** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A F	or the	2021 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Employer ident	ification number			
	Addres								
F	Name change				26-124334	7			
F	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone numb	oer			
F	Final return/	711 NORTH TAVIOR STREET	0.00 10 0.001 0.007		970-642-8406				
	termin- ated	City or town, state or province, country, and ZI	IP or foreign postal code		G Gross receipts \$	768,770.			
	Ameno				H(a) Is this a group	return			
	Application	F Name and address of principal officer: CENNET	ER BIRNIE		for subordinat				
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No			
<u> </u>	Гах-ехе	empt status: X 501(c)(3) 501(c) () ◀	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions			
J \	Nebsit	e: WWW.GUNNISONVALLEYHEALTH.ORG			H(c) Group exempt	tion number			
		organization	ociation Other ►	L Year	of formation: 2007	M State of legal domicile; CO			
Pa	_	Summary							
a)	1	Briefly describe the organization's mission or most si	ignificant activities: SUPPOR	T GUNNISC	ON VALLEY HEALTH	<u> </u>			
Š		IN DELIVERING QUALITY CARE IN GUNNISON	COUNTY & SURROUNDING	AREAS.					
Governance	2	Check this box 🕨 🔲 if the organization disconti	inued its operations or dispos	sed of more	than 25% of its net a	1			
ŏ	3	Number of voting members of the governing body (P				3 14			
	1 '	Number of independent voting members of the gove				10			
es		Total number of individuals employed in calendar yea							
Activities &		Total number of volunteers (estimate if necessary)				105			
Act		Total unrelated business revenue from Part VIII, colu							
	b	Net unrelated business taxable income from Form 99	90-1, Part I, line 11	<u></u>					
		Ocatality tions and average (Dort VIII line 11)			Prior Year 389,979	Current Year 515,887.			
ne	8	D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				0.			
Revenue	9				43,757	<u> </u>			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, a			-4.785				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			428,951				
_		Total revenue - add lines 8 through 11 (must equal Pa Grants and similar amounts paid (Part IX, column (A).			158,634				
	1	Benefits paid to or for members (Part IX, column (A),	P 4\		•	0.			
	45	Salaries, other compensation, employee benefits (Pa				0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			5,323	<u> </u>			
ben	b	Total fundraising expenses (Part IX, column (D), line 2		820.	<u> </u>				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			17,033	163,039.			
		Total expenses. Add lines 13-17 (must equal Part IX,			180,990				
		Revenue less expenses. Subtract line 18 from line 12			247,961				
or				Ве	ginning of Current Yea				
Net Assets or	20	Total assets (Part X, line 16)			3,225,031	3,598,472.			
ASS	21	Total liabilities (Part X, line 26)			20,293	841.			
Sel	22	Net assets or fund balances. Subtract line 21 from lir	ne 20		3,204,738	3,597,631.			
	art II	Signature Block							
		Ities of perjury, I declare that I have examined this return, in				my knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer			I Date				
Sig		, -	D		Date				
Her	е	JENNIFER BIRNIE, EXECUTIVE DIRECTOR Type or print name and title	K						
			Donas and a standard and	П	Date Check	PTIN			
Dale		21	Preparer's signature ARAH HINTZ		1 /1 2 / 2 2 if	D00403301			
Paid	i Darer			<u> </u>	1 30.1 51.1,	41-0746749			
-	Only	Firm's name CLIFTONLARSONALLEN LLP Firm's address 8390 EAST CRESCENT PARKWA	Y SUITE 300		Firm's EIN				
-30	Jilly	GREENWOOD VILLAGE, CO 801:			Phone no (3	303) 779-5710			
May	the IF	RS discuss this return with the preparer shown above			T HOUR HO.	X Yes No			

210,987.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

Form 990 (2021)

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
-				

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Form 990 (2021) GUNNISON VALLEY H.

Part IV Checklist of Required Schedules

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ı
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		ı
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			ı
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ı
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ı
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
٠.	Part V, line 1	34	х	ı
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			ı
	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia 0 Enter the number of Forms W-2G included on line 13. Enter -0- if not applicable 1b 0			
	Litter the number of Forms w-2d included of fine 1a. Litter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	(garnoming) minimingo to prizo willinoro:	l IC		

132004 12-09-21

26-1243347

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

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х		
b	If "Yes," enter the name of the foreign country		,					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
	any contributions that were not tax deductible as charitable contributions?			6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	х			
b				7b	Х			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		1	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		•	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
	on an artist to the second of	-		8				
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10k						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	112	1					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b	,					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1					
	organization is licensed to issue qualified health plans	13b)					
	Enter the amount of reserves on hand	130	;					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	$\textbf{Section 501(c)(21) organizations.} \ \ \textbf{Did the trust, any disqualified person, or mine operator engage in}$	any						
	·			17				
	If "Yes," complete Form 6069.							

Form 990 (2021) GUNNISON VALLEY HEALTH FOUNDATION

Part VI Governance Management and Disclosure Forms 26-1243347

Fai	Governance, Management, and Disclosure. For each "Yes" response to lines 2	•	•	ı "No" ı	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	D. See ii	nstructions.			
0						Х
sec	tion A. Governing Body and Management					
		1.	l 1.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	14	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	an	10			
_	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi officer, director, trustee, or key employee?			2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					
3	of officers disables that the state of the s		•	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as	1 - 0		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			"		
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		•	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,			v	
40	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approve	ai by inc	rebennent			
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ınd 990	-T (section 501(c)(3)	s only)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records			
	JENNIFER BIRNIE - 970-642-8406					
	711 NORTH TAYLOR STREET, GUNNISON, CO 81230					

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

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

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

Employees, and Independent Contractors

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle: cer ar	Pos heck ss per	more rson i	than is both	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	(list any hours for related organizations below limiting the state of		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations	
(1) ROBERT SANTILLI	2.00									
GVH CEO	38.00	Х		Х		├		0.	518,215.	15,592.
(2) MARK VANDERVEER	1.00	١							100 505	10 764
GVH CFO	39.00	Х		Х		┝		0.	188,505.	12,764.
(3) JENNIFER BIRNIE EXECUTIVE DIRECTOR	40.00	1		ļ				0.	126 277	F 603
(4) MEGAN MENSING	1.00			Х				0.	136,277.	5,693.
HOME HEALTH PHYSICAL THERAPIST	0.00	X						0.	89,280.	11 175
(5) TAMMY SCOTT	25.00	^						0.	09,200.	11,175.
FOUNDATION COORDINATOR	0.00	1		x				0.	38,592.	0.
(6) JASON AMRICH	2.00							•	30,332.	
GVH CEO	38.00	х		x				0.	38,026.	0.
(7) DR. JOHN TARR	1.00					\vdash			,	
PRESIDENT	0.00	х		x				0.	0.	0.
(8) SHELLEY JANSEN	1.00					\vdash				-
VICE PRESIDENT	0.00	х		х				0.	0.	0.
(9) ALISA COREY	1.00									
TREASURER	0.00	х		х				0.	0.	0.
(10) MARTINA WALTON	1.00									
SECRETARY	0.00	х		х				0.	0.	0.
(11) LAURA CALVIN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(12) MARLA COVEY	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(13) CAROL MAY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) STEVE OGDEN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) SARAH OTERO	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) CAROL SPECTOR	1.00	1								
DIRECTOR (THRU 6/30/21)	0.00	Х				_	<u> </u>	0.	0.	0.
(17) CATHY STEINBERGER	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0. Form 990 (2021)

Form **990** (2021) 132007 12-09-21

Form 990 (2021) GUNNISON VAI	LEY HEALTH	FOU	NDA'	TIO	N				26-124	3347		Page 8
Part VII Section A. Officers, Directors, True	stees, Key Em	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director by og	not cl	ss per	ition more rson is irecto	Highest compensated than of employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)		Estimamou oth comper from organiand re	nated int of ner nsation i the zation elated
(18) LUCY ZAVALA	1.00	=	=	0	¥	Ξæ	ш.					
DIRECTOR (THRU 6/30/21)	0.00	х						0.		0.		0.
4b Cubbatal								0.	1,008,8	9.5		5,224.
to tal (add lines 1b and 1c) Total number of individuals (including but in a substitution of the substitu	II, Section A						<u> </u>	0.	1,008,8	0.		0.
compensation from the organization	lot illilited to til	1036	iisto	u ab	JOVE) WII	010	ceived more than \$100,	ooo or reportable			0
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	•	,	,	•	,	•	·		•		3	No X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl	le co	mpe	ensa	tion	and	oth	er compensation from the	ne organization		4 X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." con	accrue comper	nsati	on fr	om a	any	unre	elate	ed organization or individ	lual for services		5	Х
1 Complete this table for your five highest co										ensatio	on from	
the organization. Report compensation for (A) Name and business	•	ear e		ig w	ith c	or wi	thin	the organization's tax y (B) Description of s		Co	(C)	ation
Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lir	nited	d to t		se lis	ted	above) who received mo	ore than		25	
										F	orm 99	0 (2021)

Part VIII	Statement	of Revenue
Part VIII	Statement	of Reven

		Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
10 10	4.	- Fodorated compaigns	140					
nts st		Federated campaigns	1a					
Sp. oc		Membership dues	1b	01 544				
S, (Fundraising events	1c	81,544.				
a Gi	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e	65,750.				
rigin	f	All other contributions, gifts, grants, and	i					
the E		similar amounts not included above	1f	368,593.				
ΞÓ	g	Noncash contributions included in lines 1a-1f	1g \$					
an S	h	Total. Add lines 1a-1f			515,887.			
				Business Code				
	2 a	·						
Š	2 b							
je.								
m S	C	-						
Jra Be	d							
Program Service Revenue	е							
-		All other program service revenue						
\longrightarrow	g	Total. Add lines 2a-2f						
	3	Investment income (including divide						
		other similar amounts)			55,114.			55,114.
	4	Income from investment of tax-exer	npt bond pi	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Not worth in come on (local)						
		` '_ 	Securities	(ii) Other				
	<i>i</i> a		181,269.	(ii) Oti ioi				
			101,203.					
	D	Less: cost or other basis	101 260					
Jue			181,269.					
Š		Gain or (loss) 7c	0.					
ther Revenue		Net gain or (loss)			0.			
þe	8 a	Gross income from fundraising events (
ᅙ		including \$ 81,544	•_ of					
		contributions reported on line 1c). S	See					
		Part IV, line 18	8a	16,500.				
	b	Less: direct expenses	8b	45,862.				
	С	Net income or (loss) from fundraising	g events		-29,362.			-29,362.
	9 a	Gross income from gaming activitie	s. See					
		Part IV, line 19	I					
	b	Less: direct expenses						
		: Net income or (loss) from gaming a						
		Gross sales of inventory, less return						
	10 4	and allowances	I .					
		Less: cost of goods sold						
	С	Net income or (loss) from sales of in	iventory					
<u>0</u>				Business Code				
e go	11 a							
ane	b							
Miscellaneous Revenue	С							
/lisc B	d	All other revenue						
_		Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions			541,639.	0.	0.	25,752.

132009 12-09-21

7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting 2,100. d Lobbying	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
Total expenses Program service expenses and domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 92 4 Benefits paid to or for members individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation or current officers, directors, trustees, and key employees 6 Compensation or current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 4958(r)(1)(1) and persons described in section 4958(r)(1)(1) and persons described and persons described in section 4958(r)(1)(1) and persons described and perso		Check if Schedule O contains a respon	se or note to any line in t	this Part IX		
1 Grants and other assistance to demestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation ont included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r) and persons described in an analysis and persons describe		' '	(A) Total expenses	Program service	Management and	(D) Fundraising expenses
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(19)) and persons described in section 4958(r)(19) and persons desc	1	Grants and other assistance to domestic organizations				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 27,652. 27,652. 27,652. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 8 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as delined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(ii) 7 Other salaries and wages 9 Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions) 9 Other employee benefits 9 Payroll taxes 9 Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions 9 Payroll taxes 9 Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions 9 Payroll taxes 9 Pension plan accruals and contributions 9 Payroll taxes 9 Pension plan accruals and contributions 9 Payroll taxes 9 Payroll	-	9	183,335.	183,335.		
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c Accounting 2,100. 2,100. 2,100. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 21,126. 21,126. 21,126. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 129,237. 1	а	Management				
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Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) Public & BUBSCRIPTIONS 917.	С		2,100.		2,100.	
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g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on Schedule 0.) 26 Inuse & SUBSCRIPTIONS 27 Payre. 29 Payre. 20 Just miscellaneous expenses on Schedule 0.) 20 Just & SUBSCRIPTIONS 21 Payre. 22 Payre. 23 Just miscellaneous expenses on Schedule 0.) 24 Just miscellaneous expenses on Schedule 0.) 25 Just miscellaneous expenses on Schedule 0.)	е	· F	·			1,820.
column (A), amount, list line 11g expenses on Sch O.) 12	f		21,126.		21,126.	
Advertising and promotion Office expenses 8,849. 8,849. Information technology Royalties 9 Occupancy 9 Travel 9 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 9 Interest 9 Payments to affiliates 9 Depreciation, depletion, and amortization 9 Insurance 0 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUSS & SUBSCRIPTIONS 917.	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses 8,849. 8,849. 14 Information technology 15 Royalties 9 16 Occupancy 9 17 Travel 9 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 19 Conferences, conventions, and meetings 9 10 Interest 9 11 Payments to affiliates 9 12 Depreciation, depletion, and amortization 9 12 Insurance 9 13 Insurance 9 14 Office expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 917. 917.		· · · · · · · · · · · · · · · · · · ·	129,237.		129,237.	
Information technology Royalties Cocupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS 917. 917.	12	Advertising and promotion				
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 DUES & SUBSCRIPTIONS 2 917.	13		8,849.		8,849.	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 29 DUES & SUBSCRIPTIONS 20 JUES & SUBSCRIPTIONS 21 JUES & SUBSCRIPTIONS 22 JUES & SUBSCRIPTIONS 23 JUES & SUBSCRIPTIONS 24 JUES & SUBSCRIPTIONS 25 JUES & SUBSCRIPTIONS 26 JUES & SUBSCRIPTIONS 27 JUES & SUBSCRIPTIONS 27 JUES & SUBSCRIPTIONS 27 JUES & SUBSCRIPTIONS 28 JUES & SUBSCRIPTIONS 29 JUES & SUBSCRIPTIONS 30 JUES & SUBSCRIPTIONS 31 JUES & SUBSCRIPTIONS	14	Information technology				
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS 917.	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	16	Occupancy				
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 741. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 28 DUES & SUBSCRIPTIONS 2917. 917.	17	Travel				
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 28 DUES & SUBSCRIPTIONS 2917. 3917.	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a DUES & SUBSCRIPTIONS 917. 917.		for any federal, state, or local public officials				
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS 917. 917.	19	Conferences, conventions, and meetings	741.		741.	
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS 917. 917.	20	Interest				
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS 917. 917.	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS 917. 917.	22	Depreciation, depletion, and amortization				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DUES & SUBSCRIPTIONS 917. 917.	23	Insurance				
amount, list line 24e expenses on Schedule 0.) a DUES & SUBSCRIPTIONS 917. 917.	24	above. (List miscellaneous expenses on line 24e. If				
a DUES & SUBSCRIPTIONS 917. 917.		amount, list line 24e expenses on Schedule 0.)				
b EDUCATION 69.	а		917.		917.	
	b	EDUCATION	69.		69.	
c	С					
d d						
e All other expenses		All other expenses				
: -		-	375,846.	210,987.	163,039.	1,820.
26 Joint costs. Complete this line only if the organization			,		,	•
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		. 🗂				

Form 990 (2021) Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			152,275.	1	97,789.
	2	Savings and temporary cash investments			3,050,814.	2	3,480,313.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			1,572.	9	0.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	16,654.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	20,370.	15	20,370.		
	16	Total assets. Add lines 1 through 15 (must e			3,225,031.	16	3,598,472.
	17	Accounts payable and accrued expenses		ı	20,293.	17	841.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin		' '		٥-	
	06	of Schedule D			20,293.	25 26	841.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c		· X	20,233.	20	041.
Se		and complete lines 27, 28, 32, and 33.	HECK HE				
ü	27	Net assets without donor restrictions			1,342,849.	27	1,468,538.
3ala	28	Net assets with donor restrictions			1,861,889.	28	2,129,093.
Jd E		Organizations that do not follow FASB ASC			, , , -		, , -
Fur		and complete lines 29 through 33.	, 000, 011				
ō	29	Capital stock or trust principal, or current fund	ds	ľ		29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,204,738.	32	3,597,631.
Z	33	Total liabilities and net assets/fund balances			3,225,031.	33	3,598,472.
	- 55	Total nabilities and not assets/fully balances			,,,-	00	Form 990 (20

Form **990** (2021)

26-1243347

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		541,	639.
2	Total expenses (must equal Part IX, column (A), line 25)	2		375,	846.
3	Revenue less expenses. Subtract line 2 from line 1	3		165,	793.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3 ,	204,	738.
5	Net unrealized gains (losses) on investments	5		227,	100.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	3 ,	,597,	631.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** GUNNISON VALLEY HEALTH FOUNDATION 26-1243347 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4,) = 0	(2) 23 : 3	(5) 25 : 5	(4,) = 0 = 0	(5) = 5 = 1	(1)
•	membership fees received. (Do not						
	include any "unusual grants.")	537,923.	230,743.	242,913.	389,979.	515,887.	1,917,445.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	537,923.	230,743.	242,913.	389,979.	515,887.	1,917,445.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						555,215.
6	Public support. Subtract line 5 from line 4.						1,362,230.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	537,923.	230,743.	242,913.	389,979.	515,887.	1,917,445.
	Gross income from interest,	, -	, -	, -	, -	,	, , , -
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,496.	38,188.	33,307.	43,757.	55,114.	194,862.
۵	Net income from unrelated business		,	,	22,121	,	
9	activities, whether or not the						
	business is regularly carried on		9,102.				9,102.
10	Other income. Do not include gain		, 202.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		264.				264.
11	Total support. Add lines 7 through 10		201.				2,121,673.
12	Gross receipts from related activities,	oto (soo instructio	ne)			12	
	First 5 years. If the Form 990 is for th	•	,	with or fifth tay w			
13	organization, check this box and stor			•		. , . ,	ightharpoonup
Sec	etion C. Computation of Publi		centage				
	Public support percentage for 2021 (li			olumn (fl)		14	64.21 %
15	- III					15	62.43 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the facts	ū					,
	meets the facts-and-circumstances te			-		_	▶ □
ŀ	10% -facts-and-circumstances test	_	•	• • • •	-	7a and line 15 is 1	
	more, and if the organization meets the	-					570 OI
	organization meets the facts-and-circu				-		ightharpoonup
12	Private foundation. If the organization				• • •		
10	rivate iounidation. Il the organizatio	in ala not check a t	JOA UIT IIITE TO, TOA	, 100, 17a, 01 17b,	CHECK HIS DOX AL	Cohodulo A (

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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- 1			
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GUNNISON VALLEY HEALTH FOUNDATION

	dale 77 (1 of 111 000) 2021	26-1243347	Pa	age 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.12		
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1110		
			Yes	No
4	Did the governing hady members of the governing hady officers esting in their official conscity or membership of an		162	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,013,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t	he		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> . 11 0 0		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instructior	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s	3		
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in Part VI). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater					
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in					
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELANEOUS
2018 AMOUNT: \$ 264.

GUNNISON VALLEY HEALTH FOUNDATION

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

	GUNI	VISON VALLEY HEALTH FOUNDATION	26-1243347				
Organizatio	n type (check on	e):					
Filers of:		Section:					
Form 990 or	990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-PF	:	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
-	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rule	es						
sec con	To ran 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.							
yea is cl purl	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						
answer "No"	aution: 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 iswer "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 at it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

GUNNISON VALLEY HEALTH FOUNDATION

26-1243347

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for concash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$ (C	Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	INGING, AUGIESS, AND ZIF T T	\$ 25,750.	Person X Payroll Noncash Complete Part II for oncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for oncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

GUNNISON VALLEY HEALTH FOUNDATION

26-1243347

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			
7			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11			Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash Complete Part II for			

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

GUNNISON VALLEY HEALTH FOUNDATION 26-1243347

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.)				

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** GUNNISON VALLEY HEALTH FOUNDATION 26-1243347 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

GUNNISON VALLEY HEALTH FOUNDATION

Employer identification number 26-1243347

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the		
	organization answered Tes On Form 990, Part IV, line	(a) Donor advise	d funds	(b) Funds and other accounts		
1	Total number at end of year	()				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	ld in donor advised fu	nds		
	are the organization's property, subject to the organization's e	-				
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?			Yes No		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, Part I	V, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	storically important land area		
	Protection of natural habitat		Preservation of a ce	rtified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ution in the form of a c			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	nization during the tax		
_	year					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the peri			□ v □ u.		
•	violations, and enforcement of the conservation easements it		d anfaraing concernat			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d emorcing conservat	ion easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and on	forcing conservation o	acoments during the year		
′	\$\\$\$ \$\$	iii ig or violations, and em	lording conservation e	asements during the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(l	3)(i)		
Ū	and section 170(h)(4)(B)(ii)?	• •				
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footne					
	organization's accounting for conservation easements.	3				
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and ba	alance sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	ance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and balan	ce sheet works of		
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or	research in furtheran	ce of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical trea			, provide		
	the following amounts required to be reported under FASB AS					
	Revenue included on Form 990, Part VIII, line 1			k .		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021		

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 1	Loan or excl	hange prograi	m					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatior	n's exemp	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other	r similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "\	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi							_	_	_	,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		
	Did the organization include an amount on Fo					•	y?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i							ears back	(a) Four	wooro	book
		(a) Current year	(6) P	rior year	(c) Two years	S Dack (a) Tillee y	ears Dack	(e) Four	years	Dack
	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. /!: 1 -		\						
2	Provide the estimated percentage of the curr	•	`	j, column (a)) neid as:						
a	Board designated or quasi-endowment Permanent endowment		_%								
b											
C	The percentages on lines 2a, 2b, and 2c sho	, -									
22	Are there endowment funds not in the posses	•	tion that	t are hold an	d administors	nd for the	organiza	tion			
Sa		SSION OF THE Organiza	מנוטוו נוומו	t are rielu ari	iu auministere	ed for the	organiza	lion	ſ	Yes	Nο
	by: (i) Unrelated organizations								3a(i)		
									3a(ii)		
h	(ii) Related organizations	tions listed as requir	ed on Sc	chedule R2					3b		
4	Describe in Part XIII the intended uses of the								COD		
Par	t VI Land, Buildings, and Equipm		WITICITE I	urido.							
	Complete if the organization answered), Part IV	, line 11a. S	ee Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or o		(b) Cost		` '	cumulate reciation	d	(d) Bool	k value	e
10	Land	· · ·	,	240.0	(= =)	асрі	20.000				
	Land Buildings										
	Buildings										
	Equipment Other				16,654.		16,6	554.			0.
	. Add lines 1a through 1e. (Column (d) must e		V oolum	an (D) line 11				<u> </u>			0.
· Jta		quai ruiii 990, Part	A. COIUII	<u>ш (Б), ШЕ Т</u>	<i></i>						

Schedule D (Form 990) 2021

	Investments - Other Securities.	on Form 000 Port IV line	11h Coo Form 000 Bort V line 10	
(a) Descrip	Complete if the organization answered "Yes" otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	al derivatives	(4) = 2 2 3 3 4 3 4 3 4 3	(0)	,
	held equity interests			
3) Other	Tiola aquity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes" (a) (a) Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed	Complete if the organization answered "Yes" (a) (a) Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed (2)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Feed (2) (3)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Feed (2) (3) (4)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Feed (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Collul Part X) . (1) Feed (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fed (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Feed (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) Limn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line		5.

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Schedule D (Form 990) 2021

26-1243347

Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	79,147,793.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	227,100.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	اما	78,333,192.		
e Add lines 2a through 2d			2e	78,560,292.
3 Subtract line 2e from line 1			3	587,501.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b	-45,862.		
c Add lines 4a and 4b			4c	-45,862.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	12.)		5	541,639.
Part XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part I				70 251 271
			1	70,351,371.
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		F0 101 100		
d Other (Describe in Part XIII.)	2d	70,121,138.		
e Add lines 2a through 2d			2e	70,121,138.
3 Subtract line 2e from line 1			3	230,233.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b	145,613.		
c Add lines 4a and 4b			4c	145,613.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	ne 18.)		5	375,846.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	le any additional inform	ation.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
CONSOLIDATED REVENUE FROM OTHER ENTITIES	78,478,805.			
GRANT EXPENSES NETTED AGAINST REVENUE	_1/5 613			
	-145,613.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D				
TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS:	78,333,192.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS:	78,333,192.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES INCLUDED IN REVENUE	78,333,192.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D	78,333,192. -45,862.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES INCLUDED IN REVENUE PART XII, LINE 2D - OTHER ADJUSTMENTS:	78,333,192. -45,862. 45,862.			

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization GUNNISON VALLEY HEALTH FOUNDATION 26-1243347 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

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

		.5 6. (. 6 556) 2521	ALLEY HEALTH FOUND			-1243347 Page 2			
Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
		of fundraising event contributions and gre	oss income on Form 990	-EZ, lines 1 and 6b. List 6	events with gross receipt	is greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events				
			``	NIGHT OF CARING	NONE	(d) Total events			
			COLE MOUDNAMENT		NONE	(add col. (a) through			
			GOLF TOURNAMENT	GALA		col. (c))			
a)			(event type)	(event type)	(total number)				
Revenue									
e Se	1	Gross receipts	53,019.	45,025.		98,044.			
æ									
	0	Lagar Contributions	48,519.	33,025.		81,544.			
	2	Less: Contributions	10,515.	33,023.		01,511.			
			4.500	40.000		46.500			
	3	Gross income (line 1 minus line 2)	4,500.	12,000.		16,500.			
	4	Cash prizes							
	5	Noncash prizes							
S	J	Tronoadri prizod							
Se	_	Don't for all the search	7 020	0 275		16 204			
per	6	Rent/facility costs	7,029.	9,275.		16,304.			
Direct Expenses		Food and beverages							
ģ	7			15,340.		15,340.			
Ë									
	8	Entertainment		400.		400.			
	9	Other direct expenses		4,794.		6,879.			
	10	Direct expense summary. Add lines 4 through	2	· ·	•	38,923.			
						-22,423.			
Pa		Net income summary. Subtract line 10 from li		. 000 Dart IV line 10 an					
1 6			answered tes on Form	1990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	T		Т				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(,9-	bingo/progressive bingo	(-, 99	col. (a) through col. (c))			
eve									
Œ	1	Gross revenue							
	2	Cash prizes							
ses	_	Od311 p11203							
Expenses	_								
å	3	Noncash prizes							
垬									
irect	4	Rent/facility costs							
Ę									
	5	Other direct expenses							
		1	Yes %	Yes %	Yes %				
	^	Valuatoor labor							
	О	Volunteer labor	L No	L No	No No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.						
		the organization licensed to conduct gaming a	_			Yes No			
						res NO			
b	IT "	No," explain:							
	_								
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No			
		Yes," explain:							
		•							
	_								

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 GUNNISON VALLEY HEALTH FOUNDATION 26	-124334	/	Page 3
	Does the organization conduct gaming activities with nonmembers?	. 🗆	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	1	ı	
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\tau\$ and the amount			
_	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
C	in res, entername and address of the tillid party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<u> </u>	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule 6	(Form 990) GUNNISON VALLEY HEALTH FOUNDATION	26-1243347	Page 4
Part IV	(Form 990) GUNNISON VALLEY HEALTH FOUNDATION Supplemental Information (continued)		-
	· · · (continued)		
		<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021
Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization							Employer identification number
	EY HEALTH FOUN	IDATION					26-1243347
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro					1.115	· "	W. F. Od. 6
Part II Grants and Other Assistance to recipient that received more than the second more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GUNNISON VALLEY HOSPITAL 711 NORTH TAYLOR STREET							
GUNNISON, CO 81230	84-6008116	GUNNISON COUNTY	176,339.	0.	N/A	N/A	SUPPORT HOSPITAL
GUNNISON COUNTY JUVENILE SERVICES 200 E VIRGINIA AVE GUNNISON, CO 81230	84-6000770	GUNNISON COUNTY	6,996.	0.	N/A	N/A	NEEDS ASSESSMENT PROJECT EXPENSES
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-		e line 1 table				2.

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

Schedule I (Form 990) 2021 GUNNISON VALLEY HEALTH	26-1243347	Page 2				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	sh assistance
SCHOLARSHIPS	7	24,652.	0.			
AWARDS	2	3,000.	0.			
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2: RESTRICTED FUNDS ARE MAINTAINED FOR ALL GRANTS GIV	EN AND RECEIV	VED AND THIS				
IS TRACKED ON AN EXCEL SPREADSHEET BY OUR ACCOUNTA						

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GUNNISON VALLEY HEALTH FOUNDATION

Employer identification number 26-1243347

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	э		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	<u>6a</u>		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT SANTILLI	(i)	0.	0.	0.	0.	0.	0.	0.
GVH CEO	(ii)	433,676.	84,539.	0.	13,474.	2,118.	533,807.	0.
(2) MARK VANDERVEER	(i)	0.	0.	0.	0.	0.	0.	0.
GVH CFO	(ii)	172,225.	16,280.	0.	6,143.	6,621.	201,269.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	1(11)						L	L

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
COMPENSATION OF THE GUNNISON VALLEY HEALTH FOUNDATION EXECUTIVE DIRECTOR IS
DETERMINED BY THE HOSPITAL CEO AND THE HOSPITAL HUMAN RESOURCES DEPARTMENT
AS THE EXECUTIVE DIRECTOR IS A HOSPITAL EMPLOYEE. THE FOLLOWING WERE USED
BY THE HOSPITAL TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION:
1. WRITTEN EMPLOYMENT CONTRACT
2. COMPENSATION SURVEY OR STUDY
3. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

GUNNISON VALLEY HEALTH FOUNDATION	26-1243347
FORM 990, PART VI, SECTION A, LINE 3:	
ALL MANAGEMENT SERVICES ARE PROVIDED BY EMPLOYEES OF GUNNISON VALLEY	
HOSPITAL, A RELATED ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 4:	
THE CORPORATIONS BYLAWS WERE AMENDED TO CHANGE BOARD MEMBER TERM LIMITS TO	
3 YEARS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
ALL BOARD MEMBERS ARE ELECTED BY THE BOARD OF TRUSTEES OF GUNNISON VALLEY	
HEALTH SYSTEM. FIVE OF THE BOARD MEMBERS ARE THE HEALTH SYSTEM'S CEO AND	
CFO, A MEMBER OF THE HEALTH SYSTEM'S BOARD OF TRUSTEES WHO IS APPOINTED BY	
THE CHAIR OF THE HEALTH SYSTEM'S BOARD OF TRUSTEES, A PHYSICAN	
REPRESENTATIVE WHO IS APPOINTED BY THE HEALTH SYSTEM'S CHIEF OF STAFF, AND	
A HEALTH SYSTEM NON-PHYSICIAN STAFF MEMBER WHO IS APPOINTED BY THE HEALTH	
SYSTEM'S CEO.	
FORM 990, PART VI, SECTION A, LINE 7B:	
CERTAIN PORTIONS OF THE FOUNDATION'S BYLAWS MAY NOT BE AMENDED OR REPEALED	
WITHOUT THE WRITTEN APPROVAL OF THE BOARD OF TRUSTEES OF THE HEALTH SYSTEM.	
THE FOUNDATION HAS NO POWER OR AUTHORITY TO MAKE ANY GRANT THAT FALLS	
OUTSIDE OF THE GRANT-MAKING GUIDELINES ADOPTED BY THE FOUNDATION'S BOARD OF	
DIRECTORS AND APPROVED BY THE HEALTH SYSTEM'S BOARD OF TRUSTEES WITHOUT THE	
PRIOR APPROVAL OF THE HEALTH SYSTEM'S BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
TOWN NOW THAT AT SECTION B. DINE TID:	

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization GUNNISON VALLEY HEALTH FOUNDATION 26-1243347 THE FORM 990 WAS REVIEWED BY GUNNISON VALLEY HEALTH'S CFO AND GUNNISON VALLEY HEALTH FOUNDATION'S EXECUTIVE DIRECTOR AND A COPY WAS PROVIDED TO THE FOUNDATION'S BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION'S CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO, COMPLETED BY, AND COLLECTED FROM EACH DIRECTOR ON THE BOARD ON AN ANNUAL BASIS. IF A DIRECTOR HAS A POTENTIAL CONFLICT OF INTEREST, THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS DETERMINE WHETHER A CONFLICT EXISTS AND DETERMINE APPROPRIATE STEPS TO TAKE IN RESPONSE. ACTIONS MAY INCLUDE BEING EXCUSED FROM DISCUSSIONS, EXCUSED FROM VOTES, OR WITHDRAWAL FROM THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15A: THE GUNNISON VALLEY HEALTH CEO AND THE FOUNDATION'S BOARD, USING INDUSTRY COMPARISONS, DETERMINED THE APPROPRIATE COMPENSATION FOR THE FOUNDATION'S EXECUTIVE DIRECTOR IN 2021. ALL OTHER COMPENSATION IS DETERMINED BY GUNNISON VALLEY HEALTH. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS FOR OVERSIGHT AND SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGE FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

GUNNISON VALLEY HEALTH FOUNDATION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2021

26-1243347

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	me End-of-yea	I	Direct co	f) ontrolling tity	J
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	e or more related	d tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity		3) 512(b)(13) folled ity?
				501(c)(3))			Yes	No
GUNNISON VALLEY HOSPITAL - 84-6008116	4							
711 N TAYLOR ST. GUNNISON, CO 81230	 HOSPITAL	COLORADO			N/A			х
GUNNISON VALLEY HEALTH SENIOR CARE CENTER -		COHORIDO			17/21			21
84-1288611, 1500 W. TOMICHI AVENUE,	7							
GUNNISON, CO 81230	HEALTH CARE CENTER	COLORADO			N/A			Х
	_							

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

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one	or more related
	organizations treated as a partnership during the tax year.	·		, , ,		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)																
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income	Predominant income	Predominant income	Predominant income (related, unrelated, excluded from tax under	Predominant income	Predominant income (related, unrelated, excluded from tax under	Direct controlling Predominant income Share of total Share of Dispressional Code VI	Share of total	Share of Disp	Code V-UBI	General c	Percentage										
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>																
				1					1																		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Х

Yes No

1a

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		X		
c Gift, grant, or capital contribution from related organization(s)				1c	Х			
				1d		X		
e Loans or loan guarantees by related organization(s)				1e		Х		
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)				1g		X		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
I Performance of services or membership or fundraising solicitations for related orga	ınization(s)			11		Х		
				1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses								
Sharing of paid employees with related organization(s)				10	Х			
p Reimbursement paid to related organization(s) for expenses				1 p	X			
q Reimbursement paid by related organization(s) for expenses				1q		X		
r Other transfer of cash or property to related organization(s)				1r		X		
s Other transfer of cash or property from related organization(s)				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	lationships and transaction thresholds.					
(a)	(b)	(c)	(d)					
(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
	type (a-s)							
(1) GUNNISON VALLEY HOSPITAL	В	176,339.0	ASH PAID					
(2)								
(3)								
(4)								
(5)								
(6)								
132163 11-17-21	4.5		Schedule	R (Forr	n 990)	2021		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Percentage ing ownership
	-									
	_							Ochodolo		

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