Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

Name of the organization

ROCKY MOUNTAIN SEED ALLIANCE INC

Organization type (check one):

Employer identification number
46-5661943

Filers o	f:	Section:				
Form 990 or 990-EZ		√ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		☐ 527 political organization				
Form 990-PF		☐ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
		☐ 501(c)(3) taxable private foundation				
	only a section 501(c)(7)	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
V	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or t on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such I more than \$1,000. If this box is checked, enter here the total contributions that were received in <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the s to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions ore during the year				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

ROCKY MOUNTAIN SEED ALLIANCE INC 46-5661943 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person ~ **CATHERINE CAMP** 1 **Payroll** Noncash 250,000 (Complete Part II for HERSHEY, PA 17033 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution KALLIOPEIA FOUNDATION Person ~ 2 **Payroll** Noncash PO BOX 151020 65,000 (Complete Part II for noncash contributions.) SAN RAFAEL, CA 94915 (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person ~ 3 CENTURA HEALTH **Payroll** Noncash 50,000 9100 E MINERAL CIR (Complete Part II for noncash contributions.) **CENTENNIAL, CO 80112** (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person ~ **WESTERN SARE Payroll** Noncash (Complete Part II for noncash contributions.) **BOZEMAN, MT 59717** (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person

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Payroll Noncash

(Complete Part II for noncash contributions.)

ROCKY MOUNTAIN SEED ALLIANCE INC

46-5661943

raitii	Noncash Property (see instructions). Ose duplicate of	opies of Part II iI additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) of Part III

Name of organization Employer identification number **ROCKY MOUNTAIN SEED ALLIANCE INC** 46-5661943

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Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift fŕom (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee