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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; 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, STE 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 $ 3,354,180.

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 Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1991 M State of legal domicile CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO ENHANCE HEALTHCARE SERVICES IN THE STATE BY PROVIDING INFORMATION, EDUCATION, LINKAGES, TOOLS, AND ENERGY TOWARD ADDRESSING RURAL HEALTH ISSUES.

2 Check this box ▶ [ ] 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	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	24
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,079,118.	2,395,278
9	Program service revenue (Part VIII, line 2g)	270,214.	911,758.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,702.	7,988.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,849.	39,156.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,380,883.	3,354,180.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	917,342.	741,742.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	810,729.	1,152,375.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 31,273.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	725,195.	763,298.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,453,266.	2,657,415.
19	Revenue less expenses Subtract line 18 from line 12	-72,383.	696,765.

	Net Assets or Fund Balances	Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,786,921.	2,989,859.
21	Total liabilities (Part X, line 26)	92,257.	313,630.
22	Net assets or fund balances Subtract line 21 from line 20	1,694,664.	2,676,229.

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] Signature of officer — Date November 15, 2010

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

Paid Preparer's Use Only

Preparer's signature ▶ [signature] — Date — 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 80903-9848 — 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 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 2

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 $ 1,253,589 including grants of $ 550,410) (Revenue $ 648,952)

CRHC SUPPLIES ORGANIZATIONS WITH FUNDS AND EQUIPMENT, SUCH AS WORKFORCE-ENHANCING LOAN REPAYMENT OR SCHOLARSHIPS; FEDERALLY-GRANTED MEDICAL EQUIPMENT; OR TECHNICAL ASSISTANCE GRANTS TO RURAL HOSPITALS AND COMMUNITIES. WE ARE BOTH A GRANTOR AND GRANTEE ORGANIZATION.

4b (Code _____) (Expenses $ 385,090 including grants of $ 80,047) (Revenue $ 194,296)

CRHC OFFERS WORKSHOPS, TRAINING PROGRAMS, AND TECHNICAL ASSISTANCE TO FACILITIES AND COMMUNITIES, SUCH AS CODING, BILLING, QUALITY IMPROVEMENT, COMPLIANCE ASSISTANCE, AND AN EXPANDED GRANT WRITING PROGRAM. WE HOST COLORADO'S ANNUAL RURAL HEALTH CONFERENCE(S) AND THE ANNUAL RURAL HEALTH CLINICS FORUM, WHICH BRING TOGETHER PEOPLE AND ORGANIZATIONS TO LEARN AND SHARE INFORMATION AND BEST PRACTICES.

4c (Code _____) (Expenses $ 212,269 including grants of $ _____) (Revenue $ 68,510)

MANY OF OUR PROGRAMS AND RESOURCES AIM TO ADDRESS THE HEALTHCARE WORKFORCE SHORTAGE IN RURAL COLORADO WE PROVIDE RECRUITMENT AND RETENTION SERVICES AND CONNECT COMMUNITIES WITH LOAN REPAYMENT OPTIONS FOR THEIR PROVIDERS. WE ALSO BRING TOGETHER MANY DIVERSE CONSTITUENTS THROUGH OUR ANNUAL COLORADO HEALTH PROFESSIONS WORKFORCE SUMMIT TO ADDRESS THE PROVIDER SHORTAGE THROUGHOUT THE STATE.

4d Other program services (Describe in Schedule O)

(Expenses $ 206,911 including grants of $ 111,285) (Revenue $ 28,813)

4e Total program service expenses ▶ 2,057,859.

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *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 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*	17		X
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		X
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		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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
24 a	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 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		
25 a	**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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *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 sections 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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 19		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
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 24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)	2b	X	
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	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?	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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**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 *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.*

Section A. Governing Body and Management

				Yes	No
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 organization 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	
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 in Schedule O*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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
	If "Yes" to line 15a or 15b, 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 Report compensation for the calendar year ending with or within the organization's tax year 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See 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 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 current officer, director, or trustee

(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 CHIEF EXECUTIVE OFFICER	40.00	X		X				113,614.	0	7,697.
DANNY BARELA BOARD MEMBER	1.00	X						0.	0	0.
JIM BRUNDIGE BOARD TREASURER	1.00	X		X				0.	0	0.
RANDY EVETTS BOARD PRESIDENT	1.00	X		X				0.	0	0.
LISA FILIPCZAK BOARD SECRETARY	1.00	X		X				0.	0	0.
SHERYL HIEBER BOARD MEMBER	1.00	X						0.	0	0.
BRENDA HIGGINS PAST BOARD PRESIDENT	1.00	X						0.	0	0.
RUSSELL JONSON BOARD MEMBER	1.00	X						0.	0	0.
ROBERT OMER BOARD MEMBER	1.00	X						0.	0	0.
TOLOA PEARL BOARD MEMBER (PARTIAL YEAR)	1.00	X						0.	0	0.
VONNIE WEAVER BOARD MEMBER	1.00	X						0.	0	0.
JENNIFER JONES FINANCIAL COORDINATOR	40.00			X				22,987.	0	1,937.

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 ▶								136,601.	0.	9,634.

2 Total number of individuals (including but not limited to those listed above) 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*		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*		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*		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 but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

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	44,926			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	907,301.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,443,051			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f ▶		2,395,278			
Program Service Revenue		Business Code				
	2a TECHNICAL ASSISTANCE FEES	900099	68,510	68,510	0	
	b WORKSHOPS AND TRAININGS	900099	148,641	148,641	0	
	c REGISTRATION FEES	900099	45,655	45,655	0	
	d FISCAL AGENT FEES	900099	648,952.	648,952		
	e					
	f All other program service revenue				0	
	g Total. Add lines 2a-2f ▶		911,758			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		7,988			7,988
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	10,343				
	b Less rental expenses					
	c Rental income or (loss)	10,343				
	d Net rental income or (loss) ▶		10,343			10,343
		(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) ▶		0			
	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 ▶		0			
	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 ▶		0.			
	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 ▶		0			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	900099	28,813	28,813		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		28,813			
	12 Total Revenue See instructions ▶		3,354,180	940,571	0	18,331

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	725,927.	725,927.		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	15,815.	15,815.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	146,235.	96,135.	48,345.	1,755.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	855,787.	562,595.	282,923.	10,269.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,371.	2,872.	1,447.	52.
9 Other employee benefits	73,051.	47,994.	24,180.	877.
10 Payroll taxes	72,931.	47,916.	24,140.	875.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	3,575.	2,523.	1,046.	6.
c Accounting	8,975.	6,335.	2,625.	15.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	177,805.	115,208.	47,745.	14,852.
12 Advertising and promotion	1,586.	1,250.	328.	8.
13 Office expenses	80,164.	61,919.	17,568.	677.
14 Information technology	20,246.	19,436.	462.	348.
15 Royalties	0.			
16 Occupancy	128,791	85,646.	42,115.	1,030.
17 Travel	116,061.	85,653.	30,129.	279.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	154,638.	149,736.	4,902.	
20 Interest	956.	234.	720.	2.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	25,646.	15,421.	10,040.	185.
23 Insurance	2,635.	645.	1,983.	7.
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 DUES	12,885.	7,344.	5,541.	
b PROFESSIONAL DEVELOPMENT	15,958.	3,978.	11,980.	
c OTHER	13,377.	3,277.	10,064.	36.
d				
e				
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	2,657,415.	2,057,859.	568,283.	31,273.
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	0.	1	372,812.
	2	Savings and temporary cash investments	1,585,554.	2	1,170,710.
	3	Pledges and grants receivable, net	78,351.	3	997,517.
	4	Accounts receivable, net	23,257.	4	227,307.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 sale or use		8	
	9	Prepaid expenses and deferred charges	2,413.	9	40,942.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 209,851.			
	b	Less accumulated depreciation — 10b: 37,331.	87,449.	10c	172,520.
	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	9,897.	15	8,051.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,786,921.	16	2,989,859.
Liabilities	17	Accounts payable and accrued expenses	42,060.	17	225,127.
	18	Grants payable	0.	18	0.
	19	Deferred revenue ATCH 4	40,380.	19	80,786.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial 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	9,817.	23	7,717.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	92,257.	26	313,630.
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	1,454,931.	27	1,100,122.
	28	Temporarily restricted net assets	239,733.	28	1,576,107.
	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	1,694,664.	33	2,676,229.
	34	Total liabilities and net assets/fund balances	1,786,921.	34	2,989,859.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 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 in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

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 (For lines 1 through 11, check only one box)

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).**

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).**

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 supported organization(s)

(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 U S ?		(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,711,632	1,517,872	2,768,103	2,079,118	2,395,278	10,472,003
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	0	0	39,318	0	0	39,318
4 **Total.** Add lines 1 through 3	1,711,632	1,517,872	2,807,421	2,079,118	2,395,278	10,511,321
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)						1,028,891
6 **Public support** Subtract line 5 from line 4						9,482,430

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,711,632	1,517,872	2,807,421	2,079,118	2,395,278	10,511,321
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,767	24,420	56,855	29,702	18,331	136,075
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						10,647,396
12 Gross receipts from related activities, etc (see instructions)					12	1,750,273

13 **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

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	89.06 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	75.33 %

16a **33 1/3 % support test - 2009.** 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 ▶ [X]

b **33 1/3 % support test - 2008.** 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 - 2009.** 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 "facts-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 - 2008.** 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009** 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 - 2008** 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

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 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? ☐ 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 important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, acces sion, 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 solici t 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 Escrow and Custodial Arrangements. Complete if the 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, custo dian 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 XI V 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 XI V

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	645,289	233,709			
b Contributions	1,440,021	651,536			
c Net investment earnings, gains, and losses					
d Grants or scholarships	340,418	162,356			
e Other expenditures for facilities and programs	168,785	77,600			
f Administrative expenses					
g End of year balance	1,576,107.	645,289			

2 Provide the estimated percentage of the y ear end balance held as

a Board designated or quasi-endowment ▶ 0.0000 %
b Permanent endowment ▶ 0.0000 %
c Term endowment ▶ 100.0000 %

3a Are there endowment funds not in the pos session 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 organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		60,617.	8,771	51,846.
d Equipment		53,403.	13,764	39,639.
e Other		95,831.	14,796	81,035.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				172,520

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		
Closely-held equity interests		
Other		
Total *(Column (b) must 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) must 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) must equal Form 990, Part X, col (B) line 15)* ▶	

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

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

2. FIN 48 Footnote 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,354,180.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,657,415.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	696,765.
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	284,800.
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	284,800.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	981,565.

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	3,354,180.
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,354,180.
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 must equal Form 990, Part I, line 12)*			5	3,354,180.

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

1	Total expenses and losses per audited financial statements			1	2,657,415.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,657,415.
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 must equal Form 990, Part I, line 18)*			5	2,657,415.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ENDOWMENT FUND PURPOSE

PART V, QUESTION 4

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

PRIOR YEAR ENDOWMENT FUNDS

SCHEDULE D, PART V

THE PRIOR YEAR ENDOWMENT FUNDS HAVE BEEN RESTATED TO REFLECT PRIOR PERIOD AUDIT ADJUSTMENTS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

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? . . . . . [X] 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" to 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
LINCOLN COMMUNITY HOSPITAL 111 6TH STREET HUGO, CO 80821	84-0484566	501(C)(3)	21,761				WORKFORCE HOSP IMPROVEMENTS
ASPEN VALLEY HOSPITAL DISTRICT 0401 CASTLE CREEK ROAD ASPEN, CO 81611	84-0720309	501(C)(3)	7,500				HOSPITAL IMPROVEMENTS
YUMA DISTRICT HOSPITAL 1000 W 8TH AVENUE YUMA, CO 80759	84-0420041	501(C)(3)	22,500				HOSP IMPROVEMENTS WORKFORCE
COLORADO PLAINS MEDICAL CENTER 1000 LINCOLN STREET FORT MORGAN, CO 80701	27-0113173	501(C)(3)	8,761				HOSPITAL IMPROVEMENTS
CONEJOS COUNTY HOSPITAL PO BOX 639 LA JARA, CO 81140	71-0947623	501(C)(3)	7,500				HOSP IMPROVEMENTS
WEISBROD MEMORIAL HOSPITAL 1208 LUTHER STREET EADS, CO 81036	84-0537008	501(C)(3)	15,511				HOSP IMPROVEMENTS CAH TECH ASSISTANCE
DELTA COUNTY MEMORIAL HOSPITAL PO BOX 10100 DELTA, CO 81416	84-0428757	501(C)(3)	7,500				HOSP IMPROVEMENTS
EAST MORGAN COUNTY HOSPITAL 2400 WEST EDISON BRUSH, CO 80723	45-0233470	501(C)(3)	8,761				HOSP IMPROVEMENTS
ESTES PARK MEDICAL CENTER 555 PROSPECT AVENUE ESTES PARK, CO 80517	84-0601621	501(C)(3)	8,761				HOSP IMPROVEMENTS
FAMILY HEALTH WEST 228 NORTH CHERRY STREET FRUITA, CO 81521	84-0447998	501(C)(3)	7,500				HOSP IMPROVEMENTS
GRAND RIVER HOSPITAL DISTRICT PO BOX 912 RIFLE, CO 81650	84-0513889	501(C)(3)	8,761				HOSP IMPROVEMENTS
PEDIATRIC PARTNERS 575 RIVERGATE LANE #109 DURANGO, CO 81301	84-0446259	501(C)(3)	20,000				WORKFORCE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 39

3 Enter total number of other organizations . . . . . ▶ 5

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 Part IV and 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
SCHOLARSHIP TO CAH REG ADVISORY COUNCIL MEETING	11	1,643			
NRHA ANNUAL CONFERENCE SCHOLARSHIP	1	1,825			
CHA CONFERENCE SCHOLARSHIPS	3	400			
HEALTHIER LIVING CO LEADER TRAINING SCHOLARSHIP	2	1,300			
SCHOLARSHIP TO RHC FORUM	35	8,893			
SCHOLARSHIP TO TELEHEALTHSYMPOSIUM	3	831			
SCHOLARSHIP TO REGIONAL CONFERENCES	8	924			

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 IN THE U.S.

PART I, LINE 2.

CRHC AWARDS GRANTS TO RURAL CONSTITUENTS, LOCATED IN RURAL AREAS OF COLORADO. AS PART OF THE GRANT REPORTING PROCESS, WE REQUIRE GRANTEES TO DESCRIBE USE OF GRANT FUNDS. CRHC ALSO RETAINS THE RIGHT TO VISIT THE SITE AND SEE HOW THE GRANT FUNDS WERE USED.

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 Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

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 United States (Schedule I (Form 990), Part II.)

(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
GUNNISON VALLEY HOSPITAL 711 NORTH TAYLOR STREET GUNNISON, CO 81230	84-6008116	501(C)(3)	15,500				HOSP IMPROVEMENTS CAH TECH ASSISTANCE
HAXTUN HOSPITAL DISTRICT 235 WEST FLETCHER HAXTUN, CO 80731	84-0574271	501(C)(3)	12,900				CAH TECH ASSISTANCE HOSP IMPROVEMENTS
HEART OF THE ROCKIES REG MEDICAL CENTER 1000 RUSH DRIVE SALIDA, CO 81201	84-0631509	501(C)(3)	16,661				CAH TECH ASSISTANCE HOSP IMPROVEMENTS
MELISSA MEMORIAL HOSPITAL 1001 EAST JOHNSON STREET HOLYOKE, CO 80734	84-6014138	501(C)(3)	15,761				CAH TECH ASSISTANCE HOSP IMPROVEMENTS
KEEFE MEMORIAL HOSPITAL PO BOX 793 CHEYENNE WELLS, CO 80810	84-1071323	501(C)(3)	7,500				HOSP IMPROVEMENTS
KIT CARSON COUNTY MEMORIAL HOSPITAL 286 16TH STREET BURLINGTON, CO 80807	84-1435504	501(C)(3)	7,500				HOSP IMPROVEMENTS
KREMMLING MEMORIAL HOSPITAL PO BOX 399 KREMMLING, CO 80459	84-0676212	501(C)(3)	7,500				HOSP IMPROVEMENTS
MONTROSE MEMORIAL HOSPITAL 800 SOUTH 3RD STREET MONTROSE, CO 81401	94-6002707	501(C)(3)	8,000				CAH TECH ASSISTANCE
MT SAN RAFAEL HOSPITAL 410 BENEDICTA AVENUE TRINIDAD, CO 81802	84-0586742	501(C)(3)	9,761				HOSP IMPROVEMENTS
SAN LUIS VALLEY REG MEDICAL CENTER 106 BLANCA AVENUE ALAMOSA, CO 81101	84-0255530	501(C)(3)	15,000				WORKFORCE
PAGOSA MOUNTAIN HOSPITAL 95 S PAGOSA BLVD PAGOSA SPGS, CO 81147	84-0866061	501(C)(3)	12,596				HOSP IMPROVEMENTS CAH TECH ASSISTANCE
PIKES PEAK REGIONAL HOSPITAL 16402 WEST HWY 24 WOODLAND PARK, CO 80863	03-0582147	501(C)(3)	8,761				HOSP IMPROVEMENTS
PIONEERS MEDICAL CENTER 345 CLEVELAND STREET MEEKER, CO 81641	87-0788731	501(C)(3)	13,750				HOSP IMPROVEMENTS CAH TECH ASSISTANCE
PLAINS TO PEAKS RETAC PO BOX 303 KIT CARSON, CO 80825	84-6000750		12,500				STATEWIDE EMS
PROWERS MEDICAL CENTER 401 KENDALL DRIVE LAMAR, CO 81052	84-0584583	501(C)(3)	14,500				HOSP IMPROVEMENTS CAH TECH ASSISTANCE

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 Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

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 United States (Schedule I (Form 990), Part II.)

(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
RANGELY DISTRICT HOSPITAL 511 SOUTH WHITE AVENUE RANGELY, CO 81648	84-6014785	501(C)(3)	25,500				HOSP IMPROVEMENTS, CAH TECH, WORKFORCE
RIO GRANDE HOSPITAL 0310 COUNTY ROAD 14 DEL NORTE, CO 80132	84-1276376	501(C)(3)	32,000				WORKFORCE HOSP IMPROVEMENTS
SAN LUIS VALLEY MENTAL HEALTH CENTER 8745 COUNTY RD 9 SOUTH ALAMOSA, CO 81101	84-0535410	501(C)(3)	10,000				WORKFORCE
SEDGWICK COUNTY HEALTH CENTER 900 CEDAR STREET JULESBERG, CO 80737	84-0816593	501(C)(3)	12,500				HOSP IMPROVEMENTS CAH TECH ASSISTANCE
SOUTHEAST COLORADO HOSPITAL 373 EAST 10TH AVENUE SPRINGFIELD, CO 81073	84-0592527	501(C)(3)	14,250				HOSP IMPROVEMENTS CAH TECH ASSISTANCE
SOUTHWEST MEMORIAL HOSPITAL 1311 NORTH MILDRED CORTEZ, CO 81321	84-1337350	501(C)(3)	16,761				HOSP IMPROVEMENTS CAH TECH ASSISTANCE
SPANISH PEAKS REGIONAL HEALTH CENTER 23500 US HIGHWAY 60 WALSENBURG, CO 81089	84-6027322	501(C)(3)	8,761				HOSP IMPROVEMENTS
ST VINCENT GENERAL HOSPITAL DISTRICT 822 WEST 4TH STREET LEADVILLE, CO 80461	84-0424585	501(C)(3)	7,500				HOSP IMPROVEMENTS
THE MEMORIAL HOSPITAL 750 HOSPITAL LOOP CRAIG, CO 81625	84-0399209	501(C)(3)	8,761				HOSP IMPROVEMENTS
VALLEY-WIDE HEALTH SYSTEMS 126 MARKET STREET ALAMOSA, CO 81101	84-0706945	501(C)(3)	6,497				WORKFORCE
NORTH FORK MEDICAL CLINIC PO BOX 47 PAONIA, CO 81428	84-1441172		8,400				WORKFORCE
DELTA FAMILY PHYSICIANS 555 MEEKER STREET DELTA, CO 81416	84-1189575		8,100				WORKFORCE
MOUNTAIN MEDICAL CENTER P O BOX 296 RIDGEWAY, CO 81432	84-1554989		6,600				WORKFORCE
SPANISH PEAKS MENTAL HEALTH CENTER 1026 W ABRIENDO AVE PUEBLO, CO 81004	84-0518917	501(C)(3)	10,000				WORKFORCE
YAMPA VALLEY MEDICAL CENTER 1024 CENTRAL PARK DRIVE STEAMBOAT SPRINGS, CO 80487	84-0398876	501(C)(3)	8,761				HOSP IMPROVEMENTS

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 Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

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 United States (Schedule I (Form 990), Part II.)

(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
SOUTH ROUTT MEDICAL CNTR HEALTH SERVICE DIS 300 MAIN STREET OAK CREEK, CO 80467	84-6032810	501(C)(3)	10,000				WORKFORCE
BRUNNER ENTERPRISES 1302 EDISON BRUSH, CO 80723	84-1491065		10,000				WORKFORCE

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

Schedule I-1 (Form 990) 2009

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Part II Continuation of Grants and Other Assistance to Individuals in the United States (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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

—Open-to-Public— Inspection

Name of the organization

COLORADO RURAL HEALTH CENTER

Employer identification number

84-1192031

ATTACHMENT 1

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, QUESTION 4D

WE DEVELOP AND DISTRIBUTE INFORMATION ON RURAL HEALTH ISSUES. WITH OUR EXTENSIVE NETWORK OF PARTNERS IN THE PUBLIC AND PRIVATE SECTORS, WE ARE ABLE TO PROVIDE ADVICE, ASSISTANCE, REFERRALS, AND SUPPORT FOR RURAL HEALTH NEEDS. IN ADDITION, WE ADVOCATE ON BEHALF OF RURAL HEALTH TO CHANGE STATE AND FEDERAL POLICY.

PROCESS TO REVIEW THE FORM 990

FORM 990, PART VI, QUESTION 11A

THE FORM 990 IS PREPARED BY A THIRD PARTY. THE CHIEF EXECUTIVE OFFICER AND FINANCIAL COORDINATOR REVIEW THE FORM 990. THE 990 IS ALSO PROVIDED TO THE BOARD PRIOR TO FILING.

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, QUESTION 12C

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING OFFICERS AND DIRECTORS TO DISCLOSE ANY RELATIONSHIPS DESCRIBED IN THIS POLICY. WHEN A POTENTIAL CONFLICT HAS BEEN IDENTIFIED, THE BOARD OF DIRECTORS REVIEWS AND MAKES THE FINAL DETERMINATION AS TO WHETHER AN ACTUAL CONFLICT EXISTS. WHEN A DIRECTOR/OFFICER HAS A CONFLICT, THEY ARE PROHIBITED FROM VOTING OR DECISION MAKING REGARDING THE CONFLICT.

Name of the organization: COLORADO RURAL HEALTH CENTER

Employer identification number: 84-1192031

ATTACHMENT 1 (CONT'D)

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

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

ATTACHMENT 2

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

OUR MISSION IS TO ENHANCE HEALTHCARE SERVICES IN THE STATE BY PROVIDING INFORMATION, EDUCATION, LINKAGES, TOOLS, AND ENERGY TOWARD ADDRESSING RURAL HEALTH ISSUES. THE ORGANIZATION WAS ESTABLISHED TO MAXIMIZE THE QUALITY, DELIVERY AND COORDINATION OF HEALTH CARE SERVICES THROUGHOUT THE RURAL AREAS OF THE STATE OF COLORADO.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAIDS	2,413.	40,942.
TOTALS	2,413.	40,942.

ATTACHMENT 4

Name of the organization: COLORADO RURAL HEALTH CENTER

Employer identification number: 84-1192031

ATTACHMENT 4 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	40,380.	80,786.
TOTALS	40,380.	80,786.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	COLORADO RURAL HEALTH CENTER	84-1192031
	Number, street, and room or suite no. If a P.O. box, see instructions 3033 S. PARKER ROAD, SUITE 606	
	City, town or post office, state, and ZIP code For a foreign address, see instructions AURORA, CO 80014	

Check type of return to be filed (file a separate application for each return):

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ THE ORGANIZATION,

Telephone No. ▶ 303 832-7493 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . ▶ [ ] . If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	COLORADO RURAL HEALTH CENTER	84-1192031
	Number, street, and room or suite no. If a P.O box, see instructions.	For IRS use only
	3033 S. PARKER ROAD, SUITE 606	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	AURORA, CO 80014	

Check type of return to be filed (File a separate application for each return).

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION,
  Telephone No. ▶ 303 832-7493 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Peter J Winston Title ▶ CPA Date ▶ 8/16/10

Form 8868 (Rev 4-2009)

BKD, LLP
111 SOUTH TEJON, SUITE 800
COLORADO SPRINGS, CO 80903-9848

SUPPORT COPY