

Return of Private Foundation

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

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OMB No. 1545-0047

2023

Open to Public Inspection

Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2023 or tax year beginning , and ending

Name of foundation: ROCKY MOUNTAIN HEALTH FOUNDATION
Employer identification number: 84-1424932
Address: 2768 COMPASS DRIVE, GRAND JUNCTION, CO 81506
Room/suite: 109
Telephone number: 970-644-8188
G Check all that apply: Initial return, Final return, Address change
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$82,253,098.
J Accounting method: Accrual

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with Net investment income and Adjusted net income.

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	735,900.	71,616.	71,616.
	2 Savings and temporary cash investments	88,110.	1,655,434.	1,655,434.
	3 Accounts receivable			
	Less: allowance for doubtful accounts	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	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	74,552,419.	80,393,184.	80,393,184.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe STATEMENT 8)		161,643.	132,864.	132,864.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		75,669,606.	82,253,098.	82,253,098.
Liabilities	17 Accounts payable and accrued expenses	65,786.	89,295.	
	18 Grants payable			
	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)		62,429.	33,680.
23 Total liabilities (add lines 17 through 22)		128,215.	122,975.	
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		55,535,152.	66,202,134.
	25 Net assets with donor restrictions		20,006,239.	15,927,989.
	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		75,541,391.	82,130,123.	
30 Total liabilities and net assets/fund balances		75,669,606.	82,253,098.	

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	75,541,391.
2 Enter amount from Part I, line 27a	2	<1,907,501.>
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN	3	8,496,233.
4 Add lines 1, 2, and 3	4	82,130,123.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	82,130,123.

**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 571,522.		606,462.	<34,940.>
b 5,155,619.		4,570,252.	585,367.
c 370,386.			370,386.
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			<34,940.>
b			585,367.
c			370,386.
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	920,813.
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	38,599.
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	38,599.
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	38,599.
6 Credits/Payments:		
a 2023 estimated tax payments and 2022 overpayment credited to 2023 .....	6a	42,876.
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	42,876.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....	8	66.
9 Tax due. If the total of lines 5 and 8 is more than line 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	4,211.
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax 4,211. 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
1b	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
1c	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? .....		X
	If "Yes," attach a detailed description of the activities.		
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
4b	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
	If "Yes," attach the statement required by General Instruction T.		
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>		
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? 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 2023 or the tax year beginning in 2023? 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 2023, 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
<b>1a</b> 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>b</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
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> 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 2023? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2023 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 2023.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</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 2023? .....	4b	X

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

	Yes	No
<b>5a</b> 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>b</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	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> 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	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</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
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> 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 9		195,655.	15,243.	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	97,314.	19,309.	0.
STEPHANIE SELF - 2768 COMPASS DRIVE, STE. 109, GRAND JUNCTION, CO 81506	RESOURCE AND RELATIONSHIP PARTNER 40.00	79,888.	17,128.	0.

Total number of other employees paid over \$50,000 0

**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	139,917.

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 10	256,634.
2	
3	
4	

**Part VIII-B** Summary of Program-Related Investments

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

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	78,014,557.
b	Average of monthly cash balances .....	1b	236,434.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	78,250,991.
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	78,250,991.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	1,173,765.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	77,077,226.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	3,853,861.

**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	3,853,861.
2a	Tax on investment income for 2023 from Part V, line 5 .....	2a	38,599.
b	Income tax for 2023. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	38,599.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	3,815,262.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	3,815,262.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	3,815,262.

**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	4,899,741.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	4,899,741.



**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				3,815,262.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022	1,153,657.			
f Total of lines 3a through e	1,153,657.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 4,899,741.				
a Applied to 2022, 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 2023 distributable amount				3,815,262.
e Remaining amount distributed out of corpus	1,084,479.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,238,136.			
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 2022. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				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 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	2,238,136.			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022	1,153,657.			
e Excess from 2023	1,084,479.			

**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 2023, 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) 2023	(b) 2022	(c) 2021	(d) 2020	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
<b>b</b> 85% (0.85) of line 2a _____					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed _____					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities _____					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets _____					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
<b>(3)</b> Largest amount of support from an exempt organization _____					
<b>(4)</b> 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)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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)				
<b>a Paid during the year</b>				
4 THE CHILDREN 129 COUNTY ROAD 250 DURANGO, CO 81301	NONE	PC	SAFETY	10,500.
A LITTLE HELP (ALH) 2755 SOUTH LOCUST STREET, SUITE 220 DENVER, CO 80222	NONE	PC	SOCIAL/EMOTIONAL SUPPORTS - SENIORS	5,000.
A WAY OUT 981 COWEN DR, UNITE B3 CARBONDALE, CO 81623	NONE	PC	BEHAVIORAL HEALTH	21,000.
ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302	NONE	PC	ADAPTIVE RECREATION	5,000.
ADAPTIVE SPORTS CENTER PO BOX 1639 CRESTED BUTTE, CO 81224	NONE	PC	ADAPTIVE RECREATION	5,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> 3,967,000.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>3b</b> 0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (14, 500.), 4 Dividends and interest from securities (14, 2,018,030.), 5 Net rental income or (loss) from real estate, 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, 920,813.), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal (0., 2,939,343.), 13 Total (13, 2,939,343.).

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

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

Table with 2 columns: 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. Contains questions 1a through 1d regarding transfers and transactions with noncharitable exempt organizations.

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? ... [X] 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 [X] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN KYLE FRITCH, CPA KYLE FRITCH, CPA 05/08/24 P01313374 Firm's name EIDE BAILLY LLP Firm's EIN 45-0250958 Firm's address 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429 Phone no. 970-223-8825

**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 TRAINING CENTERS 812 TAHITI DRIVE GRAND JUNCTION, CO 81506	NONE	PC	PHYSICAL - DISABILITY SERVICES	10,000.
ADAPTIVE TRAINING CENTERS 812 TAHITI DRIVE GRAND JUNCTION, CO 81506	NONE	PC	PHYSICAL HEALTH	500.
ADVOCATE SAFEHOUSE PROJECT (ASP) PO BOX 2036 GLENWOOD SPRINGS, CO 81602	NONE	PC	BASIC NEEDS - SAFETY	20,000.
ADVOCATES OF LAKE COUNTY 711 HARRISON AVE. LEADVILLE, CO 80461	NONE	PC	SAFETY	21,500.
ADVOCATES OF LAKE COUNTY 711 HARRISON AVE. LEADVILLE, CO 80461	NONE	PC	WORKFORCE DEVELOPMENT	12,000.
ALL POINTS TRANSIT 156 COLORADO AVENUE MONTROSE, CO 81401	NONE	PC	TRANSPORTATION	28,000.
ALTERNATIVE HORIZONS PO BOX 503 DURANGO, CO 81302	NONE	PC	BASIC NEEDS - SAFETY	1,500.
ANDY ZANCA YOUTH EMPOWERMENT PROGRAM (AZYEP) PO BOX 1945 CARBONDALE, CO 81623	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
ARCHULETA SENIORS INC - ASI 451 HOT SPRINGS BOULEVARD PAGOSA SPRINGS, CO 81147	NONE	PC	FOOD	11,000.
ASPEN CAMP OF THE DEAF AND HARD OF HEARING 4862 SNOWMASS CREEK ROAD SNOWMASS, CO 81654	NONE	PC	ADAPTIVE RECREATION	5,000.
<b>Total from continuation sheets</b>				<b>3,920,500.</b>

**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 HOPE CENTER (AHC) 227 MIDLAND AVENUE, SUITE 15B BASALT, CO 81621	NONE	PC	BEHAVIORAL HEALTH	38,000.
ASPEN POLICE DEPARTMENT 540 E. MAIN STREET ASPEN, CO 81611	NONE	GOV	BEHAVIORAL HEALTH	5,000.
ASPEN YOUTH CENTER PO BOX 8266 ASPEN, CO 81612	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
ASPIRE MEDICAL SERVICES AND EDUCATION PO BOX 5437 PAGOSA SPRINGS, CO 81147	NONE	PC	PHYSICAL HEALTH	10,000.
AXIS HEALTH SYSTEM 185 SUTTLE ST. DURANGO, CO 81301	NONE	PC	BEHAVIORAL HEALTH	15,000.
BAM! BUSINESS ART MENTORSHIP YOUTH PROGRAM 568 MILLEMAN ST PALISADE, CO 81526	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
BASIN CLINIC 421 ADAMS ST NATURITA, CO 81422	NONE	PC	PHYSICAL HEALTH	16,500.
BETTER TOMORROW 465 ANGLERS DRIVE, SUITE B STEAMBOAT SPRINGS, CO 80487	NONE	PC	SAFETY	27,000.
BLACK CANYON BOYS & GIRLS CLUB PO BOX 1907 MONTROSE, CO 81402	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
BLACK CANYON BOYS & GIRLS CLUB PO BOX 1907 MONTROSE, CO 81402	NONE	PC	POSITIVE YOUTH DEVELOPMENT	6,500.
<b>Total from continuation sheets</b>				

**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
BOYS & GIRLS CLUB OF LA PLATA COUNTY 2750 MAIN AVENUE DURANGO, CO 81301	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
BOYS & GIRLS CLUB OF LA PLATA COUNTY 2750 MAIN AVENUE DURANGO, CO 81301	NONE	PC	POSITIVE YOUTH DEVELOPMENT	1,500.
BOYS AND GIRLS CLUB OF THE SOUTHERN UTE TRIBE (SOUTHERN UTE TRIBE) PO BOX 737 IGNACIO, CO 81137	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	500.
BOYS TO MEN 210 E MAIN ST CORTEZ, CO 81321	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
BRIDGING BIONICS FOUNDATION PO BOX 3766 BASALT, CO 81621	NONE	PC	PHYSICAL - DISABILITY SERVICES	10,000.
BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY 1060 W BEAVE R CREEK BLVD SUITE 201 AVON, CO 81620	NONE	PC	SAFETY	27,500.
BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY 1060 W BEAVER CREEK BLVD SUITE 201 AVON, CO 81620	NONE	PC	WORKFORCE DEVELOPMENT	20,000.
BRIGHT FUTURES PO BOX 4216 TELLURIDE, CO 81435	NONE	PC	EARLY CHILDHOOD DEVELOPMENT	5,000.
BUILDING HOPE 701 GRANITE STREET #270 FRISCO, CO 80443	NONE	PC	WORKFORCE DEVELOPMENT	20,000.
BUILDING HOPE PO BOX 1771 FRISCO, CO 80443	NONE	PC	BEHAVIORAL HEALTH - SUICIDE PREVENTION	3,000.
<b>Total from continuation sheets</b> .....				



**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
CANCER SUPPORT COMMUNITY SOUTHWEST COLORADO PO BOX 941 DURANGO, CO 81302	NONE	PC	PHYSICAL HEALTH	5,000.
CAREGIVER CONNECTIONS PO BOX 9727 AVON, CO 81620	NONE	PC	SOCIAL/EMOTIONAL SUPPORTS - SENIORS	2,000.
CASA OF THE 7TH JUDICIAL DISTR 147 N TOWNSEND AVE MONTROSE, CO 81401	NONE	PC	MULTI-NEED	21,500.
CASA OF THE CONTINENTAL DIVIDE (CASACD) PO BOX 2092 DILLON, CO 80435	NONE	PC	RESPITE CARE	5,000.
CB STATE OF MIND 255 HAVERLY ST CRESTED BUTTE, CO 81224	NONE	PC	BEHAVIORAL HEALTH	15,500.
CEDAREEDGE COMMUNITY GARDENS ASSOCIATION PO BOX 831 CEDAREEDGE, CO 81413	NONE	PC	BASIC NEEDS - SAFETY	5,000.
CEDAREEDGE FOOD BANK PO BOX 963 CEDAREEDGE, CO 81413	NONE	PC	COMMUNITY GARDEN	2,000.
CENTER FOR CHILDREN 2350 G ROAD GRAND JUNCTION, CO 81505	NONE	PC	BASIC NEEDS - SAFETY	2,000.
CENTER FOR CHILDREN 2350 G ROAD GRAND JUNCTION, CO 81505	NONE	PC	SAFETY	21,500.
CENTER FOR INDEPENDENCE 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	PHYSICAL HEALTH	11,500.
<b>Total from continuation sheets</b> .....				

**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
CENTER FOR INDEPENDENCE 740 GUNNISON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	WORKFORCE DEVELOPMENT	12,000.
CHRISTIAN COMMUNITY SERVICE PO BOX 1081 LAKE CITY, CO 81235	NONE	PC	EMERGENCY FUNDING	5,750.
CITY OF GUNNISON 201 W.VIRGINIA AVENUE, PO BOX 239 GUNNISON, CO 81230	NONE	GOV	BASIC NEEDS - FOOD	5,000.
CLIFTON CHRISTIAN CHURCH FOOD BANK 3241 F 1/4 ROAD CLIFTON, CO 81520	NONE	PC	MULTI-NEED	16,500.
CLOUD CITY CONSERVATION CENTER 130 W. 5TH ST #119 RM 121 LEADVILLE, CO 80461	NONE	PC	FOOD	26,500.
COLORADO CANYONS ASSOCIATION 543 MAIN STREET #4 GRAND JUNCTION, CO 81501	NONE	PC	ADVOCACY AND LEADERSHIP	10,000.
COLORADO CENTER FOR NURSING EXCELLENCE 7535 EAST HAMPDEN #110 DENVER, CO 80231	NONE	PC	WORKFORCE DEVELOPMENT	30,000.
COLORADO FARM & FOOD ALLIANCE PO BOX 641 PAONIA, CO 81428	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
COLORADO LIONS KIDSIGHT PROGRAM 2901 S YATES STREET DENVER, CO 80236	NONE	PC	COMMUNITY COALITION - FOOD	10,000.
COMMON GROUND MONTROSE, INC. - KIDS AID MONTROSE PO BOX 965 MONTROSE, CO 81402	NONE	PC	BASIC NEEDS - FOOD	1,500.
<b>Total from continuation sheets</b>				

**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 BUDGET CENTER 555 YAMPA AVE CRAIG, CO 81625	NONE	PC	EMERGENCY FUNDING	28,750.
COMMUNITY BUDGET CENTER 555 YAMPA AVE CRAIG, CO 81625	NONE	PC	PHYSICAL HEALTH	5,000.
COMMUNITY BUDGET CENTER 555 YAMPA AVE CRAIG,, CO 81625	NONE	PC	BASIC NEEDS - TRANSPORTATION	2,000.
COMMUNITY CONNECTIONS (CCI) 281 SAWYER DR #200 DURANGO, CO 81303	NONE	PC	BASIC NEEDS - TRANSPORTATION	5,000.
COMMUNITY CONNECTIONS 281 SAWYER DR #200 DURANGO, CO 81303	NONE	PC	PHYSICAL HEALTH	13,000.
COMMUNITY FOOD BANK 476 28 1/2 RD GRAND JUNCTION, CO 81501	NONE	PC	MULTI-NEED	26,000.
COMMUNITY HEALTH SERVICES 405 CASTLE CREEK RD #201 ASPEN, CO 81611	NONE	PC	PHYSICAL HEALTH	16,500.
COMMUNITY OPTIONS, INC. 932 N. PARK AVE MONTROSE, CO 81401	NONE	PC	PHYSICAL HEALTH	15,000.
COMPAEROS 199 MAIN AVENUE STE 215 DURANGO, CO 81301	NONE	PC	BASIC NEEDS, INTEGRATION, ADVOCACY	21,700.
CORTEZ CULTURAL CENTER 25 N. MARKET STREET CORTEZ, CO 81321	NONE	PC	POSITIVE YOUTH DEVELOPMENT	2,500.
<b>Total from continuation sheets</b> .....				

**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
COUNSELING AND EDUCATION CENTER 2708 PATTERSON RD GRAND JUNCTION, CO 81506	NONE	PC	WORKFORCE DEVELOPMENT	40,000.
COUNSELING AND EDUCATION CENTER 2708 PATTERSON RD GRAND JUNCTION, CO 81506	NONE	PC	BEHAVIORAL HEALTH	41,500.
CROPS (FOR UTE MOUNTAIN UTE TRIBE) PO BOX 189 TOWAOK, CO 81334	NONE	PC	FOOD ACCESS	32,000.
DELTA COUNTY HUMAN SERVICES 255 W 6TH ST DELTA, CO 81416	NONE	GOV	BASIC NEEDS - TRANSPORTATION	5,000.
DELTA COUNTY SCHOOL DISTRICT 50J FARM TO SCHOOL PROGRAM 145 W 4TH ST DELTA, CO 81416	NONE	GOV	COMMUNITY GARDEN	5,000.
DELTA HEALTH 1501 E 3RD STREET DELTA, CO 81416	NONE	PC	BEHAVIORAL HEALTH	13,000.
DISABLED AMERICAN VETERANS - DAV 48 PO BOX 1387 DURANGO, CO 81302	NONE	PC	BASIC NEEDS - MULTI-NEED	8,000.
DOORS 2 SUCCESS 8 FORESIGHT CIRCLE GRAND JUNCTION, CO 81505	NONE	PC	PHYSICAL HEALTH	11,000.
DREAM CATCHER THERAPY CENTER 5814 HWY 348 OLATHE, CO 81425	NONE	PC	BEHAVIORAL HEALTH	15,500.
EAGLE VALLEY COMMUNITY FOUNDATION PO BOX 1580 VAIL, CO 81658	NONE	PC	FOOD ACCESS, RESOURCE REFERRAL	33,500.
<b>Total from continuation sheets</b>				

**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
EARLY CHILDHOOD COUNCIL OF LA PLATA COUNTY P.O. BOX 4140 DURANGO, CO 81301	NONE	PC	EARLY CHILDHOOD DEVELOPMENT	5,000.
EPILEPSY FOUNDATION OF COLORADO & WYOMING 5889 GREENWOOD PLAZA BLVD. #404 GREENWOOD VILLAGE, CO 80111	NONE	PC	PHYSICAL HEALTH	5,000.
EVERY CHILD PEDIATRICS - FOUR CORNERS YOUTH CLINICS (SBHC) 401 N. DOLORES RD CORTEZ, CO 81321	NONE	GOV	BEHAVIORAL HEALTH	11,500.
FAMILY AND INTERCULTURAL RESOURCE CENTER 251 WEST 4TH STREET SILVERTHORNE, CO 80498	NONE	PC	FOOD	33,000.
FAMILY AND INTERCULTURAL RESOURCE CENTER PO BOX 1636 SILVERTHORNE, CO 80498	NONE	PC	EMERGENCY FUNDING	28,750.
FAMILY HEALTH WEST FOUNDATION 228 N. CHERRY STREET FRUITA, CO 81521	NONE	PC	PHYSICAL HEALTH - DISABILITY SERVICES	5,000.
FAULTLESS 67459 OAK LEAF DR MONTROSE, CO 81401	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
FAULTLESS 67459 OAK LEAF DR MONTROSE, CO 81401	NONE	PC	BASIC NEEDS - SAFETY	1,500.
FOCUSEDKIDS 140 RIVER OAKS BASALT, CO 81621	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
FOOD SYSTEM - FOOD EQUITY COALITION (HEALTHY ARCHULETA) PO BOX 3995 PAGOSA SPRINGS, CO 81147	NONE	PC	COMMUNITY COALITION - FOOD	10,000.
<b>Total from continuation sheets</b>				

**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
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DR DURANGO, CO 81301	NONE	PC	WORKFORCE DEVELOPMENT	40,000.
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DR DURANGO, CO 81301	NONE	PC	BEHAVIORAL & PHYSICAL HEALTH	27,000.
FOSTER ALUMNI MENTORS (FAM) 750 MAIN STREET, SUITE 15 GRAND JUNCTION, CO 81501	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
FOUR CORNERS CHILD ADVOCACY CENTER (NEST) 118 N CHESTNUT ST CORTEZ, CO 81321	NONE	PC	MULTI-NEED	13,000.
FOUR CORNERS RAINBOW YOUTH CENTER 701 CAMINO DEL RIO ROOM 103A DURANGO, CO 81301	NONE	PC	WORKFORCE DEVELOPMENT	20,000.
FULL CIRCLE OF LAKE COUNTY PO BOX 622 LEADVILLE, CO 80461	NONE	PC	EMERGENCY FUNDING	17,250.
GARFIELD COUNTY PUBLIC HEALTH 2014 BLAKE AVE GLENWOOD SPRINGS, CO 81601	NONE	GOV	PHYSICAL HEALTH	13,000.
GRAND BEGINNINGS PO BOX 42 GRANBY, CO 80446	NONE	PC	EARLY CHILDHOOD DEVELOPMENT	5,000.
GRAND COUNTY RURAL HEALTH NETWORK 416 BYERS AVE HOT SULPHUR SPRINGS, CO 80451	NONE	PC	BEHAVIORAL & PHYSICAL HEALTH	21,500.
GRAND VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	NONE	PC	SAFETY	36,500.
<b>Total from continuation sheets</b> .....				

**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 VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	NONE	PC	EMERGENCY FUNDING	103,500.
GRAND VALLEY CATHOLIC OUTREACH 245 S. 1ST STREET GRAND JUNCTION, CO 81501	NONE	PC	BASIC NEEDS - MULTI-NEED	7,500.
GRAND VALLEY RESETTLEMENT PROGRAM 2695 PATTERSON RD, UNIT 2 #188 GRAND JUNCTION, CO 81506	NONE	PC	BASIC NEEDS - MULTI-NEED	10,000.
GRAND VALLEY RESIDENT TEAM 0020 CLIFF VIEW CT PARACHUTE, CO 81635	NONE	PC	ADVOCACY AND LEADERSHIP	8,000.
GREAT EXPECTATIONS 401 23RD ST #204 GLENWOOD SPRINGS, CO 81601	NONE	PC	WORKFORCE DEVELOPMENT	25,000.
GREAT EXPECTATIONS PO BOX 1845 GLENWOOD SPRINGS, CO 81602	NONE	PC	EARLY CHILDHOOD DEVELOPMENT	5,000.
GUNNISON COUNTRY FOOD PANTRY 321 NORTH MAIN, UNIT C GUNNISON, CO 81230	NONE	PC	MULTI-NEED	17,000.
GUNNISON COUNTY COMMUNITY HEALTH COALITION 200 E VIRGINIA GUNNISON, CO 81230	NONE	GOV	COMMUNITY COALITION - MENTAL HEALTH	10,000.
GUNNISON VALLEY HEALTH FOUNDATION 711 N TAYLOR ST GUNNISON, CO 81230	NONE	PC	WORKFORCE DEVELOPMENT	45,000.
GUNNISON VALLEY HEALTH FOUNDATION 711 N TAYLOR ST GUNNISON, CO 81230	NONE	PC	PHYSICAL HEALTH	25,500.
<b>Total from continuation sheets</b>				

**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	EMERGENCY FUNDING	23,000.
GUNNISON VALLEY MENTORS 101 N 8TH ST GUNNISON, CO 81230	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
HARMONY ACRES EQUESTRIAN CENTER 1451 O ROAD LOMA, CO 81524	NONE	PC	BEHAVIORAL HEALTH	17,000.
HAVEN HOUSE 4806 N RIVER RD. OLATHE, CO 81425	NONE	PC	FOOD	21,500.
HEADQUARTERS 23400 TWO RIVERS ROAD #46 BASALT, CO 81621	NONE	PC	BEHAVIORAL HEALTH	15,500.
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVE. GRAND JUNCTION, CO 81506	NONE	PC	PRUDENT PRESCRIBER NEWSLETTER FOR WS PHYSICIANS	7,500.
HILLTOP COMMUNITY RESOURCES, INC 1331 HERMOSA AVE GRAND JUNCTION, CO 81506	NONE	PC	HOUSING	36,500.
HILLTOP COMMUNITY RESOURCES, INC. 540 S. 1ST ST. MONTROSE, CO 81401	NONE	PC	EMERGENCY FUNDING	46,000.
HISPANIC AFFAIRS PROJECT PO BOX 2024 MONTROSE, CO 81402	NONE	PC	BASIC NEEDS, INTEGRATION, ADVOCACY	27,000.
HOMEWARD BOUND OF THE GRAND VALLEY INC. 562 29 ROAD GRAND JUNCTION, CO 81504	NONE	PC	MULTI-NEED	13,000.
<b>Total from continuation sheets</b>				



**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
HOMEWARD BOUND OF THE GRAND VALLEY, INC. 562 29 ROAD GRAND JUNCTION, CO 81504	NONE	PC	HOUSING FOR THE HOMELESS IN WESTER CO	10,000.
HOPEWEST 3090 N 12 STREET #B. GRAND JUNCTION, CO 81506	NONE	PC	PASSTHROUGH FOR MCPIPA DONATION TO HOPEWEST'S PACE PROGRAM	4,450.
HOPEWEST 3090 N 12 STREET GRAND JUNCTION, CO 81506	NONE	PC	PHYSICAL HEALTH	25,000.
HORIZONS 685 MAIN ST #1 MEEKER, CO 81641	NONE	PC	PHYSICAL HEALTH	10,500.
HOUSING SOLUTIONS FOR THE SOUTHWEST 295 GIRARD ST. DURANGO, CO 81303	NONE	PC	EMERGENCY FUNDING	40,250.
INTEGRATED COMMUNITY PO BOX 880587 STEAMBOAT SPRINGS, CO 80487	NONE	PC	BASIC NEEDS, ENGLISH LANGUAGE TUTORING, INTEGRATION	32,500.
KARIS, INC PO BOX 2837 GRAND JUNCTION, CO 81502	NONE	PC	HOUSING	23,000.
KEYSTONE SCIENCE SCHOOL 1053 SODA RIDGE RD KEYSTONE, CO 80435	NONE	PC	POSITIVE YOUTH DEVELOPMENT	2,000.
KIDS AID 2978 GUNNISON AVENUE GRAND JUNCTION, CO 81504	NONE	PC	BASIC NEEDS - FOOD	4,500.
KUTTHAUS NEURO INC 2424 HWY 6 AND 50 STE 224B GRAND JUNCTION, CO 81505	NONE	PC	PHYSICAL HEALTH	2,500.
<b>Total from continuation sheets</b> .....				

**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
KWIYAGAT COMMUNITY ACADEMY (UMUT) 450 SUNSET BLVD TOWAOC, CO 81334	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	800.
LA CLINICA DEL PUEBLO 520 S 3RD #8 CARBONDALE, CO 81623	NONE	PC	PHYSICAL HEALTH	10,000.
LA PLATA FAMILY CENTERS COALITION 495 FLORIDA ROAD DURANGO, CO 81301	NONE	PC	FOOD ACCESS, INTEGRATION, FAMILY SVCS	31,000.
LA PLATA YOUTH SERVICES 2490 MAIN AVE DURANGO, CO 81301	NONE	PC	BEHAVIORAL HEALTH	21,500.
LA PLAZA 721 PEACH AVENUE PALISADE, CO 81526	NONE	PC	HOUSING	10,500.
LAKE CITY AREA MEDICAL CENTER 700 N HENSON ST LAKE CITY, CO 81235	NONE	GOV	PHYSICAL HEALTH	16,000.
LIFTUP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	NONE	PC	EMERGENCY FUNDING	40,250.
LIFTUP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	NONE	PC	BASIC NEEDS - FOOD	1,500.
LIFTUP OF ROUTT COUNTY 2125 CURVE COURT STEAMBOAT SPRINGS, CO 80487	NONE	PC	FOOD	33,000.
LIFT-UP PO BOX 1928 RIFLE, CO 81650	NONE	PC	BASIC NEEDS - FOOD	15,000.
<b>Total from continuation sheets</b> .....				

**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
LISA PARKER'S PUPPIES DBA PARKER'S ANIMAL RESCUE PO BOX 4438 DURANGO, CO 81302	NONE	PC	ANIMAL RESCUE	1,500.
LOCAL FIRST FOUNDATION 556 MAIN AVE DURANGO, CO 81301	NONE	PC	PHYSICAL HEALTH	10,500.
LONE CONE LIBRARY PO BOX 127 NORWOOD, CO 81427	NONE	GOV	SOCIAL/EMOTIONAL SUPPORTS - GENERAL	5,000.
LOVING BEYOND UNDERSTANDING 1000 N 9TH STREET STE 37 GRAND JUNCTION, CO 81501	NONE	PC	PEER GROUP SUPPORT	10,000.
MANNA 1100 AVENIDA DEL SOL DURANGO, CO 81301	NONE	PC	FOOD	31,500.
MARILLACHEALTH 2333 N 6TH ST GRAND JUNCTION, CO 81051	NONE	PC	BEHAVIORAL & PHYSICAL HEALTH	25,000.
MARILLACHEALTH 2333 N 6TH ST GRAND JUNCTION, CO 81501	NONE	PC	WORKFORCE DEVELOPMENT	27,000.
MEALS ON WHEELS MESA COUNTY 698 LONG ACRE DRIVE GRAND JUNCTION, CO 81505	NONE	PC	FOOD	11,500.
MEDICINE HORSE CENTER 40700 ROAD J MANCOS, CO 81328	NONE	PC	BEHAVIORAL HEALTH	26,500.
MEMORIAL REGIONAL HEALTH FOUNDATION 750 HOSPIITAL LOOP CRAIG, CO 81625	NONE	PC	BEHAVIORAL HEALTH	15,000.
<b>Total from continuation sheets</b>				

**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
MESA COUNTY PARTNERS 1169 COLORADO AVE GRAND JUNCTION, CO 81501	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
MESA COUNTY PUBLIC HEALTH PO BOX 20000-5033 GRAND JUNCTION, CO 81502-5033	NONE	GOV	LANGUAGE JUSTICE	10,000.
MEXICAN AMERICAN DEVELOPMENT ASSOCIATION 17 N 6TH ST MONTROSE, CO 81401	NONE	PC	SOCIAL/EMOTIONAL SUPPORTS - LATINK	5,000.
MONTELORES EARLY CHILDHOOD COUNCIL PO BOX 1725 CORTEZ, CO 81321	NONE	PC	EARLY CHILDHOOD DEVELOPMENT	5,000.
MONTEZUMA YOUTH ALLIANCE PO BOX 933 MANCOS, CO 81328	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
MONTROSE RECREATION DISTRICT PO BOX 63 MONTROSE, CO 81402	NONE	GOV	ADAPTIVE RECREATION	10,000.
MOUNTAIN DREAMERS PO BOX 1972 FRISCO, CO 80443	NONE	PC	LEGAL AID	5,000.
MOUNTAIN FAMILY CENTER 480 E. AGATE, SUITE C GRANBY, CO 80446	NONE	PC	MULTI-NEED	23,000.
MOUNTAIN FAMILY CENTER PO BOX 638 GRANBY, CO 81446	NONE	PC	EMERGENCY FUNDING	28,750.
MOUNTAIN FAMILY HEALTH CENTERS 2802 GRAND AVE GLENWOOD SPRINGS, CO 81601	NONE	GOV	PHYSICAL HEALTH	17,000.
<b>Total from continuation sheets</b> .....				

**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 PRIDE PO BOX 6443 AVON, CO 81620	NONE	PC	PEER GROUP SUPPORT	5,000.
MOUNTAIN ROOTS FOOD PROJECT PO BOX 323 GUNNISON, CO 81230	NONE	PC	BASIC NEEDS - FOOD	10,000.
MOUNTAIN VALLEY DEVELOPMENTAL SERVICES 700 MOUNT SOPRIS DR GLENWOOD SPRINGS, CO 81601	NONE	PC	PHYSICAL HEALTH	25,000.
NATIVE LOVE PO BOX 2004 IGNACIO, CO 81137	NONE	PC	POSITIVE YOUTH DEVELOPMENT	600.
NORTH FORK SENIOR CONNECTIONS PO BOX 1738 PAONIA, CO 81428	NONE	PC	SOCIAL/EMOTIONAL SUPPORTS - SENIORS	5,000.
NORTH FORK VALLEY PUBLIC RADIO, INC. KVMF PUBLIC RADIO PO BOX 1350 PAONIA, CO 81428	NONE	PC	PUBLIC RADIO	1,000.
NORTHSIDE HEALTH CENTER 528 NORTH UNCOMPAGHRE AVE MONTROSE, CO 81401	NONE	PC	PHYSICAL HEALTH	15,000.
NORTHWEST COLORADO CENTER FOR INDEPENDENCE 3001 S. LINCOLN AVE, SUITE C STEAMBOAT SPRINGS, CO 80487	NONE	GOV	PHYSICAL HEALTH	15,500.
NORTHWEST COLORADO CENTER FOR INDEPENDENCE 3001 S. LINCOLN AVE, SUITE C STEAMBOAT SPRINGS, CO 80487	NONE	PC	PHYSICAL HEALTH - DISABILITIES	1,500.
NORTHWEST COLORADO HEALTH 940 CENTRAL PARK DRIVE SUITE 101 STEAMBOAT SPRINGS, CO 80487	NONE	PC	PHYSICAL HEALTH	11,500.
<b>Total from continuation sheets</b>				

**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
NORWOOD COMMUNITY GARDEN PO BOX 701 NORWOOD, CO 81423	NONE	PC	COMMUNITY GARDEN	2,000.
OAK TREE YOUTH RESOURCES PO BOX 3105 DURANGO, CO 81302	NONE	PC	BASIC NEEDS - MULTI-NEED	8,000.
ONE TO ONE MENTORING PO BOX 1574 TELLURIDE, CO 81435	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
OPERA STEAMBOAT PO BOX 775576 STEAMBOAT SPRINGS, CO 80477	NONE	PC	SOCIAL/EMOTIONAL SUPPORTS - IDD	2,000.
PAGOSA COMMUNITY INITIATIVE 905 CARINO PLACE PAGOSA SPRINGS, CO 81147	NONE	PC	EMERGENCY FUNDING	17,250.
PARTNERS FOR YOUTH PO BOX 774325 STEAMBOAT SPRINGS, CO 80477	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
PARTNERS OF DELTA, MONTROSE AND OURAY 315 S. 7TH ST MONTROSE, CO 81401	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
PATHFINDERS PO BOX 11799 ASPEN, CO 81612	NONE	PC	BEHAVIORAL HEALTH	5,000.
PEAK HEALTH ALLIANCE 1141 RAINBOW DRIVE SILVERTHORNE, CO 80498	NONE	PC	PHYSICAL HEALTH	25,000.
PEER 180 RCO PO BOX 40195 GRAND JUNCTION, CO 81504	NONE	PC	PEER GROUP SUPPORT	5,000.
<b>Total from continuation sheets</b> .....				

**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
PINE RIVER SHARES 658 SOUTH EAST STREET BAYFIELD, CO 81122	NONE	PC	FOOD	10,500.
PROJECT 1.27 14000 E. JEWELL AVENUE AURORA, CO 80012	NONE	PC	MULTI-NEED	10,500.
PROJECT HOPE OF GUNNISON VALLEY 509 W VIRGINIA AVE #2 GUNNISON, CO 81230	NONE	PC	SAFETY	11,000.
PROJECT PROTECT FOOD SYSTEMS WORKERS PO BOX 1867 ARVADA, CO 80001	NONE	PC	BASIC NEEDS - MULTI-NEED	5,000.
PUEBLO COMMUNITY COLLEGE - SOUTHWEST 33057 US HWY 160 MANCOS, CO 81328	NONE	GOV	WORKFORCE DEVELOPMENT	40,000.
RAINBOW YOUTH CENTER 701 CAMINO DEL RIO ROOM 103A DURANGO, CO 81301	NONE	PC	PHYSICAL HEALTH	15,500.
REACHING OUT TO COMMUNITY AND KIDS PO BOX 364 DOVE CREEK, CO 81324	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
RECOVERY RESOURCES 405 CASTLE CREEK RD ASPEN, CO 81611	NONE	PC	BEHAVIORAL HEALTH	21,000.
REPS 465 ANGLERS DRIVE UNIT B STEAMBOAT SPRINGS, CO 80487	NONE	PC	BEHAVIORAL HEALTH	15,500.
RESPONSE 405 CASTLE CREEK ROAD SUITE 203 ASPEN, CO 81611	NONE	PC	SAFETY	26,500.
<b>Total from continuation sheets</b>				

**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
RIDGWAY COMMUNITY GARDEN PO BOX 635 RIDGWAY, CO 81432	NONE	PC	COMMUNITY GARDEN	2,000.
RIO BLANCO DEPARTMENT OF HUMAN SERVICES 200 MAIN ST., STE 200 MEEKER, CO 81641	NONE	GOV	EMERGENCY FUNDING	17,250.
RISE ABOVE VIOLENCE 191 TALISMAN DR #104-105 PAGOSA SPRINGS, CO 81147	NONE	PC	SAFETY	17,000.
RIVER BRIDGE REGIONAL CENTER 520 21ST ST GLENWOOD SPRINGS, CO 81601	NONE	PC	SAFETY	27,000.
RIVER CENTER OF NEW CASTLE PO BOX 272 NEW CASTLE, CO 81647	NONE	PC	EMERGENCY FUNDING	51,750.
RIVER VALLEY FAMILY HEALTH CENTERS 308 MAIN ST OLATHE, CO 81425	NONE	PC	BEHAVIORAL HEALTH	29,000.
RIVERSIDE EDUCATIONAL CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	NONE	PC	POSITIVE YOUTH DEVELOPMENT	10,000.
ROICE-HURST HUMANE SOCIETY PO BOX 4040 GRAND JUNCTION, CO 81502	NONE	PC	BASIC NEEDS - HOUSING	5,000.
ROUTT COUNTY COUNCIL ON AGING 1605 LINCOLN AVE STEAMBOAT SPRINGS, CO 80487	NONE	PC	FOOD	11,500.
SAFE AND ABUNDANT NUTRITION ALLIANCE 195 W. 14TH STREET RIFFLE, CO 81650	NONE	PC	FOOD	10,500.
<b>Total from continuation sheets</b> .....				



**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
SAN JUAN COUNTY PUBLIC HEALTH SERVICE PO BOX 619 SILVERTON, CO 81433	NONE	GOV	BASIC NEEDS - MULTI-NEED	5,000.
SAN MIGUEL & OURAY COUNTIES JUVENILE SERVICES PO BOX 1225 NORWOOD, CO 81423	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	5,000.
SAN MIGUEL RESOURCE CENTER 301 S PINE ST SUITE 102 TELLURIDE, CO 81435	NONE	PC	SAFETY	17,000.
SECOND WIND FUND 303 EAST 17TH AVENUE #400 DENVER, CO 80203	NONE	PC	PHYSICAL HEALTH	25,000.
SECOND WIND FUND 303 EAST 17TH AVENUE DENVER, CO 80203	NONE	PC	BEHAVIORAL HEALTH	10,000.
SIX POINTS 1160 NORTH MAIN STREET GUNNISON, CO 81230	NONE	PC	BEHAVIORAL HEALTH	16,000.
SLEEP IN HEAVENLY PEACE 4243 GINGER COVE PL COLORADO SPRINGS, CO 80923	NONE	PC	BEDS FOR NEEDY CHILDREN	1,000.
SMALL CHAMPIONS PO BOX 4691 VAIL, CO 81658	NONE	PC	ADAPTIVE RECREATION	5,000.
SMILEMAKERS DENTAL CLINIC 106 W NORTH STREET CORTEZ, CO 81321	NONE	PC	PHYSICAL HEALTH	13,000.
SMILING GOAT RANCH 271 WILLOW LN CARBONDALE, CO 81623	NONE	PC	BEHAVIORAL - ANIMAL ASSISTED THERAPIES	5,000.
<b>Total from continuation sheets</b> .....				

**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
SOS OUTREACH PO BOX 2020 AVON, CO 81620	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
SOUTHWEST CENTER FOR INDEPENDENCE 9 BURNETT COURT, SUITE C DURANGO, CO 81301	NONE	PC	TRANSPORTATION	21,500.
SOUTHWESTERN COLORADO AREA HEALTH EDUCATION CENTER (SWCAHEC) 701 CAMINO DEL RIO DURANGO, CO 81301	NONE	PC	WORKFORCE DEVELOPMENT	40,000.
SOUTHWESTERN COLORADO AREA HEALTH EDUCATION CENTER (SWCAHEC) 701 CAMINO DEL RIO DURANGO, CO 81301	NONE	PC	BEHAVIORAL/PHYSICAL HEALTH	500.
SOUTHWESTERN COLORADO AREA HEALTH EDUCATION CENTER 701 CAMINO DEL RIO DURANGO, CO 81301	NONE	PC	PHYSICAL HEALTH	16,000.
ST. GEORGE EPISCOPAL MISSION 200 W. 4TH ST LEADVILLE, CO 80461	NONE	PC	FOOD	11,000.
ST. MARY'S HOSPITAL FOUNDATION 698 LONG ACRE DRIVE GRAND JUNCTION, CO 81505	NONE	PC	BASIC NEEDS - FOOD	2,500.
ST. VINCENT HEALTH 822 W. 4TH STREET LEADVILLE, CO 80461	NONE	PC	PHYSICAL AND BEHAVIORAL HEALTH	10,000.
STARS PO BOX 770208 STEAMBOAT SPRINGS, CO 80477	NONE	PC	ADAPTIVE RECREATION	5,000.
STEAMBOAT SPRINGS SCHOOL DISTRICT 325 7TH STREET STEAMBOAT SPRINGS, CO 80487	NONE	GOV	BASIC NEEDS - MULTI-NEED	10,000.
<b>Total from continuation sheets</b> .....				

**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
STEPPING STONES OF THE ROARING FORK VALLEY 1010 GARFIELD AVE. CARBONDALE, CO 81623	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	PHYSICAL HEALTH	15,000.
STRIVE 790 WELLINGTON AVENUE GRAND JUNCTION, CO 81501	NONE	PC	PHYSICAL HEALTH - DISABILITIES	4,000.
SUMMIT ADVOCATES 760 LITTLE BEAVER TRAIL DILLON, CO 80435	NONE	PC	SAFETY	17,000.
SUMMIT COMMUNITY CARE CLINIC 360 PEAK ONE DR. #100 FRISCO, CO 80443	NONE	PC	WORKFORCE DEVELOPMENT	40,000.
SUMMIT COMMUNITY CARE CLINIC 360 PEAK ONE DR. #100 FRISCO, CO 80443	NONE	PC	BEHAVIORAL & PHYSICAL HEALTH	25,000.
SUMMIT COUNTY YOUTH & FAMILY SERVICES DBA MOUNTAIN MENTORS PO BOX 4326 FRISCO, CO 80443	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	5,000.
SUMMITWEST CARE 2800 PRINTERS WAY, SUITE 200 GRAND JUNCTION, CO 81506	NONE	PC	PHYSICAL HEALTH	23,000.
TELLURIDE FOUNDATION 220 E. COLORADO AVE., STE 106 TELLURIDE, CO 81435	NONE	PC	FOOD	11,000.
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	NONE	PC	EMERGENCY FUNDING	34,500.
<b>Total from continuation sheets</b> .....				

**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 REGIONAL MEDICAL CENTER 500 W PACIFIC AVE TELLURIDE, CO 81435	NONE	GOV	BEHAVIORAL & PHYSICAL HEALTH	13,000.
THE BRIDGE EMERGENCY SHELTER 735 N PARK ST CORTEZ, CO 81321	NONE	PC	HOUSING	11,500.
THE COMMUNITY TREEHOUSE PO BOX 655 BAYFIELD, CO 81122	NONE	PC	SOCIAL/EMOTIONAL SUPPORTS - PARENTS	5,000.
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	BASIC NEEDS - SAFETY	2,000.
THE DOLPHIN HOUSE 735 S 1ST ST MONTROSE, CO 81401	NONE	PC	SAFETY	21,000.
THE GRIEF CENTER OF SOUTHWEST COLORADO 2243 N MAIN AVE STE 4F DURANGO, CO 81301	NONE	PC	BEHAVIORAL HEALTH	20,500.
THE GRIEF CENTER OF SOUTHWEST COLORADO 2243 N MAIN AVE STE 4F DURANGO, CO 81301	NONE	PC	WORKFORCE DEVELOPMENT	35,000.
THE HEALTH PARTNERSHIP 2720 LINCOLN AVENUE STEAMBOAT SPRINGS, CO 80487	NONE	PC	MULTI-NEED	16,000.
THE JOSEPH CENTER 2511 BELFORD AVENUE SUITE B GRAND JUNCTION, CO 81501	NONE	PC	MULTI-NEED	11,000.
<b>Total from continuation sheets</b> .....				

**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 JOSEPH CENTER 2511 BELFORD AVENUE SUITE B GRAND JUNCTION, CO 81501	NONE	PC	BASIC NEEDS - MULTI-NEED	1,000.
THE NATURE CONNECTION 397 MINERS WAY HOTCHKISS, CO 81419	NONE	GOV	POSITIVE YOUTH DEVELOPMENT	5,000.
THE PINON PROJECT FAMILY RESOURCE CENTER PO BOX 1510 CORTEZ, CO 81321	NONE	PC	EMERGENCY FUNDING	40,250.
THE PINON PROJECT FAMILY RESOURCE CENTER PO BOX 1510 CORTEZ, CO 81321	NONE	PC	BASIC NEEDS - MULTI-NEED	600.
THIRD STREET CENTER 520 S. 3RD STREET CARBONDALE, CO 81623	NONE	PC	BASIC NEEDS - HOUSING	5,000.
TIMBERLINE ADULT DAY SERVICES PO BOX 1357 FRISCO, CO 80443	NONE	PC	RESPITE CARE	5,000.
TOILET EQUITY 167 1/2 LITTLE PARK ROAD GRAND JUNCTION, CO 81507	NONE	PC	BASIC NEEDS - HYGIENE?	2,000.
TOILET EQUITY 167 1/2 LITTLE PARK ROAD GRAND JUNCTION, CO 81507	NONE	PC	BASIC NEEDS - TOILET EQUITY	4,500.
TRI-COUNTY HEALTH NETWORK OR TCHNETWORK 238 E. COLORADO AVE, SUITE B TELLURIDE, CO 81435	NONE	PC	BEHAVIORAL & PHYSICAL HEALTH	25,000.
TRI-COUNTY HEALTH NETWORK PO BOX 4178 TELLURIDE, CO 81435	NONE	PC	HEALTH ACCESS, INTEGRATION, ADVOCACY	12,100.
<b>Total from continuation sheets</b>				

**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
TRIO THERAPY PARTNERS 110 MILL ROAD EAGLE, CO 81631	NONE	PC	BEHAVIORAL & PHYSICAL HEALTH	15,500.
TRUE NORTH YOUTH PROGRAM PO BOX 2072 TELLURIDE, CO 81435	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
TRUE NORTH YOUTH PROGRAM PO BOX 2072 TELLURIDE, CO 81435	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
TRUE NORTH PO BOX 773202 STEAMBOAT SPRINGS, CO 80477	NONE	PC	PHYSICAL - DISABILITY SERVICES	5,000.
UNITED WAY OF EAGLE RIVER VALLEY PO BOX 4153 EDWARDS, CO 81632	NONE	PC	LEGAL AID	5,000.
UNIVERSITY OF DENVER 1402 BLAKE AVE #201A GLENWOOD SPRINGS, CO 81601	NONE	GOV	WORKFORCE DEVELOPMENT	25,000.
UPROOT COLORADO PO BOX 1952 CARBONDALE, CO 81623	NONE	PC	FOOD	11,000.
UVLA PO BOX 488 MONTROSE, CO 81402	NONE	PC	ADVOCACY AND LEADERSHIP	8,000.
VAIL VALLEY CHARITABLE FUND - EAGLE COUNTY SMILES PO BOX 2307 EDWARDS, CO 81632	NONE	PC	PHYSICAL HEALTH	10,500.
VALLEY SETTLEMENT 1901 GRAND AVE., #206 GLENWOOD SPRINGS, CO 81601	NONE	PC	BASIC NEEDS, INTEGRATION, ADVOCACY	29,500.
<b>Total from continuation sheets</b> .....				

**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	16,000.
VOCES UNIDAS PO BOX 3157 GLENWOOD SPRINGS, CO 81602	NONE	PC	POSITIVE YOUTH DEVELOPMENT	5,000.
VOLUNTEERS OF AMERICA - SOUTHWEST COLORADO DIVISION 1055 AVENIDA DEL SOL DURANGO, CO 81301	NONE	PC	MULTI-NEED	23,000.
VOYAGER YOUTH PROGRAM PO BOX 709 RIDGWAY, CO 81432	NONE	PC	COMMUNITY COALITION - HOUSING	5,000.
VOYAGER YOUTH PROGRAM PO BOX 709 RIDGWAY, CO 81432	NONE	PC	POSITIVE YOUTH DEVELOPMENT	2,500.
WEST END FAMILY LINK CENTER 853 MAIN STREET NUCLA, CO 81424	NONE	PC	MULTI-NEED	16,500.
WESTERN COLORADO HEALTH NETWORK 2352 N. 7TH ST GRAND JUNCTION, CO 81501	NONE	PC	WORKFORCE DEVELOPMENT	25,000.
WESTERN COLORADO HEALTH NETWORK 2352 N. 7TH ST GRAND JUNCTION, CO 81501	NONE	PC	MULTI-NEED	17,500.
WESTERN SLOPE FOOD BANK OF THE ROCKIES 698 LONG ACRE DRIVE GRAND JUNCTION, CO 81505	NONE	PC	FOOD	17,500.
WESTERN SLOPE NATIVE AMERICAN RESOURCE CENTER PO BOX 444 FRUITA, CO 81521	NONE	PC	MULTI-NEED	16,500.
<b>Total from continuation sheets</b>				

**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
WINDWALKERS EQUINE ASSISTED THERAPY CENTER 1030 COUNTY ROAD 102 CARBONDALE, CO 81623	NONE	PC	BEHAVIORAL & PHYSICAL HEALTH	11,500.
YAMPA VALLEY AUTISM PROGRAM 2201 CURVE PLAZA A105 STEAMBOAT SPRINGS, CO 80487	NONE	PC	PHYSICAL HEALTH	16,000.
YAMPA VALLEY HOUSING AUTHORITY 2100 ELK RIVER RD. STEAMBOAT SPRINGS, CO 80487	NONE	GOV	HOUSING	21,000.
YOUR HOPE CENTER 360 EBY CREEK ROAD EAGLE, CO 81631	NONE	PC	WORKFORCE DEVELOPMENT	40,000.
YOUR HOPE CENTER 360 EBY CREEK ROAD EAGLE, CO 81631	NONE	PC	BEHAVIORAL HEALTH	38,000.
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	NONE	PC	WORKFORCE DEVELOPMENT	28,000.
YOUTHZONE 413 9TH STREET GLENWOOD SPRINGS, CO 81601	NONE	PC	BEHAVIORAL HEALTH	36,500.
<b>Total from continuation sheets</b> .....				



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>ROCKY MOUNTAIN HEALTH FOUNDATION</b>	Employer identification number  <b>84-1424932</b>
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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	\$ 281,746.	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  <b>ROCKY MOUNTAIN HEALTH FOUNDATION</b>	Employer identification number  <b>84-1424932</b>
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>ROCKY MOUNTAIN HEALTH FOUNDATION</b>	Employer identification number  <b>84-1424932</b>
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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**

**2023**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>ROCKY MOUNTAIN HEALTH FOUNDATION</b>	Employer identification number <b>84-1424932</b>
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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.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	<b>38,599.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
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 .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>38,599.</b>
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> 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 .....		<b>4</b>	<b>24,302.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>24,302.</b>

**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.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>05/15/23</b>	<b>06/15/23</b>	<b>09/15/23</b>	<b>12/15/23</b>
10 <b>Required installments.</b> 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 .....	<b>10</b>	<b>6,076.</b>	<b>13,224.</b>	<b>9,649.</b>	<b>9,650.</b>
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	<b>16,288.</b>		<b>12,000.</b>	<b>14,588.</b>
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		<b>10,212.</b>		
13 Add lines 11 and 12 .....	<b>13</b>		<b>10,212.</b>	<b>12,000.</b>	<b>14,588.</b>
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>			<b>3,012.</b>	<b>661.</b>
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>16,288.</b>	<b>10,212.</b>	<b>8,988.</b>	<b>13,927.</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>0.</b>	<b>0.</b>	
17 <b>Underpayment.</b> 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 .....	<b>17</b>		<b>3,012.</b>	<b>661.</b>	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	<b>10,212.</b>			

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

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> 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 .....	<b>38</b> \$			<b>66.</b>

\* 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](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

FORM 990-PF  
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) <b>ROCKY MOUNTAIN HEALTH FOUNDATION</b>					Identifying Number <b>84-1424932</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/23	6,076.	6,076.			
05/15/23	<16,288.>	<10,212.>			
06/15/23	13,224.	3,012.	92	.000191781	53.
09/15/23	9,649.	12,661.			
09/15/23	<12,000.>	661.	15	.000191781	2.
09/30/23	0.	661.	75	.000219178	11.
12/14/23	<14,588.>	<13,927.>			
12/15/23	9,650.	<4,277.>			
12/31/23	0.	<4,277.>	136	.000218579	

Penalty Due (Sum of Column F). ..... **66.**

\* 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	500.	500.	
TOTAL TO PART I, LINE 3	500.	500.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	2,388,416.	370,386.	2,018,030.	2,018,030.	
TO PART I, LINE 4	2,388,416.	370,386.	2,018,030.	2,018,030.	

## 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	49,960.	1,400.		49,235.
TO FORM 990-PF, PG 1, LN 16B	49,960.	1,400.		49,235.

## 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	139,917.	139,917.		0.
CONSULTING FEES	3,894.	0.		3,894.
CONTRACT SERVICES	256,634.	0.		278,142.
TO FORM 990-PF, PG 1, LN 16C	400,445.	139,917.		282,036.



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	30,668.	0.		30,734.
FEDERAL TAXES	42,876.	0.		0.
FOREIGN TAXES	17,102.	17,102.		0.
TO FORM 990-PF, PG 1, LN 18	90,646.	17,102.		30,734.

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	16,300.	0.		16,300.
LICENSES & FESS	18,299.	0.		18,299.
MEMBERSHIP DUES	8,150.	0.		8,150.
OFFICE EXPENSES	814.	0.		814.
INFORMATION TECHNOLOGY	12,857.	0.		12,857.
MISCELLANEOUS	5,493.	0.		6,725.
ADVERTISING & PROMOTION	6,814.	0.		6,814.
TO FORM 990-PF, PG 1, LN 23	68,727.	0.		69,959.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 7

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMCAP FUND CLASS F3 FMACX	FMV	2,159,582.	2,159,582.
AMERICAN INTERNATIONAL VANTAGE FUND CLASS F3 AIVGX	FMV	247,568.	247,568.
AVANTIS INTERNATIONAL SMALL CAP VALUE ETF AVDV	FMV	854,167.	854,167.
AVANTIS U.S. SMALL CAP VALUE ETF AVUV	FMV	2,049,588.	2,049,588.
DFA INFLATION PROTECTED SECURITY INST CL. DIPSX	FMV	522,945.	522,945.
AMERICAN SMALL-CAP WORLD FUND CLASS F3	FMV	1,737,316.	1,737,316.
DFA INTERNATIONAL REAL ESTATE SEC FND INST DFITX	FMV	277,767.	277,767.
DFA REAL ESTATE SECURITIES FUND DFREX	FMV	16,394.	16,394.
DFA US MICRO CAP PORTFOLIO INST. CLASS DFSCX	FMV	1,404,918.	1,404,918.
DODGE & COX INCOME DODIX	FMV	1,975,506.	1,975,506.
DODGE & COX INTERNATIONAL STOCK FUND DODFX	FMV	1,300,488.	1,300,488.
EUROPACIFIC GROWTH FUND CLASS F3 FEUPX	FMV	1,229,352.	1,229,352.
ISHARES MSCI EAFE SMALL CAP INDEX SCZ	FMV	3,285,677.	3,285,677.
ISHARES TR EDGE MSCI USA VALUE FACTOR ETF VLUE	FMV	802,720.	802,720.
PIMCO FOREIGN BOND INSTITUTIONAL (UNHDGED) PFUIX	FMV	1,315,727.	1,315,727.
PIMCO INTERNATIONAL BOND FUND INSTITUTIONAL CLASS (US DOLLAR HEDGED) PFORX	FMV	1,580,512.	1,580,512.
PIMCO LOW DURATION FUND INSTITUTIONAL CL. PTLDX	FMV	2,101,527.	2,101,527.
PIMCO TOTAL RETURN FUND INSTITUTIONAL CL. PTRRX	FMV	1,344,885.	1,344,885.
T. ROWE PRICE TOTAL RETURN PTKIX	FMV	308,023.	308,023.
T. ROWE PRICE INT'L VALUE EQUITY CLASS I TRTIX	FMV	1,316,190.	1,316,190.
T. ROWE PRICE NEW ERA FUND CLASS I TRNEX	FMV	948,275.	948,275.
T. ROWE PRICE LARGE-CAP GROETH FUND CLASS - I	FMV	2,150,379.	2,150,379.
VANGUARD CORE-PLUS BOND FUND ADMIRAL VCPAX	FMV	879,494.	879,494.
VANGUARD ENERGY INDEX FUND ADMIRAL SHARES VENAX	FMV	2,036,081.	2,036,081.
VANGUARD FEDERAL MONEY MARKET FUND VMFXX	FMV	471,020.	471,020.
VANGUARD FTSE ALL WORLD EX-US SC VSS	FMV	704,098.	704,098.
VANGUARD GLOBAL EX-US REAL ESTATE ETF VNQI	FMV	832,883.	832,883.

STATEMENT(S) 7

<u>ROCKY MOUNTAIN HEALTH FOUNDATION</u>		<u>84-1424932</u>
VANGUARD GROWTH INDEX FUND ADMIRAL SHARES VIGAX	FMV	2,155,130.
VANGUARD INFLATION PROTECTED FUND ADM. SHS VAIPX	FMV	1,529,309.
VANGUARD INTERNATIONAL GROWTH ADMIRAL SHS VWILX	FMV	1,210,824.
VANGUARD INTERNATIONAL VALUE PORTFOLIO VTRIX	FMV	1,285,972.
VANGUARD MATERIALS INDEX FUND ADMIRAL VMIAX	FMV	1,178,991.
VANGUARD REIT INDEX FUND ADMIRAL SHARES VGSLX	FMV	2,549,797.
VANGUARD SMALL CAP GROWTH IDX. ADMIRAL SHS VSGAX	FMV	591,057.
VANGUARD SMALL CAP VALUE INDEX ADMIRAL SHS VSIAX	FMV	4,416,261.
VANGUARD VALUE INDEX FUND ADMIRAL SHARES VVIAX	FMV	3,271,628.
WASHINGTON MUTUAL INVESTORS FUND CLASS F3 FWMIX	FMV	3,359,930.
VANGUARD FEDERAL MONEY MARKET FUND VMFXX	FMV	2,152,484.
DFA EMERGING MARKETS SUSTAINABILITY CORE 1 DESIX	FMV	1,389,450.
DFA GLOBAL SUSTAINABLE FIXED INC PORT DGSFX	FMV	1,179,780.
DFA INTERNATIONAL SUSTAINABILITY CORE DFSPX	FMV	4,536,673.
DFA U.S. SUSTAINABILITY CORE 1 DFSIX	FMV	12,086,723.
PIMCO LOW DURATION ESG INSTITUTIONAL PLDIX	FMV	432,139.
PIMCO TOTAL RETURN ESG FUND INSTITUTIONAL CLASS PTSAX	FMV	887,495.
VANGUARD FEDERAL MONEY MARKET FUND VMFXX	FMV	188,906.
VANGUARD INFLATION PROTECTED FUND ADM. SHS VAIPX	FMV	822,207.
VANGUARD INTERM-TERM GOVERNMENT BOND VSIGX	FMV	885,343.
VANGUARD SHORT-TERM GOVERNMENT BOND INDEX VSBSX	FMV	430,003.
TOTAL TO FORM 990-PF, PART II, LINE 13		80,393,184.

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 RELATED INVESTMENT	61,643.	32,864.	32,864.
	100,000.	100,000.	100,000.
TO FORM 990-PF, PART II, LINE 15	161,643.	132,864.	132,864.

FORM 990-PF

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

STATEMENT 9

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	185,485.	15,243.	0.
ROBERT TESCH 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	BOARD CHAIR 4.00	1,006.	0.	0.
PATRICIA RIDDELL 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	PAST CHAIR/DIRECTOR 1.00	450.	0.	0.
BERNARD BUESCHER 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	VICE CHAIR 1.00	698.	0.	0.
CHARLES BREAUX 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	TREASURER/FINANCE & INVESTMENT 2.00	600.	0.	0.
ERROL SNIDER 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	SECRETARY/GRANTS CHAIR 2.00	1,375.	0.	0.
MARY (SAL) SCHAEFER 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	567.	0.	0.
RICHARD BETTS 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	600.	0.	0.
NELLY NAVARRO 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	772.	0.	0.
KATHLEEN MCINNIS 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	720.	0.	0.

ROCKY MOUNTAIN HEALTH FOUNDATION

84-1424932

ALEX SANCHEZ 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	300.	0.	0.
THERESA CHASE 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	850.	0.	0.
PAULA LOPEZ 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	600.	0.	0.
CASSIE COMEAU 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	600.	0.	0.
IMO SUCCO 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	450.	0.	0.
JOEY MONTOYA BOESE 2768 COMPASS DRIVE, STE. 109 GRAND JUNCTION, CO 81506	DIRECTOR 1.00	582.	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

<u>195,655.</u>	<u>15,243.</u>	<u>0.</u>
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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

256,634.