Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to $\ensuremath{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For th	e 2022 calend	dar year, or tax year beginr	ning		, 2022 , a	and endir	ng		, 20	
В	Check if	applicable:	C Name of organization CO	LORADO HEALI	NG FUND				D Empl	oyer identification number	
П	Address	change	Doing business as							82-4598761	
Ħ		-		v if mail is not delivered to	atroat addraga)		Room/suit	_	E Tolon	hone number	
H	Name ch	•	Number and street (or P.O. box		street address)		Roomsuli	e	⊏ reiep		
H	Initial ref		1330 FOX STREE							(720) 441-4521	
님	Final ret	urn/terminated	City or town, state or province,	-	gn postal code				G Gros	s receipts	
∦	Amende	d return	DENVER, CO 802	204					\$	2,824,861	
Ш	Applicat	on pending	F Name and address of principal	officer: CYNTHI	IA COFFMAN			H(a) Is this a gr	a group return for subordinates? U Yes X N		
			SAME AS C ABOV	7E				H(b) Are all s	ubordinat	es included?	
ı	Tax-exer	npt status:	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No," a	attach a lis	st. See instructions	
	Website		W.COLORADOHEALINGE	FUND . ORG				H(c) Group e	xemption	number	
ĸ	Form of			ociation Other	l,	Year of formation	on: 201		•	gal domicile: CO	
	art I	Summar						<u> </u>		, <u>.</u>	
	1		ribe the organization's mission	on or most significan	nt activities: ESTZ	ART.TSH A	SECURE	WAY FO	איד אכ	E PUBLIC TO	
_		-	JTE TO VICTIMS OF	-							
၁င			AL, EMOTIONAL AND								
Governance		-		PHISICAL NEED	DS OF VICIIMS	OF MASS .	IKAGED	TES INA	11 000	LOK IN THE STATE	
Ver		OF COLOR		iccontinued its spers	ations or disposed of w	are then OEO/	of its no	t accete			
Ô	2	Check this b			•				1 .	1	
⋖ర	3		oting members of the gover	• • • • • • • • • • • • • • • • • • • •	,				3	9	
es	4		ndependent voting members	•	, ,				4	9	
ξ	5	Total numbe	er of individuals employed in	calendar year 2022	(Part V, line 2a)				5	1	
Activities	6	Total numbe	er of volunteers (estimate if n	necessary) • • •					6		
⋖	7a	Total unrelat	ted business revenue from F	Part VIII, column (C),	, line 12 • • • • •				7a	0	
	t	Net unrelate	ed business taxable income t	from Form 990-T, Pa	art I, line 11				7b	0	
								Prior Year		Current Year	
	8	Contributions	s and grants (Part VIII, line	1h)				292	,940	2,823,190	
ne	9	Program ser	rvice revenue (Part VIII, line	2g)				4,663	.933	0	
en.	10	-	income (Part VIII, column (A						205	1,671	
Revenue	11		ue (Part VIII, column (A), lin							0	
_	12		ie - add lines 8 through 11 (n		*			4,957	079	2,824,861	
	13		similar amounts paid (Part I)	•	, , , ,						
			. ,	` ,	•			2,865	,6/2	1,094,351	
	14									0	
S	15								,077	102,481	
Š	16a		I fundraising fees (Part IX, c							0	
Expenses	<u> </u>		ising expenses (Part IX, colu	` ' -		14,303					
ш	17		ises (Part IX, column (A), lin		,			99	,061	78,269	
	18	Total expens	ses. Add lines 13-17 (must e	equal Part IX, colum	n (A), line 25)			3,060	,810	1,275,101	
	19	Revenue les	ss expenses. Subtract line 1	8 from line 12				1,896	,268	1,549,760	
5	se s						Begin	ning of Curre	nt Year	End of Year	
sets	[20	Total assets	(Part X, line 16)					2,960	,502	4,322,857	
Ass	20 Equipment 21 22 22 22 22 22 22 22 22 22 22 22 22	Total liabilitie	es (Part X, line 26)					229	,287	41,882	
Net	[22	Net assets o	or fund balances. Subtract li	ne 21 from line 20				2,731	,215	4,280,975	
Pa	art II	Signatu	ıre Block								
			clare that I have examined this retur				f my knowle	dge and belief	, it is		
true	e, correct	and complete. De	eclaration of preparer (other than offi	cer) is based on all inform	nation of which preparer has a	any knowledge.					
		KEVT	N MCFATRIDGE								
Sig	gn	Signature of office							— L Da	te	
He	re	KEVI	IN MCFATRIDGE, EXE	יכוויידעים הדספכי	TO D						
		Type or print na		COTIVE DIREC.	IOK						
		1	eparer's name	Preparer's signature		Date		01- 1	X if	PTIN	
Ра	iА	, ,	•				0.4	Check			
		Amy McLaughry Amy McLaughry 01-19-2024						self-emp	oloyed	P02062237	
	epare			erprises, In	C			rm's EIN			
US	e On	Firm's addres	ss 8876 E N	Michols Ct			Ph	none no.			
			Centenni	al CO 80112					720-	464-9347	
May	the IR	S discuss this	return with the preparer sho	wn above? See inst	tructions					Yes X No	

1,214,488

Total program service expenses

4e

2) COLORADO HEALING FUND Checklist of Required Schedules Part IV

			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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," complete Schedule D. Part I			l
7		6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		.,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Х
9	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		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		X
10	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.			
,	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
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•		11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a				
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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 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 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
20 a		20a		Х
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	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 any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		١,,
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
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 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
J-7	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Par	t 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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit 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 contributions or			
-	gifts 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 services provided to the payor?	70		
h		7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	required to file Form 8282?	7c		٠,,
ч	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
40	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.0		
a	The governing body?	8a	X	\vdash
ь 9	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 reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sac	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			X
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	^	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	\vdash
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			\vdash
Ŭ	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Colorado			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

KEVIN MCFATRIDGE (720)441-4521, 1330 FOX STREET, DENVER, CO 80204

-orm	990	(2022)

COLORADO HEALING FUND

82-4598761

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	1			((C)					
400	(5)		Position					(5)		
(A)	(B)	١,	(do not check more than one				(D)	(E)	(F)	
Name and title	Average hours					both ar /trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Oillo	CI and	a a un	CCIOI	il usicc)		from the	from related organizations (W-2/	compensation
	(list any	0 =	=	0		οт	П	organization (W-2/ 1099-MISC/		from the organization and
	hours for	ndivio	nstitu	Officer	ey e	lighe mplo	Former	1099-NEC)	1099-MISC/ 1099-NEC)	related organizations
	related organizations	dual	tiona	٦	Key employee	st co	er			-
	below	Individual trustee or director	Institutional trustee		уее	mpe				
	dotted line)	ee	stee			Highest compensated employee				
						ed				
(1) JOSE ESQUIBEL	2.00									
BOARD MEMBER		Х						0	0	0
(2) MIKE EDWARDS	2.00									
BOARD MEMBER		Х						0	0	0
(3) LESLIE OLIVER	1.00									
BOARD MEMBER		х						0	0	0
(4) ALYSSA CARRIER	1.00									
BOARD MEMBER		х						0	0	0
(5) TONY FRANK, DR.	1.00									
BOARD MEMBER		х						0	0	0
(6) FRANK DEANGELIS	3.00									
BOARD MEMBER		Х						0	0	0
(7) KEVIN ENGOIAN	2.00									
TREASURER		Х		Х				0	0	0
(8) CYNTHIA COFFMAN	4.00									
BOARD CHAIR		Х		Х				0	0	0
(9) STEVEN SIEGEL	3.00									
BOARD SECRETARY		Х		Х				0	0	0
(10)KEVIN MCFATRIDGE	40.00									
EXECUTIVE DIRECTOR				х				0	0	0
(11) JORDAN FINEGAN	40.00									
EXECUTIVE DIRECTOR					х			0	0	0
(12)										
<u>(13)</u>										
(4.4)										
<u>(14)</u>										

Form 9	90 (202	22) COLORADO HEALING	FUND	-							82-45	98761		age 8
Part	VII	Section A. Officers, Directors, 1	rustees,	Key E	-mp			s, an	d F	lighest Comp ⊤	ensated Em _l	oloyees	(conti	inued)
	(A) Name and title			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week (list any						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	со	(F) nated am of other mpensati	amount ther sation
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	_	anization d organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)														
(23)														
(24)														
(25)														
1b	Subto													
c d		from continuation sheets to Part VII, Sect (add lines 1b and 1c)			• •		• •		•	0	0			
		number of individuals (including but not limite												0
	report	table compensation from the organization												0
3	Did th	e organization list any former officer, director	r, trustee, key	emplo	yee,	or hi	ghes	st com	pens	sated			Yes	No
		oyee on line 1a? If "Yes," complete Schedule										. 3		Х
4		ny individual listed on line 1a, is the sum of re ization and related organizations greater than												
	-	dual										. 4		Х
5		ny person listed on line 1a receive or accrue	-		-			-	niza	tion or individual				
Section		rvices rendered to the organization? <i>If</i> "Yes," Independent Contractors	complete Sci	nedule .	J for	suci	n per	rson				. 5		Х
1		olete this table for your five highest compensa	ated independ	dent co	ntrad	ctors	that	t recei	ved i	more than \$100,00	0 of			
	comp	ensation from the organization. Report comp	ensation for	the cal	enda	ır ye	ar er	nding v	vith o	or within the organi	zation's tax year.			
		(A)								(B)		(C)	. atian	
		Name and business addre	ss							Description of service	es	Compens	sauon	
2		number of independent contractors (including			nose	liste	d ab	ove) v	vho					

Part VIII

		Check if Schedule O contains a response of	or not	e to any line in this	Part VIII			
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	lines 1a-1f	1a 1b 1c 1d 1e 1f	2,823,190				
Program Service Revenue	2a b c d			Business Code	2,823,190			
	g	All other program service revenue Total. Add lines 2a-2f	'					
Other Revenue	4 5 6a b c d 7a b c d 8a b c	other similar amounts) Income from investment of tax-exempt bond properties and provided in the composition of the composition		(ii) Personal	1,671	1,671		
Miscellanous Revenue	b c 11a b c			Business Code				
		Total. Add lines 11a-11d			2 824 861	1.671	0	0

82-4598761

Form 990 (2022) COLORADO HEALING FUND Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	ny line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,094,351	1,094,351		
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,				
5	·				
•	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(c)(3)(B)				
7	Other salaries and wages	102,481	71,615	20,467	10,399
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):				<u> </u>
а	Management				
b	Legal				
С	Accounting	22,376		22,376	
d	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	225	225		
12	Advertising and promotion	2,905	225		2 005
	Office expenses	· ·		F26	2,905
13		896		536	360
14	Information technology	1,105		1,041	64
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	1,890		1,890	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	CREDIT CARD PROCESSING	48,872	48,297		575
b	CIMBIT GIRD TROCHDOING	10,072	10,231		373
C					
d					
	All other cynoneses				
9	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,275,101	1,214,488	46,310	14,303
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X | Ba

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,146,428	1	3,166,385
	2	Savings and temporary cash investments	775,350	2	741,022
	3	Pledges and grants receivable, net	38,724	3	413,725
	4	Accounts receivable, net	,	4	,
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	1,725
Ì	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets . Add lines 1 through 15 (must equal line 33)	2,960,502	16	4,322,857
	17	Accounts payable and accrued expenses	229,287	17	41,882
	18	Grants payable	,	18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	229,287	26	41,882
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	192,169	27	252,888
Bal	28	Net assets with donor restrictions	2,539,046	28	4,028,087
nd		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et,	32	Total net assets or fund balances	2,731,215	32	4,280,975
Z	33	Total liabilities and net assets/fund balances	2,960,502	33	4,322,857

Form	990 (2022) COLORADO HEALING FUND	82-459876	1	Pa	age 1
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	2,	824,	861
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	275,	101
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	549,	760
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	731,	215
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,	280,	975
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				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 O.				
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:				
	X Separate basis				

2c

3a

х

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Inspection Employer identification number

		DO HEALING FUND					82-459876	
Par	t I	Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The or	gar	ization is not a private foundation be	cause it is: (For line	s 1 through 12, check on	y one box.)		
1	Ц	A church, convention of churches, or	association of chur	ches described in sectior	າ 170(b)(1)	(A)(i).		
2	빔	A school described in section 170(b		, , ,				
3	Ц	A hospital or a cooperative hospital s	-			•		
4	Ш	A medical research organization ope	erated in conjunction	with a hospital described	in section	170(b)(1)((A)(iii). Enter the	
_		hospital's name, city, and state:	<i></i>					
5	Ш	An organization operated for the ber		university owned or opera	ated by a go	overnment	al unit described in	
_	П	section 170(b)(1)(A)(iv). (Complete	*					
6		A federal, state, or local government	-			. ,		
7	X	•			/ernmentai	unit or iroi	m the general public	
0	П	described in section 170(b)(1)(A)(vi A community trust described in secti						
8 9	H	An agricultural research organization			ted in conju	inction with	a land grant college	
3	Ш	or university or a non-land-grant coll						
		university:	ege of agriculture (s	see mandedona). Enter in	C Harric, Ci	ty, and stat	ic of the conege of	
10	П	An organization that normally receiv	es: (1) more than 3	3 1/3% of its support from	contribution	ons memb	pershin fees, and gross	
	ш	receipts from activities related to its	exempt functions, s	ubject to certain exception	ns; and (2)	no more t	han 33 1/3% of its	
		support from gross investment incor acquired by the organization after Ju					rom businesses	
11	П	An organization organized and opera	•	. , , , , ,	,			
12	П	An organization organized and open	•	•			carry out the purposes	of
	_	one or more publicly supported organ	-	·				
		the box on lines 12a through 12d that	at describes the type	e of supporting organizati	on and con	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting organizatio	n operated, supervis	sed, or controlled by its su	pported or	ganization(s), typically by giving	
		the supported organization(s) th	e power to regularly	appoint or elect a major	ity of the di	rectors or t	trustees of the	
		supporting organization. You m	ust complete Part I	V, Sections A and B.				
b		Type II. A supporting organization	on supervised or con	trolled in connection with	its supporte	ed organiza	ation(s), by having	
		control or management of the s	upporting organizati	on vested in the same pe	rsons that	control or i	manage the supported	
		organization(s). You must com	plete Part IV, Section	ons A and C.				
С		Type III functionally integrated		•				
		its supported organization(s) (se	,	•				
d		☐ Type III non-functionally integ	•					
		that is not functionally integrated	•			•	nt and an attentiveness	
_		requirement (see instructions). Y	-				Tuno II Tuno III	
е		Check this box if the organization functionally integrated, or Type I				saryper,	туре п, туре ш	
f	-	nter the number of supported organiz	•	negrated supporting orga	iriizatiori.			
g g		rovide the following information abou		anization(s)				
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	• •	,	',	(described on lines 1-10	listed in you	r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
/A)								
(A)								
(B)								
(C)								
(D)								
/E\								
(E)								
Total							I	

rm 990) 2022 COLORADO HEALING FUND 82-4598761
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,000,000	20,274	148,615	4,963,251	2,823,190	8,955,330
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,000,000	20,274	148,615	4,963,251	2,823,190	8,955,330
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)						2,822,048
6 Sooti	Public support. Subtract line 5 from line 4						6,133,282
	on B. Total Support	(-) 0040	(h) 0040	(-) 0000	(4) 0004	(-) 0000	(6 T-+-1
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8		1,000,000	20,274	148,615	4,963,251	2,823,190	8,955,330
0	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			440	005	1 671	
9	Net income from unrelated business			443	205	1,671	2,319
3	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,957,649
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	0,557,045
13	First 5 years. If the Form 990 is for the or	,	,			section 501(c)(3)
	organization, check this box and stop her	•			•	` , ,	,
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line	6, column (f), di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2021 Sch	nedule A, Part II	, line 14			15	%
16a	33 1/3% support test - 2022. If the organi	ization did not c	heck the box o	n line 13, and l	ine 14 is 33 1/3	3% or more, ch	eck this
	box and stop here. The organization qual	•	•	•			_
b	33 1/3% support test - 2021. If the organi						
	this box and stop here. The organization	•		•			_
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			•	•		
_	organization						
b	10%-facts-and-circumstances test - 202	_					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			-	-		<u> </u>
4.0	organization						_
18	Private foundation. If the organization did						
	instructions						<u></u>

82-4598761

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•				_
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the org	ganization's fir	st, second, third	d, fourth, or fiftl	n tax year as a s	ection 501(c)(3)
	organization, check this box and stop here						
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2022 (line 8		•	3, column (f))		15	<u>%</u>
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (li			line 13, colum	nn (f))	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the organ						
	17 is not more than 33 1/3%, check this bo	ox and stop he	ere. The organiz	zation qualifies	as a publicly su	pported org	ganization 🗌
b	33 1/3% support tests - 2021. If the organization	did not check a	box on line 14 or I	ine 19a, and line	16 is more than 33	1/3%, and	
	line 18 is not more than 33 1/3%, check this box a	-					
20	Private foundation. If the organization did	l not check a b	oox on line 14, 1	l9a, or 19b, ch	eck this box and	see instruc	ctions \square

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

S

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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.	9b		
С	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.	9с		
I0a	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 10b below.	10a		

10b

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.)

Part I	Supporting Organizations (continued)			
			Yes	No
	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		-
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44 -		
Cootic	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secur	The Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			i
	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? <i>If "Yes," explain in Part</i>			i
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			i
	supervised, or controlled the supporting organization.	2		
Section	on 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		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			i
	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			i
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
Ū	a significant voice in the organization's investment policies and in directing the use of the organization's			i
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			i
	supported organizations played in this regard.	3		
Section	on 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 in	ารtruc	tions	;).
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 government entity (see instructions).			
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			i
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			i
	those supported organizations and explain how these activities directly furthered their exempt purposes,			i
	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			i
	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	<u>.</u>		
^	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If 100, december if the Francisco played by the organization in this regard.	, U.S.	1	

82-4598761

Part 1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI) Soo
'	instructions. All other Type III non-functionally integrated supporting organize		. , ,	,
	21 2 2 11 2 2	alioi	is musi complete Section	(B) Current Year
Sect	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
.	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		
				(B) Current Year
Sect	on B - Minimum Asset Amount		(A) Prior 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	on 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-functiona	lly in	ntegrated Type III support	ing organization
	(see instructions).	-		- -

EEA Schedule A (Form 990) 2022

Part	v Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued	<u>", </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	- provide details in Part \	/	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2022				
<u>а</u>	From 2017				
b	From 2018			_	
<u> </u>	From 2019			_	
d	From 2020			_	
e	From 2021			\dashv	
f	Total of lines 3a through 3e			_	
<u>g</u>	Applied to underdistributions of prior years			_	
h :	Applied to 2022 distributable amount				
<u> </u>	Carryover from 2017 not applied (see instructions)			\dashv	
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from			_	
4	Section D, line 7: \$				
а	Applied to underdistributions of prior years			-	
<u>a</u> b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			\dashv	
Ū	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

EEA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 8

Part VII Supplemental Information Provide the explanations required by Part II. line 10: Part II. line 17a or 17b: Part

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 D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

2022

Employer identification number

2022

OMB No. 1545-0047

Open to Public Inspection

COLORADO HEALING FUND 82-4598761 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III Organizations Maintaining Co	ollections of Art, H	listorical T	reasures,	or Oth	er Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, accession,	and other records, check	any of the fol	lowing that ma	ıke signif	ficant use of its		
	collection items (check all that apply):							
а	Public exhibition		d	r exchange pro	ogram			
b	Scholarly research		e 🔲 Other	0 1	J			
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how th	ev further the	organization's	exempt	nurnose in Part		
•	XIII.	aono ana explain new an	cy larater ato	organizations	CACITIPE	purpose iiri ait		
5	During the year, did the organization solicit or red	reive donations of art. his	etorical treasu	res or other si	milar			
	assets to be sold to raise funds rather than to be						Yes	□No
Par	t IV Escrow and Custodial Arrang		c organization	13 CONCONOTE				
	Complete if the organization an		orm 990 P	Part IV line	9 or re	enorted an amo	unt on F	orm
	990, Part X, line 21.	owered 105 offi	01111 000, 1	artiv, mio	0, 01 10	sported an ame	dill oil i	OIIII
	Is the organization an agent, trustee, custodian of	or other intermedian, for	oontributions o	or other assets	not			
Ia							☐ Yes	□No
L							□ res	
b	If "Yes," explain the arrangement in Part XIII and	complete the following t	able.			Δ	4	
	Desiration belones				4.5	Amo	uni	
C	Beginning balance					+		
a								
e	Distributions during the year				1e	+		
f	Ending balance						П.,	
2a	Did the organization include an amount on Form				-			∐ No
Dor	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explanation	on has been p	rovided on Par	t XIII			
Par)t	40			
	Complete if the organization an	iswered tes on F	orm 990, P					
_		(a) Current year (b)	Prior year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end balance (line 1	g, column (a))	held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment%							
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3a	Are there endowment funds not in the possessio	on of the organization tha	t are held and	administered	for the			
	organization by:						[·	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the org							
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization an	swered "Yes" on F	orm 990, P	art IV, line	11a. S	ee Form 990, F	Part X, lir	ne 10.
	Description of property	(a) Cost or other basis		or other basis		Accumulated	(d) Book	
		(investment)		other)	. ,	preciation	• •	
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment							
e	Other							
	Add lines 1a through 1e. (Column (d) must equal F	orm 990 Part X column	(B) line 10c \					
· Otal.	, was miss to unough to foolulling a) must equal t	J JJO, I WILK, COMMINI	(2), 100.)					

(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		-
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

(8)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

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

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,824,861
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,824,861
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Dotu	2,824,861
Part 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Ketu	111.
1	Total expenses and losses per audited financial statements	1	1,275,101
2	Donated services and use of facilities		
a	Prior year adjustments	-	
b	Other losses	-	
c d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,275,101
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,275,101
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	1,275,101
Part	XIII Supplemental Information.		,
Provide			
ITOVIGE	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b an	t X, line	
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t X, line	
		t X, line	

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

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.

2022 **Open to Public**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

-							
COLORADO HEALING FUND	Cronto and Assist	10:00				82-4598761	
Part I General Information on							
1 Does the organization maintain records to		-	•	•			
the selection criteria used to award the gra							. X Yes No
Describe in Part IV the organization's proc							
Part II Grants and Other Assistance						Yes" on Form 990,	
Part IV, line 21, for any recipi	ent that received mo	re than \$5,000. Par	t II can be duplicated	d if additional space		•	
 (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
(1) COLO ORG FOR VICTIM ASSISTA							
1325 S COLORADO BLVD SUITE							
DENVER CO 80222	84-0972509		906,000				
(2) ARAPAHOE MENTAL HEALTH CLIN							
116 INVERNESS DRIVE E STE 1							
ENGLEWOOD CO 80112	84-0472982		10,839				
(3)							
(-)							
(4)							
(4)							
(5)							
(3)							
(6)							
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) and	d government organizati	ons listed in the line 1	table				
3 Enter total number of other organizations l	isted in the line 1 table						

	Page 2
ash assistance	

82-4598761

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of nonca recipients FMV, appraisal, other) cash grant noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Schedule I (Form 990) (2022)

COLORADO HEALING FUND

EEA Schedule I (Form 990) (2022)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

82-4598761 COLORADO HEALING FUND 01. Form 990 governing body review (Part VI, line 11) THE FULL BOARD HAS A WEEK TO REVIEW THE DRAFTED 990 BEOFRE THE DOCUMENT IS SIGNED AND FILED 02. Conflict of interest policy compliance (Part VI, line 12c) THE CONFLICT OF INTEREST POLICY IS REVIEWED ON A YEARLY BASIS AND ALL BOARD MEMBERS SIGN A FORM CONFIRMING NO CONFLICT OF INTEREST 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD ANNUALLY REVIEWS THE JOB DESCRIPTION AND THE PAY OF THE EXECUTIVE DIRECTOR TO ENSURE DUTIES AND SALARY ARE PAID ARE ADEQUATE. A SALARY COMPARISION IS DONE WITH OTHER SIMILAR ORGANIZATION IN SIZE AND JOB DESCRIPTION 04. Governing documents, etc, available to public (Part VI, line 19) NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC 05. Significant program services not listed on prior year return (Part III, line 2) FEED THE FRONTLINES DENVER (FTFD) FISCAL SPONSORSHIP - IN APRIL 2020, CHF BECAME THE FISCAL SPONSOR FOR FTFD, A VOLUNTEER-LED MOVEMENT TO PROVIDE MEALS THROUGH LOCAL RESTAURANTS TO FRONTLINE RESPONDERS TO THE CURRENT CORONAVIRUS PANDEMIC, INCLUDING, BUT NOT LIMITED TO, HEALTHCARE STAFF AT DENVER-AREA HOSPITALS, PEACE OFFICIERS, EMPLOYEES OF POLICE DEPARTMENTS AND SHERIFF'S OFFICES, RETIREENT COMMUNITY STAFF, AND HOSPICE CARE STAFF TO HELP SUPPORT THEM AND THEIR WORK DURING THE PANDEMIC 06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Name of the organization	Employer identification number
COLORADO HEALING FUND	82-4598761
07. List of other expenses (Part IX, line 24e)	
BANK AND SERVICE CHARGES: PROGRAM 1423 MANAGEMENT 123 FUNDRAISING 8472	
PRINTING AND POSTAGE: PROGRAM 1068 MANAGEMENT 1783 FUNDRAISING 235	
VOLUNTEER EXPENSES: PROGRAM 2275 MANAGEMENT 157	
DUES AND FEES: MANAGEMENT 830 FUNDRAISING 709	
PROFESSIONAL DEVELOPMENT: MANAGEMENT 362	
MISC EXPENSES: PROGRAM 82 MANAGEMENT 159	