PC	PHYSICAL AND BEHAVIORAL HEALTH	25,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MOUNTAIN MENTORS 360 PEAK ONE DR, #210 FRISCO, CO 80443	NONE	GOV	MENTORING	5,000.
MOUNTAIN ROOTS 107 E GEORGIA AVE #3B GUNNISON, CO 81230	NONE	PC	FOCUS AREA - BASIC NEEDS, FOOD	10,000.
MOUNTAIN VALLEY DEVELOPMENTAL SERVICES 700 MOUNT SOPRIS DR GLENWOOD SPRINGS, CO 81601	NONE	PC	SOCIAL/EMOTIONAL	10,000.
MUSICSPARK PO BOX 3393 GRAND JUNCTION, CO 81502	NONE	PC	ART/MUSIC FOR SPECIAL POPULATIONS	5,000.
NATIONAL SPORTS CENTER FOR THE DISABLED 33 PARSENN ROAD WINTER PARK, CO 80482	NONE	PC	ADAPTIVE RECREATION	5,000.
NORTH FORK SENIOR CONNECTIONS 401 VISTA DRIVE PAONIA, CO 81428	NONE	PC	SOCIAL/EMOTIONAL	6,000.
NORTHWEST COLORADO CENTER FOR INDEPENDENCE 1855 SHIELD DR #300 STEAMBOAT SPRINGS, CO 80487	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	11,500.
NORTHWEST COLORADO HEALTH 940 CENTRAL PARK DRIVE SUITE 101 STEAMBOAT SPRINGS, CO 80487	NONE	PC	PHYSICAL AND BEHAVIORAL HEALTH	25,000.
NORTHWEST COLORADO LEGAL SERVICES PROJECT PO BOX 1895 DILLON, CO 80435	NONE	PC	LEGAL AID	5,000.
OLD FORT FARM AT HESPERUS FARMER IN TRAINING PROGRAM - FORT LEWIS COLLEGE FOUNDATION 1000 RIM DR DURANGO, CO 81301	NONE	PC	COMMUNITY GARDENS	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ONE TO ONE MENTORING 100 WEST COLORADO AVENUE, STE 204 TELLURIDE, CO 81435	NONE	PC	MENTORING	5,000.
OPERA STEAMBOAT 2673 JACOB CIRCLE, UNIT 1 STEAMBOAT SPRINGS, CO 80487	NONE	PC	ART/MUSIC FOR SPECIAL POPULATION	5,000.
PARTNERS OF DELTA, MONTROSE AND OURAY 315 S. 7TH ST. MONTROSE, CO 81401	NONE	PC	MENTORING	5,000.
PEAK HEALTH ALLIANCE PO BOX 3822 DILLON, CO 80435	NONE	PC	PHYSICAL HEALTH - SECURING INSURANCE	15,400.
PEER 180 RCO 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	PEER SUPPORT - ADDICTION RECOVERY	8,000.
PEER 180 RCO 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	2 PAID INTERNS TO RECEIVE STATE CERTIFICATION	20,000.
PHILANTHROPY COLORADO 5855 WADSWORTH BYPASS, UNIT A, ARVADA, CO 80003	NONE	PC	GENERAL OPERATING FOR THE RURAL FUNDERS LEARNING NETWORK, A PROGRAM OF PHILANTHROPY COLORADO.	10,000.
PINE RIVER SHARES PO BOX 993 BAYFIELD, CO 81122	NONE	PC	BASIC NEEDS - FOOD ACCESS	10,400.
PROJECT 1.27 PO BOX 1102 PALISADE, CO 81526	NONE	PC	BASIC NEEDS - FOSTER FAMILY SUPPORT	10,400.
PROJECT HOPE OF GUNNISON VALLEY PO BOX 1812 GUNNISON, CO 81230	NONE	PC	BASIC NEEDS - SAFETY	10,800.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PUEBLO COMMUNITY COLLEGE 33057 US HWY 160 MANCOS, CO 81328	NONE	GOV	SCHOLARSHIPS, TRANSPORTATION, AND LIVING STIPENDS FOR STUDENTS OBTAINING HEALTHCARE DEGREES.	30,000.
REACHING OUT TO COMMUNITY AND KIDS (ROCK) 128 E HWY 491 DOVE CREEK, CO 81324	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
RECOVERY RESOURCES PO BOX 373 SNOWMASS, CO 81654	NONE	PC	BEHAVIORAL HEALTH	29,000.
RESPONSE 405 CASTLE CREEK ROAD SUITE 203 ASPEN, CO 81611	NONE	PC	BASIC NEEDS - SAFETY	26,400.
RIDGWAY COMMUNITY GARDEN GREEN STREET PARK RIDGWAY, CO 81432	NONE	PC	COMMUNITY GARDENS	3,000.
RISE ABOVE VIOLENCE PO BOX 2913 PAGOSA SPRINGS, CO 81147	NONE	PC	BASIC NEEDS - SAFETY	16,800.
RIVER BRIDGE REGIONAL CENTER 520 21ST ST GLENWOOD SPRINGS, CO 81601	NONE	PC	BASIC NEEDS - SAFETY	26,800.
RIVER CENTER OF NEW CASTLE PO BOX 272 NEW CASTLE, CO 81647	NONE	PC	FUNDING FOR EAGLE, GARFIELD AND PITKIN COUNTIES	57,500.
RIVER VALLEY FAMILY HEALTH CENTERS (OLATHE COMMUNITY CLINIC) PO BOX 529 OLATHE, CO 81425	NONE	PC	PHYSICAL AND BEHAVIORAL HEALTH	21,000.
RIVERSIDE EDUCATION CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	NONE	PC	GENERAL OPERATIONS	2,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RIVERSIDE EDUCATIONAL CENTER 1101 WINTERS AVE., UNIT C2 GRAND JUNCTION, CO 81501	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
ROICE-HURST HUMANE SOCIETY 362 28 RD. GRAND JUNCTION, CO 81501	NONE	PC	FOCUS AREA - BASIC NEEDS - CASE MANAGEMENT	5,000.
ROUTT COUNTY COUNCIL ON AGING PO BOX 770207 STEAMBOAT SPRINGS, CO 80477	NONE	PC	BASIC NEEDS - FOOD ACCESS FOR SENIOR CITIZENS	11,500.
SAFE AND ABUNDANT NUTRITION ALLIANCE (SANA) 195 W. 14TH STREET RIFLE, CO 81650	NONE	PC	BASIC NEEDS - FOOD ACCESS	10,400.
SAN JUAN BASIN PUBLIC HEALTH 281 SAWYER DRIVE STE 300 DURANGO, CO 81303	NONE	GOV	PHYSICAL HEALTH	19,000.
SAN MIGUEL & OURAY JUVENILE SERVICES 1110 SUMMIT ST NORWOOD, CO 81423	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	5,000.
SAN MIGUEL RESOURCE CENTER PO BOX 3243 TELLURIDE, CO 81435	NONE	PC	BASIC NEEDS - SAFETY	16,800.
SENIOR MATTERS 520 3RD STREET, RM 33 CABONDALE, CO 81623	NONE	PC	SOCIAL/EMOTIONAL	3,000.
SIX POINTS PO BOX 1002 GUNNISON, CO 81230	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	19,000.
SMALL CHAMPIONS, INC. 216 MAIN ST 2ND FLOOR EDWARDS, CO 81632	NONE	PC	ADAPTIVE RECREATION	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SMILING GOAT RANCH 271 WILLOW LN CARBONDALE, CO 81623	NONE	PC	FOCUS AREA - ANIMAL ASSISTED THERAPIES	5,000.
SOS OUTREACH 450 MILLER RANCH RD EDWARDS, CO 81632	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
SOUTHWEST CENTER FOR INDEPENDENCE 9 BURNETT COURT, SUITE C DURANGO, CO 81301	NONE	PC	BASIC NEEDS - TRANSPORTATION	21,500.
SOUTHWESTERN COLORADO AHEC 701 CAMINO DEL RIO #320 DURANGO, CO 81301	NONE	PC	PAID COMMUNITY HEALTH WORKER PRACTICUM FOR NATIVE AMERICAN STUDENTS IN CURRENT PILOT PROGRAM	30,000.
SPEAKUP REACHOUT (SUICIDE PREVENTION COALITION OF EAGLE COUNTY) PO BOX 5913 EAGLE, CO 81631	NONE	PC	BEHAVIORAL HEALTH - SUICIDE PREVENTION	16,800.
ST. BARNABAS EPISCOPAL CHURCH 110 WEST NORTH STREET CORTEZ, CO 81321	NONE	PC	PEER SUPPORT - LGBTQ+ TEENS	7,000.
ST. GEORGE EPISCOPAL MISSION PO BOX 243 LEADVILLE, CO 80461	NONE	PC	BASIC NEEDS - FOOD ACCESS	10,800.
ST. MARY'S HOSPITAL FOUNDATION 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81502	NONE	PC	CANCER ASSISTANCE SUPPORT FUND	5,000.
STARS PO BOX 770208 STEAMBOAT SPRINGS, CO 80477	NONE	PC	ADAPTIVE RECREATION	5,000.
STEPPING STONES 1010 GARFIELD AVENUE CARBONDALE, CO 81623	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	GENERAL OPERATIONS	4,000.
STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81506	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	21,000.
STUDENTS TACKLING UNHEALTHY DECISIONS (STUD) 525 NORTH MAIN STREET DOVE CREEK, CO 81324	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	5,000.
SUMMIT ADVOCATES PO BOX 1859 FRISCO, CO 80443	NONE	PC	BASIC NEEDS - SAFETY	16,800.
SUMMIT COMMUNITY CARE CLINIC PO BOX 4337 FRISCO, CO 80443	NONE	PC	BEHAVIORAL HEALTH - CRISIS RESPONSE	25,000.
SUMMIT COMMUNITY CARE CLNIC 360 PEAK ONE DR. #100 FRISCO, CO 80443	NONE	PC	INTERN SUPPORT, SCHOLARSHIPS & SUPERVISION FOR BEHAVIORAL HEALTH & HEALTHCARE POSITIONS	35,000.
SUMMIT COUNTY SHERIFF'S OFFICE PO BOX 210 BRECKENRIDGE, CO 80424	NONE	GOV	BEHAVIORAL HEALTH - CRISIS RESPONSE	21,000.
SUMMITWEST CARE 2800 PRINTERS WAY, SUITE 200 GRAND JUNCTION, CO 81506	NONE	PC	PHYSICAL HEALTH - HOME HEALTH	23,000.
TELLURIDE ADAPTIVE SPORTS PROGRAM 568 MOUNTAIN VILLAGE BLVD., STE 101 TELLURIDE, CO 81435	NONE	PC	ADAPTIVE RECREATION	5,000.
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	NONE	PC	BASIC NEEDS - FOOD ACCESS	10,800.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	NONE	PC	FUNDING FOR OURAY, SAN MIGUEL AND W. MONTROSE COUNTIES	46,000.
THE BRIDGE EMERGENCY SHELTER 735 N PARK ST CORTEZ, CO 81321	NONE	PC	BASIC NEEDS - SHELTER FOR HOMELESS	11,500.
THE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	NONE	PC	GENERAL OPERATIONS	2,000.
THE COMMUNITY TREEHOUSE 658 S EAST ST BAYFIELD, CO 81122	NONE	PC	SOCIAL/EMOTIONAL	5,000.
THE CYCLE EFFECT PO BOX 1503 EAGLE, CO 81631	NONE	PC	WESTERN SLOPE PROGRAMMING	5,500.
THE CYCLE EFFECT PO BOX 1503 EAGLE, CO 81631	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
THE DOLPHIN HOUSE 735 S 1ST ST MONTROSE, CO 81401	NONE	PC	GENERAL OPERATIONS	2,500.
THE DOLPHIN HOUSE 735 S 1ST ST MONTROSE, CO 81401	NONE	PC	BASIC NEEDS - SAFETY	20,800.
THE GRIEF CENTER OF SOUTHWEST COLORADO 2243 N MAIN AVE STE 4F DURANGO, CO 81301	NONE	PC	1 PAID INTERNSHIP FOR INDIGENOUS STUDENT	20,000.
THE GRIEF CENTER OF SOUTHWEST COLORADO 2243 N MAIN AVE STE 4F DURANGO, CO 81301	NONE	PC	BEHAVIORAL HEALTH	15,400.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE HEALTH PARTNERSHIP PO BOX 881753 STEAMBOAT SPRINGS, CO 80488	NONE	PC	BASIC NEEDS - HEALTH NAVIGATION, SECURING INSURANCE	15,800.
THE JOSEPH CENTER 2511 BELFORD AVENUE SUITE B GRAND JUNCTION, CO 81501	NONE	PC	BASIC NEEDS - FOOD ACCESS, HOUSING, DAY SHELTER	10,800.
THE JOSEPH CENTER 2511 BELFORD AVENUE SUITE B GRAND JUNCTION, CO 81501	NONE	PC	GENERAL OPERATIONS	1,000.
THE NATURE CONNECTION 397 MINERS WAY HOTCHKISS, CO 81419	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	5,000.
THE PIC PLACE 87 MERCHANT DRIVE MONTROSE, CO 81401	NONE	PC	PHYSICAL HEALTH	13,000.
THE PINON PROJECT FAMILY RESOURCE CENTER 210 E. MAIN STREET CORTEZ, CO 81321	NONE	PC	FOCUS AREA - BASIC NEEDS, CASE MANAGEMENT	10,000.
THE PINON PROJECT FAMILY RESOURCE CTR - MEAC 210 E. MAIN STREET CORTEZ, CO 81321	NONE	PC	FUNDING FOR DOLORES AND MONTEZUMA COUNTIES	40,250.
TIMBERLINE 83 NANCY'S PLACE FRISCO, CO 80443	NONE	PC	RESPITE CARE	10,000.
TRI-COUNTY HEALTH NETWORK 238 EAST COLORADO AVE SUITE 8 TELLURIDE, CO 81435	NONE	PC	INTERPRETATION, HEALTH ACCESS, ADVOCACY	21,200.
TRIO THERAPY PARTNERS PO BOX 4002 EAGLE, CO 81631	NONE	PC	PHYSICAL HEALTH - ANIMAL-ASSISTED THERAPIES	10,400.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TRUE NORTH YOUTH PROGRAM 305 SOCIETY DR #C3 TELLURIDE, CO 81435	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
TRUE NORTH YOUTH PROGRAM PO BOX 2072 TELLURIDE, CO 81435	NONE	PC	GENERAL OPERATIONS	5,000.
TRUE NORTH PO BOX 773202 STEAMBOAT SPRINGS, CO 80477	NONE	PC	RESPITE CARE	10,000.
UNCOMPAHGRE VOLUNTEER LEGAL AID 156 COLORADO AVE MONTROSE, CO 81401	NONE	PC	LEGAL AID	5,000.
UNITED WAY OF SOUTHWEST COLORADO PO BOX 3040 DURANGO, CO 81302	NONE	PC	FUNDING FOR ARCHULETA COUNTY	17,250.
UNIVERSITY OF DENVER 1402 BLAKE AVE #201A GLENWOOD SPRINGS, CO 81601	NONE	GOV	3 PAID INTERNSHIPS FOR BEHAVIORAL HEALTH AND HEALTHCARE STUDENTS	25,000.
UPPER PINE RIVER FIRE PROTECTION DISTRICT 515 SOWER DRIVE BAYFIELD, CO 81122	NONE	PC	SCHOLARSHIP FOR CRITICAL CARE NURSE TRAINING/CERTIFICATION	29,000.
UPROOT COLORADO PO BOX 6016 AVON, CO 81620	NONE	PC	BASIC NEEDS - FOOD ACCESS	10,800.
VAIL VALLEY CHARITABLE FUND PO BOX 2307 EDWARDS, CO 81632	NONE	PC	PHYSICAL HEALTH - DENTAL	10,400.
VALLEY SETTLEMENT 520 S. THIRD STREET SUITE 9 CARBONDALE, CO 81623	NONE	PC	BASIC NEEDS, INTEGRATION, ADVOCACY	26,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VISION HEALTH INTERNATIONAL PO BOX 597 GRAND JUNCTION, CO 81502	NONE	PC	PHYSICAL HEALTH - VISION SCREENING AND GLASSES	15,800.
VOCES UNIDAS 214 8TH ST #210 GLENWOOD SPRINGS, CO 81601	NONE	PC	SOCIAL/EMOTIONAL	5,000.
VOLUNTEERS OF AMERICA - SOUTHWEST COLORADO DIVISION PO BOX 2107 DURANGO, CO 81302	NONE	PC	BASIC NEEDS - SHELTER FOR HOMELESS, SAFETY	23,000.
VOYAGER YOUTH PROGRAM 280 N CORA ST RIDGWAY, CO 81432	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
WEST END FAMILY LINK CENTER PO BOX 602 NUCLA, CO 81424	NONE	PC	BASIC NEEDS - FAMILY RESOURCE CENTER	16,400.
WESTERN COLORADO AREA HEALTH EDUCATION CENTER 2938B NORTH AVE. GRAND JUNCTION, CO 81504	NONE	PC	EXPENSES FOR HOSA STATE LEADERSHIP CONFERENCE FOR DISADVANTAGED TEENS CURRENTLY IN CNA	4,000.
WESTERN COLORADO AREA HEALTH EDUCATION CENTER 2938B NORTH AVE. GRAND JUNCTION, CO 81504	NONE	PC	HOUSING STIPENDS FOR CMU PA STUDENTS AND 1 CNA CERTIFICATION CLASS FOR LOW INCOME HIGH SCHOOL STUDENTS	29,000.
WESTERN COLORADO CENTER FOR THE ARTS 1803 N. 7TH STREET GRAND JUNCTION, CO 81501	NONE	PC	GENERAL OPERATIONS	1,000.
WESTERN COLORADO HEALTH NETWORK 2352 N. 7TH ST SUITE A-1 GRAND JUNCTION, CO 81501	NONE	PC	BASIC NEEDS - FOOD ACCESS, CASE MANAGEMENT FOR PEOPLE LIVING WITH HIV	17,500.
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	NONE	PC	BASIC NEEDS - SAFETY FOR CHILDREN	21,500.
Total from continuation sheets				

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTERN SLOPE FOOD BANK OF THE ROCKIES 120 NORTH RIVER RD PALISADE, CO 81526	NONE	PC	BASIC NEEDS - FOOD ACCESS	17,500.
WESTERN SLOPE NATIVE AMERICAN RESOURCE CENTER PO BOX 444 FRUITA, CO 81521	NONE	PC	BASIC NEEDS - FAMILY RESOURCE CENTER	16,400.
WINDWALKERS EQUINE ASSISTED THERAPY CENTER PO BOX 504 CARBONDALE, CO 81623	NONE	PC	BEHAVIORAL HEALTH - ANIMAL-ASSISTED	11,500.
WINGS EARLY CHILDHOOD CENTER PO BOX 1079 PAGOSA SPRINGS, CO 81147	NONE	PC	GENERAL OPERATIONS	1,000.
YAMPA VALLEY AUTISM PROGRAM PO BOX 771824 STEAMBOAT SPRINGS, CO 80477	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	27,500.
YAMPA VALLEY AUTISM PO BOX 771824 STEAMBOAT SPRINGS, CO 80477	NONE	PC	GENERAL OPERATIONS	2,500.
YAMPA VALLEY HOUSING AUTHORITY PO BOX 774542 STEAMBOAT SPRINGS, CO 80477	NONE	GOV	BASIC NEEDS - HOUSING	20,800.
YOUR HOPE CENTER 360 EBY CREEK ROAD EAGLE, CO 81631	NONE	PC	SUPERVISION FOR 3 BILINGUAL/BICULTURAL INTERNS	24,000.
YOUR HOPE CENTER PO BOX 2127 EAGLE, CO 81631	NONE	PC	BEHAVIORAL HEALTH - CRISIS RESPONSE	38,000.
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	NONE	PC	BEHAVIORAL HEALTH - COUNSELING/THERAPY	36,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	NONE	PC	SCHOLARSIPS FOR 3 CERTIFIED ADDICTION TECHNICIANS (CAT)	20,000.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - HISPANIC AFFAIRS PROJECT

CONTRIBUTION TO ONE ASSOCIATION MEMBERS FOR RESTRAINING ORDER BOND

AGAINST NEW INVESTOR OF MOBILE HOME PARK AGAINST RAISING RENT BY 70%

NAME OF RECIPIENT - WESTERN COLORADO AREA HEALTH EDUCATION CENTER

EXPENSES FOR HOSA STATE LEADERSHIP CONFERENCE FOR DISADVANTAGED TEENS

CURRENTLY IN CNA PROGRAM.

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

2022

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)() (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	COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT 4300 CHERRY CREEK S. DRIVE DENVER, CO 80246	\$ 422,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 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	
(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	
(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	
(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	

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

2022

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

Name ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	24,302.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	24,302.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	24,302.

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

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

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	6,076.	6,076.	6,075.	6,075.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				40,799.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				40,799.
14 Add amounts on lines 16 and 17 of the preceding column	14		6,076.	12,152.	18,227.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	22,572.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		6,076.	12,152.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	6,076.	6,076.	6,075.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			209.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) ROCKY MOUNTAIN HEALTH FOUNDATION	Identifying Number 84-1424932
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(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/22	6,076.	6,076.	31	.000109589	21.
06/15/22	6,076.	12,152.	15	.000109589	20.
06/30/22	0.	12,152.	77	.000136986	128.
09/15/22	6,075.	18,227.	15	.000136986	37.
09/30/22	0.	18,227.	1	.000164384	3.
10/01/22	<35,799.>	<17,572.>			
12/01/22	<5,000.>	<22,572.>			
12/15/22	6,075.	<16,497.>			
12/31/22	0.	<16,497.>	135	.000191781	

Penalty Due (Sum of Column F).	209.
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* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST ON BANK ACCOUNT	378.	378.	
TOTAL TO PART I, LINE 3	378.	378.	

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,750.	0.		1,750.
TO FM 990-PF, PG 1, LN 16A	1,750.	0.		1,750.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	46,272.	1,400.		53,747.
TO FORM 990-PF, PG 1, LN 16B	46,272.	1,400.		53,747.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	149,916.	149,916.		0.
CONSULTING FEES	3,651.	0.		3,651.
CONTRACT SERVICES	377,816.	0.		393,204.
TO FORM 990-PF, PG 1, LN 16C	531,383.	149,916.		396,855.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	30,315.	0.		30,169.
FEDERAL TAXES	24,511.	0.		0.
FOREIGN TAXES	38,026.	38,026.		0.
TO FORM 990-PF, PG 1, LN 18	92,852.	38,026.		30,169.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	17,954.	0.		17,954.
LICENSES & FEES	16,839.	0.		16,839.
MEMBERSHIP DUES	8,170.	0.		8,170.
OFFICE EXPENSES	5,217.	0.		5,217.
INFORMATION TECHNOLOGY	15,719.	0.		15,719.
MISCELLANEOUS	7,236.	0.		8,479.
TO FORM 990-PF, PG 1, LN 23	71,135.	0.		72,378.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 7

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMCAP FUND CLASS F3 FMACX	FMV	1,675,370.	1,675,370.
AMERICAN INTERNATIONAL VANTAGE FUND CLASS F3 AIVGX	FMV	212,870.	212,870.
AVANTIS INTERNATIONAL SMALL CAP VALUE ETF AVDV	FMV	259,259.	259,259.
AVANTIS U.S. SMALL CAP VALUE ETF AVUV	FMV	1,899,632.	1,899,632.
DFA INFLATION PROTECTED SECURITY INST CL. DIPSX	FMV	503,162.	503,162.
DFA INTERNATIONAL REAL ESTATE SEC FND INST DFITX	FMV	262,138.	262,138.
DFA INTERNATIONAL SMALL CAP INST. CLASS DFISX	FMV	362,546.	362,546.
DFA INTERNATIONAL SMALL VALUE INST. CLASS DISVX	FMV	512,483.	512,483.
DFA REAL ESTATE SECURITIES FUND DFREX	FMV	14,746.	14,746.
DFA US MICRO CAP PORTFOLIO INST. CLASS DFSCX	FMV	1,291,881.	1,291,881.
DODGE & COX INCOME DODIX	FMV	1,834,345.	1,834,345.
DODGE & COX INTERNATIONAL STOCK FUND DODFX	FMV	1,234,919.	1,234,919.
EUROPACIFIC GROWTH FUND CLASS F3 FEUPX	FMV	1,101,022.	1,101,022.
ISHARES MSCI EAFE SMALL CAP INDEX SCZ	FMV	1,142,364.	1,142,364.
ISHARES TR EDGE MSCI USA VALUE FACTOR ETF VLUE	FMV	2,876,638.	2,876,638.
PIMCO FOREIGN BOND INSTITUTIONAL (UNHDGED) PFUIX	FMV	1,239,669.	1,239,669.
PIMCO INTERNATIONAL BOND FUND INSTITUTIONAL CLASS (US DOLLAR HEDGED) PFORX	FMV	1,450,485.	1,450,485.
PIMCO LOW DURATION FUND INSTITUTIONAL CL. PTLDX	FMV	2,007,233.	2,007,233.
PIMCO TOTAL RETURN FUND INSTITUTIONAL CL. PTTRX	FMV	1,272,185.	1,272,185.
T. ROWE PRICE TOTAL RETURN PTKIX	FMV	293,383.	293,383.
T. ROWE PRICE INST. LARGE CAP GROWTH TRLGX	FMV	1,667,988.	1,667,988.
T. ROWE PRICE INT'L VALUE EQUITY CLASS I TRTIX	FMV	1,229,833.	1,229,833.
T. ROWE PRICE NEW ERA FUND CLASS I TRNEX	FMV	1,110,776.	1,110,776.
VANGUARD CORE-PLUS BOND FUND ADMIRAL VCPAX	FMV	823,559.	823,559.
VANGUARD ENERGY INDEX FUND ADMIRAL SHARES VENAX	FMV	2,206,450.	2,206,450.
VANGUARD FEDERAL MONEY MARKET FUND VMFXX	FMV	448,688.	448,688.
VANGUARD FTSE ALL WORLD EX-US SC VSS	FMV	837,942.	837,942.

STATEMENT(S) 7

<u>ROCKY MOUNTAIN HEALTH FOUNDATION</u>		<u>84-1424932</u>
VANGUARD GLOBAL EX-US REAL ESTATE ETF VNQI	FMV	683,433. 683,433.
VANGUARD GROWTH INDEX FUND ADMIRAL SHARES VIGAX	FMV	1,750,379. 1,750,379.
VANGUARD INFLATION PROTECTED FUND ADM. SHS VAIPX	FMV	1,472,873. 1,472,873.
VANGUARD INTERNATIONAL GROWTH ADMIRAL SHS VWILX	FMV	1,210,210. 1,210,210.
VANGUARD INTERNATIONAL VALUE PORTFOLIO VTRIX	FMV	1,286,117. 1,286,117.
VANGUARD MATERIALS INDEX FUND ADMIRAL VMIAX	FMV	1,044,654. 1,044,654.
VANGUARD REIT INDEX FUND ADMIRAL SHARES VGSLX	FMV	2,253,165. 2,253,165.
VANGUARD SMALL CAP GROWTH IDX. ADMIRAL SHS VSGAX	FMV	1,192,615. 1,192,615.
VANGUARD SMALL CAP VALUE INDEX ADMIRAL SHS VSIAX	FMV	3,771,497. 3,771,497.
VANGUARD VALUE INDEX FUND ADMIRAL SHARES VVIAX	FMV	3,105,092. 3,105,092.
WASHINGTON MUTUAL INVESTORS FUND CLASS F3 FWMIX	FMV	3,055,800. 3,055,800.
VANGUARD FEDERAL MONEY MARKET FUND VMFXX	FMV	3,750,243. 3,750,243.
DFA EMERGING MARKETS SUSTAINABILITY CORE 1 DESIX	FMV	1,216,354. 1,216,354.
DFA GLOBAL SUSTAINABLE FIXED INC PORT DGSFX	FMV	1,075,967. 1,075,967.
DFA INTERNATIONAL SUSTAINABILITY CORE DFSPX	FMV	3,833,302. 3,833,302.
DFA U.S. SUSTAINABILITY CORE 1 DFSIX	FMV	10,589,968. 10,589,968.
PIMCO LOW DURATION ESG INSTITUTIONAL PLDIX	FMV	413,075. 413,075.
PIMCO TOTAL RETURN ESG FUND INSTITUTIONAL CLASS PTSAX	FMV	843,562. 843,562.
VANGUARD FEDERAL MONEY MARKET FUND VMFXX	FMV	179,955. 179,955.
VANGUARD INFLATION PROTECTED FUND ADM. SHS VAIPX	FMV	791,865. 791,865.
VANGUARD INTERM-TERM GOVERNMENT BOND VSIGX	FMV	848,143. 848,143.
VANGUARD SHORT-TERM GOVERNMENT BOND INDEX VSBSX	FMV	412,584. 412,584.
TOTAL TO FORM 990-PF, PART II, LINE 13		<u>74,552,419. 74,552,419.</u>

FORM 990-PF

OTHER ASSETS

STATEMENT 8

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
RIGHT OF USE ASSET - OPERATING RURAL HOMES, LLC - PROGRAM	0.	61,643.	61,643.
RELATED INVESTMENT	0.	100,000.	100,000.
TO FORM 990-PF, PART II, LINE 15	0.	161,643.	161,643.

FORM 990-PF

STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED
PART VI-A, LINE 2

STATEMENT 9

EXPLANATION

ROCKY MOUNTAIN HEALTH FOUNDATION'S (RMHF) MISSION IS TO 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. DURING 2022 RMHF ENTER INTO A "PROGRAM RELATED INVESTMENT" AGREEMENT WITH RURAL HOMES, LLC, AN UNRELATED ENTITY OWNED BY A COLORADO NONPROFIT ORGANIZATION. PER THE AGREEMENT, RMHF LOANED RURAL HOMES, LLC FUNDS TO PROVIDE FUNDING TO SUPPORT THE CONSTRUCTION OF AFFORDABLE HOUSING SOLD TO THOSE LIVING IN THE TARGET GEOGRAPHY, IN PARTICULAR HOUSEHOLDS EARNING 60-120 PERCENT OF AREA MEDIAN INCOME. THE LOAN IS EXPECTED TO BE REPAYED, BUT IT CONTAINS A BELOW-MARKET RATE OF INTEREST.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAELLE SMITH 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	EXECUTIVE DIRECTOR 40.00	181,287.	12,649.	0.
PATRICIA RIDDELL 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	CHAIR/PRESIDENT 4.00	740.	0.	0.
ROBERT TESCH 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	VICE CHAIR 3.00	1,275.	0.	0.
MARY (SAL) SCHAEFER 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	PAST CHAIR/DIRECTOR 1.00	642.	0.	0.
BERNIE BUESCHER 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	SECRETARY 1.00	1,050.	0.	0.
CHARLES BREAUX 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	TREASURER/FINANCE & INVESTMENT 2.00	1,125.	0.	0.
ERROL SNIDER 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	GRANTS CHAIR 1.00	1,650.	0.	0.
RICHARD BETTS 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	675.	0.	0.
JENNIFER ROLLER 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	1,125.	0.	0.
KATHLEEN MCINNIS 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	525.	0.	0.

ROCKY MOUNTAIN HEALTH FOUNDATION

84-1424932

NICOLE BERNAL RUIZ 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 2.00	675.	0.	0.
THERESA CHASE 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	3,675.	0.	0.
JEFFREY KUHR 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	700.	0.	0.
CASSIE COMEAU 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	525.	0.	0.
IMO SUCCO 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	525.	0.	0.
JANETTE NAJERA 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	710.	0.	0.
JOHN FEENEY-COYLE 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	EX-OFFICIO DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

196,904. 12,649. 0.

ACTIVITY ONE

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 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.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

377,816.