

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

2022Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**Name of filer **ROCKY MOUNTAIN UNIVERSITY OF HEALTH
PROFESSIONS FOUNDATION**EIN or SSN
26-2476719

Name and title of officer or person subject to tax

JEFFERY BATE Trustee**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here.....	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).....	1b	594,408.
2a Form 990-EZ check here...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).....	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3b	
4a Form 990-PF check here...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).....	4b	
5a Form 8868 check here.....	<input type="checkbox"/>	b Balance due (Form 8868, line 3c).....	5b	
6a Form 990-T check here...	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).....	6b	
7a Form 4720 check here.....	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).....	7b	
8a Form 5227 check here.....	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).....	8b	
9a Form 5330 check here.....	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).....	9b	
10a Form 8038-CP check here.	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)....	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **WEWORSKI & ASSOCIATES** to enter my PIN **36627** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30140545279

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue ServiceDo 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
Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> C ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS FOUNDATION 122 EAST 1700 SOUTH PROVO, UT 84606 </td> <td style="width:40%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>26-2476719</td> </tr> <tr> <td>E Telephone number</td> <td></td> </tr> <tr> <td>G Gross receipts \$</td> <td>594,408.</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: Same As C Above </td> </tr> </table>	C ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS FOUNDATION 122 EAST 1700 SOUTH PROVO, UT 84606	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>26-2476719</td> </tr> <tr> <td>E Telephone number</td> <td></td> </tr> <tr> <td>G Gross receipts \$</td> <td>594,408.</td> </tr> </table>	D Employer identification number	26-2476719	E Telephone number		G Gross receipts \$	594,408.	F Name and address of principal officer: Same As C Above	
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE STUDENT SCHOLARSHIPS, FACULTY AND STUDENT RESEARCH ASSISTANCE, AND TO SUPPORT EDUCATION TO THOSE IN THE MEDICAL FIELD.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 10
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	570,283. 593,398.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	319. 1,010.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	570,602. 594,408.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	59,497.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	524,891. 481,119.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	524,891. 481,119.
	19	Revenue less expenses. Subtract line 18 from line 12	45,711. 113,289.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	454,006. 502,437.
	21	Total liabilities (Part X, line 26)	68,702. 4,779.
	22	Net assets or fund balances. Subtract line 21 from line 20	385,304. 497,658.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date	5/16/2023
	JEFFERY BATE	Trustee	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JOSEPH WEWORSKI		
	Firm's name	WEWORSKI & ASSOCIATES	Check <input type="checkbox"/> if self-employed PTIN P01411475
	Firm's address	4660 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92122	Firm's EIN 33-0516783 Phone no. 858.546.1505

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/01/22

Form 990 (2022)