See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Termination; X Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization COLORADO RURAL HEALTH CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 3033 S. PARKER ROAD, SUITE 606 Room/suite

City or town, state or country, and ZIP + 4 AURORA, CO 80014

D Employer identification number 84-1192031

E Telephone number (303) 832-7493

G Gross receipts $ 2,380,883.

F Name and address of principal officer LOU ANN WILROY
3033 S. PARKER ROAD, SUITE 606 AURORA, CO 80014

H(a) Is this a group return for affiliates? Yes X No

H(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

I Tax-exempt status: X 501(c)(3) ◀ (insert no) 4947(a)(1) or 527

J Website ▶ WWW.CORURALHEALTH.ORG

H(c) Group exemption number ▶

K Type of organization: X Corporation Trust Association Other ▶

L Year of formation 1991

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION WAS ESTABLISHED TO MAXIMIZE THE QUALITY, DELIVERY AND COORDINATION OF HEALTH CARE SERVICES THROUGHOUT THE RURAL AREAS OF THE STATE OF COLORADO.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	NONE
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
Revenue	8 Contribution and grants (Part VIII, line 1h)	2,715,543.	2,079,118.
	9 Program service revenue (Part VIII, line 2g)	170,833.	270,214.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,855.	29,702.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,560.	1,849.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,995,791.	2,380,883.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,303,272.	917,342.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	593,670.	810,729.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 52,543.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	666,841.	725,195.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,563,783.	2,453,266.
	19 Revenue less expenses Subtract line 18 from line 12	432,008.	-72,383.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,978,239.	1,786,921.
	21 Total liabilities (Part X, line 26)	211,192.	92,257.
	22 Net assets or fund balances Subtract line 21 from line 20	1,767,047.	1,694,664.

RECEIVED
AUG 16 2010
OGDEN, UT

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 8/11/2010

▶ Lou Ann Wilroy, Chief Executive Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Lisa J Worster — Date 8/10/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00290681

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9648

EIN ▶ 44-0160260

Phone no ▶ 719 471-4290

May the IRS discuss this return with the preparer shown above? (See instructions) X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

SCANNED SEP 01 2010

JSA
8E1010 2 000

41918Y 5974 02/17/2010 15:47:41 53085

g16 23

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 2,307,511 including grants of $ 917,342) (Revenue $ 272,063)

THE ORGANIZATION PROVIDES RURAL ASSISTANCE SERVICES WHICH INCLUDES ALL GENERAL TECHNICAL ASSISTANCE PROVIDED TO MEMBERS AND CONSTITUENTS. THE ASSISTANCE CAN BE IN RESPONSE TO INQUIRIES GENERATED THROUGH PHONE, INTERNET, MAIL, AND FACE-TO-FACE INTERACTIONS. EDUCATIONAL AND LINKAGE PROGRAMS ARE OUTREACH AND NETWORKING ACTIVITIES OF THE ORGANIZATION.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 2,307,511. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 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, questions 3, 4, or 5,? *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 questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . 1b NONE			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
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).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions				
1a	Enter the number of voting members of the governing body	1a	11		
b	Enter the number of voting members that are independent	1b	10		
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9a	Does the organization have local chapters, branches, or affiliates?	9a			X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X	
11	Is there any officer, director or 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 in Schedule O*	11			X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
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			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in 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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION, 3033 S. PARKER ROAD, SUITE 606 AURORA, CO 80014
303-832-7493

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOU ANN WILROY EXEC DIRECTOR	40.	X		X				108,747.	NONE	7,565.
DANNY BARELA MEMBER	1.	X						NONE	NONE	NONE
JIM BRUNDIGE TREASURER	1.	X		X				NONE	NONE	NONE
RANDY EVETTS PRESIDENT	1.	X		X				NONE	NONE	NONE
LISA FILIPCZAK SECRETARY	1.	X		X				NONE	NONE	NONE
SHERYL HIEBER MEMBER	1.	X						NONE	NONE	NONE
BRENDA HIGGINS PAST PRES.	1.	X		X				NONE	NONE	NONE
RUSSELL JOHNSON MEMBER	1.	X						NONE	NONE	NONE
ROBERT OMER MEMBER	1.	X						NONE	NONE	NONE
TOLOA PEARL MEMBER	1.	X						NONE	NONE	NONE
VONNIE WEAVER MEMBER	1.	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								108,747.	NONE	7,565.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue 84-1192031

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	55,980			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,624,807			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	398,331			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		2,079,118			
		Business Code				
Program Service Revenue	2a TECHNICAL ASSISTANCE FEES	900099	124,612	124,612	NONE	NONE
	b WORKSHOPS AND TRAININGS	900099	107,759	107,759	NONE	NONE
	c REGISTRATION FEES	900099	37,843	37,843	NONE	NONE
	d					
	e					
	f All other program service revenue				NONE	NONE
	g Total. Add lines 2a-2f		270,214			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,702	NONE	NONE	29,702
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		NONE			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		NONE			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		NONE			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		NONE			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	900099	1,849	1,849	NONE	NONE
	b					
	c					
	d All other revenue				NONE	NONE
	e Total. Add lines 11a-11d		1,849			
	12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,380,883	272,063	NONE	29,702

8E1051 1 000

41918Y 5974 02/17/2010 15.47:41 53085

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	724,836.	724,836.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	192,506.	192,506.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	116,312.	116,312.	NONE	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	578,203.	507,459.	44,782.	25,962.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	7,796.	3,331.	4,362.	103.
9 Other employee benefits	55,875.	52,991.	290.	2,594.
10 Payroll taxes	52,543.	47,131.	3,426.	1,986.
11 Fees for services (non-employees)				
a Management	12,000.	10,752.	792.	456.
b Legal	1,650.	1,478.	109.	63.
c Accounting	7,825.	7,012.	516.	297.
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	284,547.	255,259.	18,475.	10,813.
12 Advertising and promotion	NONE			
13 Office expenses	67,543.	60,586.	4,403.	2,554.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	41,943.	37,623.	2,735.	1,585.
17 Travel	100,197.	89,877.	6,533.	3,787.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	140,200.	140,200.	NONE	NONE
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	7,600.	6,817.	496.	287.
23 Insurance	2,756.	1,902.	799.	55
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MARKETING ON OUTREACH	25,029.	22,451.	1,632.	946.
b DUES AND SUBSCRIPTIONS	13,230.	11,867.	863.	500.
c PROFESSIONAL DEVEOPMENT	7,475.	6,705.	487.	283.
d OTHER EXPENSE	13,200.	10,416.	2,512.	272.
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	2,453,266.	2,307,511.	93,212.	52,543.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	-117,338.	1	NONE
	2	Savings and temporary cash investments	1,760,000.	2	1,585,554.
	3	Pledges and grants receivable, net	314,978.	3	78,351.
	4	Accounts receivable, net	NONE	4	23,257.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges STMT 2	4,303.	9	12,310.
	10a	Land, buildings, and equipment cost basis 10a 116,017.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 28,568.	16,296.	10c	87,449.
	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 34)	1,978,239.	16	1,786,921.
Liabilities	17	Accounts payable and accrued expenses	82,325.	17	42,060.
	18	Grants payable	50,250.	18	NONE
	19	Deferred revenue STMT 3	29,805	19	40,380.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties STMT 4	48,812.	23	9,817.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	211,192	26	92,257.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,533,338.	27	1,454,931.
	28	Temporarily restricted net assets	233,709.	28	239,733.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,767,047.	33	1,694,664.
	34	Total liabilities and net assets/fund balances	1,978,239.	34	1,786,921.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
COLORADO RURAL HEALTH CENTER	84-1192031

Part I **Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,046,994	1,711,632	1,517,872	2,768,103	2,079,118	11,123,719
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	NONE	NONE	NONE	39,318	NONE	39,318
4 **Total.** Add lines 1-3	3,046,994	1,711,632	1,517,872	2,807,421	2,079,118	11,163,037
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)						2,657,890
6 **Public support.** Subtract line 5 from line 4						8,505,147

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,046,994	1,711,632	1,517,872	2,807,421	2,079,118	11,163,037
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,542	6,765	24,420	56,855	29,702	127,286
9 Net income from unrelated business 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 IV)						
11 **Total support.** Add lines 7 through 10						11,290,323

12 Gross receipts from related activities, etc (See instructions) **12** 953,998

13 **First five years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 75.33 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . **15** 69.50 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COLORADO RURAL HEALTH CENTER

Employer identification number

84-1192031

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V **Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	233,709				
b Contributions	245,980				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	239,956				
f Administrative expenses					
g End of year balance	239,733				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ 100.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		46,741.	14,261.	32,480.
d Equipment		57,557.	8,759.	48,798.
e Other		11,719.	5,548.	6,171.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				87,449.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Total *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,380,883.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,453,266.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-72,383.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-72,383.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,383,829.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	2,946.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	2,946.
3	Subtract line 2e from line 1			3	2,380,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	2,380,883.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,456,212.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,946.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	2,946.
3	Subtract line 2e from line 1			3	2,453,266.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	2,453,266.

Part XIV Supplemental Information

Complete this part to provide 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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART V, QUESTION 4

ENDOWMENT FUND PURPOSE

THE TEMPORARILY RESTRICTED NET ASSETS ARE AVAILABLE TO SUPPORT PROGRAMS AND OPERATIONS OF THE HEALTH CENTER.

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COLORADO RURAL HEALTH CENTER

Employer identification number

84-1192031

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 45

3 Enter total number of other organizations . . . . . ▶ NONE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
ANNUAL CONFERENCE	-	2,032			
RHC	1	150			
SORH	1	75			
CCFM	1	10,267			
WORKFORCE	50	179,982			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, QUESTION 2

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COLORADO RURAL HEALTH CENTER

Employer identification number

84-1192031

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOAH WATER SYSTEMS, INC 46373 GALWAY DR NOVI, MI 48374	38-3480971	501(C)(3)	11,634				EMERGENCY PREPAREDNESS
SOUTHEAST COLORADO HOSPITAL 373 EAST 10TH AVENUE SPRINGFIELD, CO 81073	84-0592527	501(C)(3)	8,000				CAH TECH ASSISTANCE
WEISBROD MEMORIAL HOSPITAL 1208 LUTHER STREET EADS, CO 80136	84-0537008	501(C)(3)	10,000				CAH TECH ASSISTANCE
MELISSA MEMORIAL HOSPITAL 1001 EAST JOHNSON STREET HOLYOKE, CO 80734	84-6014138	501(C)(3)	10,000				CAH TECH ASSISTANCE
RIO GRANDE HOSPITAL 0310 COUNTY ROAD 14 DEL NORTE, CO 801132	84-1276376	501(C)(3)	20,000				CAH TECH. ASSISTANCE
WEISBROD MEMORIAL HOSPITAL 1208 LUTHER STREET EADS, CO 81036	84-0537008	501(C)(3)	10,000				CAH TECH ASSISTANCE
LINCOLN COMMUNITY HOSPITAL 111 6TH STREET HUGO, CO 80821	84-0484566	501(C)(3)	20,000.				CAH TECH ASSISTANCE
PIKES PEAK REG MED CENTER 16420 WEST HIGHWAY 24	03-0582147	501(C)(3)	10,000				CAH TECH. ASSISTANCE
SOUTHEAST COLORADO HOSPITAL 373 EAST 10TH AVENUE SPRINGFIELD, CO 81073	84-0592527	501(C)(3)	8,000				CAH TECH. ASSISTANCE
MELISSA MEMORIAL HOSPITAL 1001 EAST JOHNSON STREET HOLYOKE, CO 80734	84-6014138	501(C)(3)	10,000				CAH TECH. ASSISTANCE
SEDGWICK COUNTY MEM HOSPITAL 900 CEDAR ST JULESBURG, CO 80737	84-0816593	501(C)(3)	14,000				CAH TECH ASSISTANCE
RANGELY DISTRICT HOSPITAL 511 SOUTH WHITE AVENUE RANGELY, CO 81648	84-6014785	501(C)(3)	6,668				CAH TECH ASSISTANCE
GUNNISON VALLEY HOSPITAL 711 NORTH TAYLOR STREET GUNNISON, CO 81230	84-6008116	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
RIO GRANDE HOSPITAL 0310 COUNTY ROAD 14 DEL NORTE, CO 81132	84-1276376	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
MT SAN RAFAEL HOSPITAL 410 BENEDICTA AVENUE TRINIDAD, CO 81082	84-0586742	501(C)(3)	8,283				HOSPITAL IMPROVEMENT

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ► 45

3 Enter total number of other organizations . . . . . ► NONE

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COLORADO RURAL HEALTH CENTER

Employer identification number

84-1192031

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEISBROD MEMORIAL HOSPITAL 1208 LUTHER STREET EADS, CO 81036	84-0537008	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
ESTES PARK MEDICAL CENTER 555 PROSPECT AVENUE ESTES PARK, CO 80517	84-0601621	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
GRAND RIVER HOSPITAL DISTRICT PO BOX 912 RIFLE, CO 81650	84-0513889	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
YAMPA VALLEY MEDICAL CENTER 1024 CENTRAL PARK DRIVE	84-0398876	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
KIT CARSON COUNTY MEMORIAL HOSPITAL 286 16TH STREET BURLINGTON, CO 80807	84-1435504	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
KREMMLING MEMORIAL HOSPITAL P O BOX 399 KREMMLING, CO 80459	84-06[illegible]6212	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
EAST MORGAN COUNTY HOSPITAL 2400 WEST EDISON BRUSH, CO 80723	45-02334[illegible]0	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
SOUTHEAST COLORADO HOSPITAL 373 EAST 10TH AVENUE SPRINGFIELD, CO 81073	84-059252[illegible]	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
LINCOLN COMMUNITY HOSPITAL 111 6TH STREET HUGO, CO 80821	84-0484566	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
STERLING REGIONAL MED CENTER 615 FAIRHURST STREET STERLING, CO 80751	45-02334[illegible]0	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
COLORADO PLAINS MEDICAL CENTER 1000 LINCOLN STREET FORT MORGAN, CO 80701	2[illegible]-01131[illegible]3	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
CONEJOS COUNTY HOSPITAL DISTRICT P O BOX 639 LA JARA, CO 81140	[illegible]1-0947623	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
HEART OF THE ROCKIES REGIONAL MED CTR 1000 RUSH DRIVE SALIDA, CO 81201	84-0631509	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
SOUTHWEST MEMORIAL HOSPITAL 1311 NORTH MILDRED ROAD CORTEZ, CO 81321	84-1337350	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
THE MEMORIAL HOSPITAL 750 HOSPITAL LOOP CRAIG, CO 81625	84-0399209	501(C)(3)	8,283				HOSPITAL IMPROVEMENT

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COLORADO RURAL HEALTH CENTER

Employer identification number

84-1192031

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEDGWICK COUNTY HEALTH CENTER 900 CEDAR STREET JULESBURG, CO 80737	84-0816593	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
FAMILY HEALTH WEST 228 NORTH CHERRY STREET FRUITA, CO 81521	84-0447998	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
PIONEERS MEDICAL CENTER 345 CLEVELAND STREET MEEKER, CO 81641	84-0888731	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
MELISSA MEMORIAL HOSPITAL 1001 EAST JOHNSON STREET HOLYOKE, CO 80734	84-6014138	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
ASPEN VALLEY HOSPITAL 0401 CASTLE CREEK ROAD ASPEN, CO 81611	84-0220309	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
YUMA DISTRICT HOSPITAL 1000 W 8TH AVE YUMA, CO 80759	84-0420041	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
ST VINCENT HOSPITAL 822 WEST 4TH STREET LEADVILLE, CO 80461	84-0424585	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
PROWERS MEDICAL CENTER 401 KENDALL DRIVE LAMAR, CO 81052	84-0584583	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
KEEFE MEMORIAL HOSPITAL PO BOX 793 CHEYENNE WELLS, CO 80810	84-1071323	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
DELTA COUNTY MEMORIAL HOSPITAL PO BOX 10100 DELTA, CO 81416	84-0428757	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
RANGELY DISTRICT HOSPITAL 511 SOUTH WHITE AVENUE RANGELY, CO 81648	84-6014785	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
HAXTUM HOSPITAL DISTRICT 235 WEST FLETCHER HAYTUN, CO 80731	84-0574271	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
SPANISH PEAKS REG HEALTH CTR 23500 US HIGHWAY 60 WALSENBURG, CO 81089	84-6027022	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
PIKES PEAK REG MED CENTER 16420 WEST HIGHWAY 24	03-0582147	501(C)(3)	8,283				HOSPITAL IMPROVEMENT
EBEN EZER LUTHERN CARE CENTER 122 HOSPITAL ROAD BRUSH, CO 80723	84-0194430	501(C)(3)	5,033				MASH GRANT

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ►

3 Enter total number of other organizations . . . . . ►

Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance

JSA
8E1318 3 000

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COLORADO RURAL HEALTH CENTER

Employer identification number

84-1192031

PART VI, SECTION B, LINE 12C

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING OFFICERS, DIRECTORS AND KEY EMPLOYEES TO DISCLOSE ANY REALTIONSHIPS DESCRIBED IN THIS POLICY.

Name of the organization	Employer identification number
COLORADO RURAL HEALTH CENTER	84-1192031

PART VI, SECTION A, LINE 10

PROVIDING A COPY OF THE FORM 990 TO THE GOVERNING BODY

THE EXECUTIVE DIRECTOR AND DIRECTOR OF OPERATIONS REVIEW THE FORM 990.

THE 990 IS ALSO PROVIDED TO THE BOARD PRIOR TO FILING.

Name of the organization	Employer identification number
COLORADO RURAL HEALTH CENTER	84-1192031

PART VI, SECTION C, LINE 19

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

COLORADO RURAL HEALTH CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization	Employer identification number
COLORADO RURAL HEALTH CENTER	84-1192031

PAGE 1, BOX B, AMENDED FORM 990

FORM 990 AMENDED TAX RETURN EXPLANATION

THE 2008 FORM 990 IS BEING AMENDED FOR THE FOLLOWING CHANGES:

THE NAME AND ADDRESS OF THE PRINCIPAL OFFICER HAVE BEEN INCLUDED ON PAGE 1.

PART I:

THE ORGANIZATION'S MISSION STATEMENT HAS BEEN UPDATED.

THE NUMBER OF VOTING MEMBERS AND THE NUMBER OF INDEPENDENT VOTING MEMBERS OF THE BOARD HAS BEEN CORRECTED.

CONTRIBUTION AND GRANT REVENUE, PROGRAM SERVICE REVENUE, AND OTHER REVENUE HAVE BEEN UPDATED TO PROPERLY REFLECT MEMBERSHIP DUES AND MISCELLANEOUS INCOME RECLASSIFICATIONS.

PART III:

THE ORGANIZATION'S MISSION STATEMENT HAS BEEN UPDATED.

THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS HAS BEEN UPDATED.

THE PROGRAM SERVICE REVENUE HAS BEEN INCLUDED ON LINE 4A.

PART IV:

QUESTION 10 HAS BEEN MARKED YES.

QUESTION 21 HAS BEEN MARKED YES.

Name of the organization	Employer identification number
COLORADO RURAL HEALTH CENTER	84-1192031

PART V:

QUESTIONS 7G, 7G, 8, 9A, AND 9B HAVE BEEN LEFT BLANK PER THE FORM 990 INSTRUCTIONS.

PART VI:

THE NUMBER OF VOTING MEMBERS AND THE NUMBER OF INDEPENDENT VOTING MEMBERS OF THE BOARD HAS BEEN CORRECTED.

QUESTION 10 HAS BEEN ANSWERED YES AND A NARRATIVE HAS BEEN INCLUDED ON SCHEDULE O.

QUESTIONS 12B AND 12C HAVE BEEN ANSWERED YES AND A NARRATIVE HAS BEEN INCLUDED ON SCHEDULE O.

QUESTION 14 HAS BEEN ANSWERED YES.

A NARRATIVE FOR QUESTION 19 HAS BEEN ADDED TO SCHEDULE O.

PART VII:

LOU ANN WILROY'S REPORTABLE COMPENSATION AND OTHER COMPENSATION HAVE BEEN CORRECTED.

PART VIII:

CONTRIBUTION AND GRANT REVENUE, PROGRAM SERVICE REVENUE, AND OTHER REVENUE HAVE BEEN UPDATED TO PROPERLY REFLECT MEMBERSHIP DUES AND MISCELLANEOUS INCOME RECLASSIFICATIONS.

Name of the organization	Employer identification number
COLORADO RURAL HEALTH CENTER	84-1192031

PART IX:

OFFICER'S COMPENSATION HAS BEEN BROKEN OUT OF OTHER SALARIES AND WAGES AND OTHER EMPLOYEE BENEFITS.

PROFESSIONAL SERVICES HAVE BEEN RECLASSED TO THE FEES FOR SERVICES LINE ITEMS.

ALLOCATION OF EXPENSES BETWEEN MANAGEMENT AND GENERAL AND FUNDRAISING HAVE BEEN CORRECTED.

PART X

INTEREST BEARING CASH HAS BEEN MOVED FROM THE NON-INTEREST BEARING CASH LINE.

THE CAPITAL LEASE HAS BEEN MOVED TO THE NOTES PAYABLE LINE FROM THE OTHER LIABILITIES LINE.

SCHEDULE A- PART II

SCHEDULE A HAS BEEN CHANGED TO REFLECT ACCRUAL BASIS REVENUE NUMBERS FOR ALL YEARS.

SCHEDULE B

SCHEDULE B HAS BEEN UPDATED TO INCLUDE ALL REQUIRED CONTRIBUTORS AND THEIR ADDRESSES.

SCHEDULE D- PART V

Name of the organization	Employer identification number
COLORADO RURAL HEALTH CENTER	84-1192031

SCHEDULE D HAS BEEN UPDATED TO INCLUDE THE TEMPORARILY RESTRICTED NET ASSETS AS AN ENDOWMENT.

SCHEDULE D- PART VI

THE ACCUMULATED DEPRECIATION HAS BEEN APPROPRIATELY RECLASSED BETWEEN LEASEHOLD IMPROVEMENTS, EQUIPMENT, AND OTHER ASSETS.

SCHEDULE I

PART I, QUESTION I HAS BEEN MARKED YES AND THE MONITORING PROCEDURE HAS BEEN INCLUDED IN PART IV.

SCHEDULE I HAS BEEN UPDATED TO INCLUDE THE ADDRESS, EIN, AND IRC SECTION FOR ALL GRANT RECIPIENTS.

THE TOTAL NUMBER OF GRANT RECIPIENTS ON SCHEDULE I HAS BEEN INCLUDED.

SCHEDULE O

REQUIRED DISCLOSURES HAVE BEEN INCLUDED ON SCHEDULE O.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

COLORADO RURAL HEALTH CENTER WAS ESTABLISHED TO MAXIMIZE THE QUALITY, DELIVERY, AND COORDINATION OF HEALTH CARE SERVICES THROUGHOUT THE RURAL AREAS OF THE STATE OF COLORADO BY PROVIDING INFORMATION, EDUCATION, TOOLS AND NETWORKING TOWARDS IDENTIFYING AND ADDRESSING RURAL HEALTH NEEDS.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	4,303.	12,310.
TOTALS	4,303.	12,310.

COLORADO RURAL HEALTH CENTER 84-1192031

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	29,805.	40,380.
TOTALS	29,805.	40,380.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: COPIER LEASE
ORIGINAL AMOUNT: 11,719.
INTEREST RATE: 10.000000
DATE OF NOTE: 01/08/2008
MATURITY DATE: 01/07/2013
REPAYMENT TERMS: MONTLY PAYMENTS OF $249
SECURITY PROVIDED: N/A
PURPOSE OF LOAN: COPIER LEASE

BEGINNING BALANCE DUE	48,812.
ENDING BALANCE DUE	9,817.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	48,812.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	9,817.