## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	01/01/2022 and e	ending	12/31/2	022				
В	Check if	applicable:	C Name of organization ROCKY	MOUNTAIN SEED ALLIANCE INC			D Employ	yer identification number			
<b>'</b>	Address	change	Doing business as					46-5661943			
	Name ch	nange	Number and street (or P.O. box in	f mail is not delivered to street address)	Roon	n/suite	<b>E</b> Telepho	one number			
$\overline{\Box}$	Initial ret	· ·	PO BOX 4996					602-529-8052			
$\overline{\Box}$		rn/terminated	City or town, state or province, c	ountry, and ZIP or foreign postal code							
$\overline{\Box}$	Amende		SCOTTSDALE, AZ 85261	37			<b>G</b> Gross r	receipts \$ 411,797			
П		ion pending	F Name and address of principal of	ficer: JOSELUIS ORTIZ		H(a) Is this a gro					
Ш	пррпоат	ion pending	PO BOX 4996, SCOTTSDALE			1	•	s included? Yes No			
$\overline{}$	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	527	If "No," attach					
J	•	<u>'</u>	kymountainseeds.org	) (indert no.) [ 10 17 (a)(1) 01		H(c) Group ex					
			Corporation Trust Associa	ation Other L Yea	ar of formation	<u> </u>					
_	art I			ation Other L rea	ar or formation	: 2015	WI State 0	of legal domicile: AZ			
Ш	_	Summa	-		TO DD014	OTE BUBUIO	FRUGA	TION ABOUT THE			
•	1			sion or most significant activities:							
Activities & Governance				ALLY GROWN SEEDS TO ASSURE	AN ABUNI	DANT UNCO	NIAMINA	ATED,			
rna			on Schedule O, Statement 1)								
ove.	2		•	liscontinued its operations or disp			1 1				
Ğ	3		_	erning body (Part VI, line 1a)			3	10			
-ბ თ	4			rs of the governing body (Part VI,	•		4	4			
itie	5			n calendar year 2022 (Part V, line			5	8			
€	6			necessary)			6	75			
Ă	7a			Part VIII, column (C), line 12 .			7a	0			
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, line 11			7b	0			
				Prior Year		Current Year					
Ф	8	Contribution	ons and grants (Part VIII, line	1h)		20	63,613	402,723			
'n	9	Program se	ervice revenue (Part VIII, line	2g)			20,382	7,579			
Revenue	10	Investment	t income (Part VIII, column (A	A), lines 3, 4, and 7d)			2,411	-484			
Œ	11	Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e) .			2,651	-1,708			
	12			nust equal Part VIII, column (A), lir		28	289,057				
	13	_		X, column (A), lines 1-3)			3,026	0			
	14			K, column (A), line 4)			0	0			
(n	15			benefits (Part IX, column (A), lines		1!	53,514	149,833			
Expenses	16a		-	column (A), line 11e)		•	0	1,510			
pen	b		raising expenses (Part IX, col		26,736			1,010			
Ä	17		enses (Part IX, column (A), lin		.0,730		56,690	52,403			
	18	-		equal Part IX, column (A), line 25	" ⊢		13,230	203,746			
	19	-		8 from line 12			75,827	204,364			
_ s		Tieveriue ie	33 expenses. Oubtract line 1			jinning of Curre		End of Year			
Net Assets or Fund Balances	20	Total accor	ts (Part X, line 16)		Deg						
\sse Bala	20		ties (Part X, line 26)		–	1;	50,612	355,210			
let/	21 22				–		2,510	2,744			
	art II		or fund balances. Subtract I				48,102	352,466			
				return, including accompanying schedules officer) is based on all information of which				ly knowledge and belief, it is			
_			Joseluis o	•			08/11/20	123			
Sig	nn.	Oi									
-	-	Signature of	STICE			Date					
He	ere		ORTIZ, BOARD CHAIR								
		1 7	name and title	T =							
Pa	id	Print/Type	e preparer's name	Preparer's signature ferling Cork	Date			] <sub>if  </sub> PTIN			
	epare	JEREMY	CORK	Joseph Strike	08/1	1/2023	self-empl	P01544850			
		Only Firm's name EASY OFFICE DBA JITASA						26-2176601			
_	.5 5111	Firm's add	dress 1120 S RACKHAM WAY	SUITE 300, MERIDIAN, ID 83642		Phone	no.	208-287-4777			
1/12	v tha IE	oc diaguage	this return with the properor	shown above? See instructions		·		✓ Voc No			

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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO PROMOTE PUBLIC EDUCATION ABOUT THE IMPORTANCE AND POTENTIAL OF LOCALLY GROWN SEEDS TO ASSURE
	AN ABUNDANT UNCONTAMINATED, DIVERSE AND RESILIENT SUPPLY OF REGIONALLY ADAPTED SEEDS THROUGHOUT
	THE ROCKY MOUNTAIN WEST AND BEYOND.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
	1C3 1NO
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 28,597 including grants of \$ 0 ) (Revenue \$ 3,123 )
	HERITAGE GRAIN TRAILS - In 2022 RMSA continued to support the creation of new, local grain economies by distributing
	multiple varieties of seeds and growing information for grains known to perform well in the Mountain West. Seeds for rare,
	difficult-to-source varieties of over 250 grains and alternative grains are available to Rocky MountainHeritage Grain Traills
	program participants. 58 additional growers participated in the trials in 2022. Online forms allow these citizen science volunteers to
	choose varieties and enter agronomic information about their experience. Online directories then allow participants to access
	seeds and information from one another. Seeds returned to RMSA are made available to additional program members the
	following year. The program met the 2022 goal to grow out and redistribute increased stock of seeds of 20 highly successful
	varieties.
4b	(Code: ) (Expenses \$ 28,538 including grants of \$ 0 ) (Revenue \$ 4,456 )
TU	(Code:) (Expenses \$28,538 including grants of \$0 ) (Revenue \$4,456 )  SEED SCHOOL - EDUCATION: In 2022 RMSA offered 2 multi-day online courses, one online workshop, 3 in person grain growing
	workshane with newhore 1 Seed School in a Doy and 1 Crain School in A Doy
	workshops with partners, it seed school in a day and it Grain school in A day.
A =	(Code) \(\( \sum_{\text{typeness}} \text{\$\frac{1}{2} \sqrt{\text{typeness}} \text{\$\frac{1}{2} \text{typene
4c	(Code: ) (Expenses \$ 18,584 including grants of \$ 0) (Revenue \$ 0)
	NETWORK: Our Network program focuses on the general operation of the organization, including: staff salaries, contractor
	payments, Board of Director stipends, administration, operating costs, fundraising, grant research and applications, and year end of appeals. We also maintain connection with our network and expand our reach to seed savers by offering free seed-saving and
	grain-growing resources, tools, and education. Our Heritage Grain Manual is available at no cost to anyone interested in the
	research collected on the most successful grains studied in the Heritage Grain Trials program. We also offer all of our educational
	materials to the public for anyone to learn and facilitate more interest in individual seed saving efforts.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 2
	(Expenses \$ 43,277 including grants of \$ 0 ) (Revenue \$ 0 )
40	Total program service expenses 118 006

orm 99	00 (2022)		F	Page
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	~	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b>'</b>	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		/
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	_	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
С	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		_
d	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? <i>If "Yes," complete Schedule D, Part IX </i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\ \
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
D	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		
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		
20a	Did the organization operate one or more hospital facilities? If "Ves " complete Schedule H	20a		•

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

20b

Part I	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
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? <i>If "Yes," complete Schedule J.</i>	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		~
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		_
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
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		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	_	
Part '	· · · · · · · · · · · · · · · · · · ·	•		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	۔ ف		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		<i>V</i>
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and continue provided to the payor?			4
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7.		.,
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7c		~
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders	-		
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
10	excess parachute payment(s) during the year?	15		_
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. EASY OFFICE DBA JITASA, (208)287-4777

Part VI

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ated any current	otticer, director,	or trustee.
	(C)									
(A)	(B)	(do n	ot of		ition	e than o	ano	(D)	(E)	(F)
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours per week		er an	_	lirect	or/trust		compensation from the	compensation from related	of other compensation
	list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	vidu	t ti	er	em	nest	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	lal tr	onal		ploy	e con		1099-1420)	1099-1420)	Telated Organizations
	below dotted line)	uste	tru		ée	per				
	dotted line)	ď	stee			Highest compensated employee				
LEE-ANN HILL	40.00					ä				
EXECUTIVE DIRECTOR	0.00	-		~				4,995	0	0
BILL MCDORMAN	40.00			Ť				4,773	0	0
CO-FOUNDER	40.00	~		1				4,060	0	0
JOSELUZ ORTIZ	1.00	Ť		Ť				4,000		
BOARD CHAIR	1.00	~		1				1,500	0	0
DON TIPPING	1.00							1,000		
BOARD MEMBER		1						0	0	0
SHANNON FRANCIS	1.00									
BOARD MEMBER		~						0	0	0
VALENTINA VALDEZ	1.00									
BOARD MEMBER		~						0	0	0
EMILY ARASIM	1.00									
BOARD MEMBER		~						0	0	0
KELLEY WESTON	1.00									
BOARD TREASURER				~				0	0	0
JOHN CACCIA	1.00									
TREASURER				~				0	0	0
CASEY O'LEARY	1.00									
SECRETARY				~				0	0	0
	<b>-</b>	-								
	<del> </del>	1								
	<del> </del>	1								

Part	VII Section A. Officers, Directors,	rustees,	Key I	Emp	ploy	yee	s, ar	nd F	lighest Compe	nsated Emplo	<b>yees</b> (continued)
					(0	C)					
	(A)	(B)				ition			(D)	(E)	(F)
	Name and title	Average	٠,				e than is botl		Reportable	Reportable	Estimated amount
		hours					or/trus		compensation	compensation	of other
		per week		Ι	_			T	from the	from related	compensation
		(list any	r di	nstii	Officer	ey	펜	Former	organization (W-2/ 1099-MISC/	organizations (W-2 1099-MISC/	
		hours for related	rec	L E	Φŗ	<u>  em</u>	est	ਕੁ	1099-MISC/	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	al t	nal		Key employee	e con			,	
		below	Individual trustee or director	ź		ee	lper				
		dotted line)	ee	Institutional trustee			Highest compensated employee				
				0			ed				
			1								
		<del> </del>	1								
			-								
		<u> </u>									
								-			
		<del> </del>	-								
		<u> </u>									
1b	Subtotal								10,555	C	0
С	Total from continuation sheets to Part	VII. Sectio	n A								
d	Total (add lines 1b and 1c)	-							10,555	C	0
2	Total number of individuals (including		limite	d t	o t	hos	e lis	ted.		_	_
_	reportable compensation from the organ			, G .			, , ,	lou	abovo, who h	boolvod moro	ιπαιτ φτου,σου σ
	Toportable compensation from the organ								U		Vaa Na
•	D. I. II	· · ·									Yes No
3	Did the organization list any <b>former</b> of							-	-	st compensate	
	employee on line 1a? If "Yes," complete										3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$1	150,	000	? /	f "Ye	s,"	complete Sched	dule J for suci	h
	individual										4
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m an	y un	related organiza	tion or individua	al l
	for services rendered to the organization										5
Secti	on B. Independent Contractors	<u> </u>							· ·		
1	Complete this table for your five high	nest comp	ensate		inde	nei	ndent		ontractors that r	eceived more	than \$100,000 of
•	compensation from the organization. Rep										
	compensation from the organization. Nep	ort compen	Salioi	1 101	LITE	- Ca	iciiua	ıı ye	ar ending with or	within the orga	TIIZALIOTI S LAX YEAI.
	(A)								(B)		(C)
-	Name and business add	iress						1	Description of serv	rices	Compensation
None								_			
-											
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	limit	ed to	o th	nose listed abov	e) who	
	received more than \$100,000 of compens								0		

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	ny line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ع و	С	Fundraising events			1c	0				
ţş,	d	Related organization			1d	0				
	е	Government grants			1e	30,931				
JS,	f	All other contribution				33,733				
i i		and similar amounts no			1f	371,792				
p g	q	Noncash contribution	ons in	cluded in		071,772				
d di	•	lines 1a-1f			1g	\$ 0				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-	-1f .				402,723			
						Business Code	102/120			
e S	2a	a PROGRAM SERVICE FEES				813319	3,628	3,628	0	0
ا م ≦	b			813319	3,951	3,951	0	0		
Se	С							-, -		-
gram Ser Revenue	d									
g &	е									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					7,579			
	3	Investment income	(incl	uding divi	dends	s, interest, and				
		other similar amoun				55	0	0	55	
	4	Income from investr	nent o	of tax-exem	npt bo	nd proceeds	0	0	0	0
	5	Royalties					0	0	0	0
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o	r (los	s)						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a		0	0				
e	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	539				
Ş		Gain or (loss)	7c		0	-539				
	d	Net gain or (loss)					-539	-539	0	0
Other	8a	Gross income from		ndraising						
0		events (not including		0						
		of contributions rep								
		1c). See Part IV, line			8a	500				
	b	Less: direct expens			8b	3,000				
	C	Net income or (loss)			g eve	nts	-2,500		0	-2,500
	9a	Gross income f activities. See Part I								
					9a					
		Less: direct expens			9b					
		Net income or (loss)			CTIVITIE	es 				
	iva	Gross sales of ir returns and allowan			40-					
					10a	891				
		Less: cost of goods			10b	148	740	740		
_	С	Net income or (loss)	irom	sales of In	iverito		743	743	0	0
Miscellaneous Revenue	110					Business Code				
nec iue	11a									
Ver	b									
scellaneo Revenue	Q C	All other revenue					40	40		
Ξ̈́	d e	Total. Add lines 11a			-		49	49	0	0
	12	Total revenue. See					408,110	7,832	0	-2,445
	14	. Juli i everiue. Jee	111311	autions .	•		400,110	1,032	U	-2,440

### 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).

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

	Check it Schedule O contains a response		III IIIIS FAIL IA .	<u> </u>	<u>Ľ</u>
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	10,554	6,869	2,684	1,001
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,554	0,007	2,004	1,001
7 8	Other salaries and wages	127,910	80,089	25,269	22,552
9	Other employee benefits				
10	Payroll taxes	11,369	7,348	2,348	1,673
11	Fees for services (nonemployees):				
а	Management				
b	Legal	70		70	
С	Accounting	8,264		8,264	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1,510			1,510
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	23,639	16,063	7,576	
12	Advertising and promotion				
13	Office expenses	4,340	3,071	1,269	
14	Information technology	4,673	1,551	3,122	
15	Royalties				
16	Occupancy	175		175	
17	Travel	5,408	2,257	3,151	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,755	1,089	2,666	
23	Insurance	1,148		1,148	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSES	931	659	272	0
b					
c C					
d	All other expenses				
е 25	All other expenses	202.747	110.007	E0.014	0/ 70/
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	203,746	118,996	58,014	26,736
_5	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	tX		<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			126,106	1	344,631
	2	Savings and temporary cash investments		[	1,011	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r forn	ner officer, director,			
		trustee, key employee, creator or founder, substa	antial	contributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons described	in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		17,543			
	b	Less: accumulated depreciation		6,964	14,873	10c	10,579
	11	Investments—publicly traded securities			8,622	11	
	12	Investments—other securities. See Part IV, line 1				12	
	13	Investments-program-related. See Part IV, line		<u> </u>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa		•	150,612		355,210
	17	Accounts payable and accrued expenses			2,510	-	2,744
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or trustee, key employee, creator or founder, substa					
≝		controlled entity or family member of any of thes		-			
Liabilities	00		-	_		22	
_	23 24	Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,510		2,744
S		Organizations that follow FASB ASC 958, che			2,310		2,144
Ce		and complete lines 27, 28, 32, and 33.					
lau	27				144,351	27	210,904
Ba	28				3,751	28	141,562
nd		Organizations that do not follow FASB ASC 95		<u> </u>	2/101		,
Ţ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
\ss	31	Retained earnings, endowment, accumulated inc	come,	or other funds .		31	
Net Assets or Fund Balances	32				148,102	32	352,466
ž	33	Total liabilities and net assets/fund balances .	150,612	33	355,210		

Form 990 (2022) Page **12** 

	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 Total	revenue (must equal Part VIII, column (A), line 12)	1			408	3,110		
2 Total	expenses (must equal Part IX, column (A), line 25)	2			203	3,746		
3 Reve	nue less expenses. Subtract line 2 from line 1	3			204	1,364		
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			148	3,102		
<b>5</b> Net ւ								
6 Dona	ted services and use of facilities	6				0		
7 Inves	tment expenses	7				0		
	period adjustments	8				0		
	changes in net assets or fund balances (explain on Schedule O)	9				0		
	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	olumn (B))	10			352	2,466		
	Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_	Ш,	Yes	No		
	unting method used to prepare the Form 990:  Cash  Accrual  Other organization changed its method of accounting from a prior year or checked "Other," ex	nlain	<u></u>					
	dule O.	piairi						
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?			2a		~		
	es," check a box below to indicate whether the financial statements for the year were com							
revie	wed on a separate basis, consolidated basis, or both:	•						
∏Se	parate basis   Consolidated basis   Both consolidated and separate basis							
	the organization's financial statements audited by an independent accountant?		. [:	2b		~		
	es," check a box below to indicate whether the financial statements for the year were audit	ed o	n a					
sepa	rate basis, consolidated basis, or both:							
□Se	parate basis							
	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for over							
the a	udit, review, or compilation of its financial statements and selection of an independent accounta	nt?	- :	2c				
	organization changed either its oversight process or selection process during the tax year, exdule O.	plain	on					
<b>3a</b> As a	result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the					
Unifo	rm Guidance, 2 C.F.R. Part 200, Subpart F?		.  ;	3a		~		
	es," did the organization undergo the required audit or audits? If the organization did not und							
requi	red audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. :	3b				

Form **990** (2022)

# SCHEDULE A (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

20**22** 

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization					Employer identification	number			
ROCKY MOUNTAIN SEED ALLIANCE INC					46-56				
Part I Reason for Public Cha						ons.			
The organization is not a private foundation		,		-	•				
1 A church, convention of church					0(b)(1)(A)(i).				
2 A school described in <b>section</b>			-						
3 A hospital or a cooperative ho						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4 A medical research organizati hospital's name, city, and stat	·e:								
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in			
7 An organization that normally									
8 A community trust described	in <b>section 170(b</b> )	(1)(A)(vi). (Complete	Part II.)						
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt full it income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> / <sub>3</sub> % of its			
11 An organization organized and	d operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).				
12									
one or more publicly supporte the box on lines 12a through 1.	•				` '` '	` '` '			
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t					
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same						
c Type III functionally integ						ally integrated with,			
d Type III non-functionally that is not functionally interequirement (see instructional see instructio	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an				
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III			
f Enter the number of supported									
<b>g</b> Provide the following information	n about the supp	orted organization(s).							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 169,492 219,388 122,077 263,614 402,724 1,177,295 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 169,492 219,388 122,077 402.724 263,614 1,177,295 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) . . . . 413,183 **Public support.** Subtract line 5 from line 4 764,112 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 122,077 402,724 169,492 219,388 263,614 1,177,295 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 55 411 584 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 VI.) . . . . . . . 349 398 49 **Total support.** Add lines 7 through 10 11 1,178,277 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 128,638 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 64.85 % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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Schedule A (Form 990) 2022 Page **3** 

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	I	ı		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (			ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (			-			
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz	_	-	-		=	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Se

Jeen	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part II, Line 10 - OTHER RELATED REVENUE

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ROCK	Y MOUNTAIN SEED ALLIANCE INC		46-5661943
Par			s or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
Ū	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the co		
-	Preservation of land for public use (for example, recreations)	= : : : : : : : : : : : : : : : : : : :	f a historically important land area
	Protection of natural habitat	•	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c) a historic structure listed in the National Register .		
2	Number of conservation easements modified, trans		· 2d
3	tax year	sierred, released, extilliguished, or terri	illiated by the organization during the
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy reg		ection, handling of
	violations, and enforcement of the conservation eas		_
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	3, I	<i>,</i> , , , , , , , , , , , , , , , , , ,	, and the second
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2		section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization repobalance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer	_	ilanciai statements that describes the
Part	<u> </u>		Other Similar Assets
rari	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	Julei Sillilai Assets.
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	BB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(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 FA	<del>-</del>	
а	Revenue included on Form 990, Part VIII, line 1 .		\$

**b** Assets included in Form 990, Part X . . . . . . . . .

Schodu	le D (Form 990) 2022									Daga (
Pari	,	Collections of	Λ <sub>r</sub> ⊔i	etorical T	Trascurac	or Ot	har Similar A	ecote /		Page 2
3	Using the organization's acquisition, a									
Ū	collection items (check all that apply):	occoolon, and c	11101 1000	5140, 01100	on any or an	0 101101	ving that make	oigiiiio	X111 000	, 01 110
а	☐ Public exhibition		d	□Loan	or exchang	ie progi	am			
b	☐ Scholarly research		e	☐ Other						
C	☐ Preservation for future generations									
4	Provide a description of the organizati	on's collections	and exp	lain how t	hev further	the ord	anization's exe	ua tame	rpose i	n Par
	XIII.				,		<b>,</b>			
5	During the year, did the organization s	solicit or receive	donatio	ns of art,	historical to	reasure	s, or other sim	ilar		
	assets to be sold to raise funds rather								Yes	□ No
Part	IV Escrow and Custodial Arra	ngements.								
	Complete if the organization		s" on Fo	rm 990. l	Part IV. lin	e 9. or	reported an a	mount	on Fo	rm
	990, Part X, line 21.					o o, o.				
1a	Is the organization an agent, trustee,	custodian or ot	her inter	mediary f	or contribut	tions or	other assets	not		
	included on Form 990, Part X?							_	Yes [	□ No
b	If "Yes," explain the arrangement in Pa									
-			.010 11.0 .	o				Amount		
С	Beginning balance					10				
d	Additions during the year					10				
e						16	_			
f	Ending balance					11				
2a	Did the organization include an amoun				escrow or c			tv?	Yes	No
	If "Yes," explain the arrangement in Pa							-		<u> </u>
	EV Endowment Funds.	TOTAL CHOCK HE	10 11 1110 1	onpianatio	111100 00011	provide	34 3111 41174111	· · ·		
	Complete if the organization	answered "Yes	s" on Fo	rm 990. l	Part IV. lin	e 10.				
		(a) Current year		rior year	(c) Two yea		(d) Three years ba	ack (e) F	our years	s back
1a	Beginning of year balance	(-, , , , , ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, ,	(4)		(4)	(-)		
b	Contributions									
c	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	ne current vear e	nd balan	ce (line 1	a. column (a	a)) held	as:			
а	Board designated or quasi-endowmen	•	%		,, (-	***				
b	Permanent endowment	%	-							
С	Term endowment %	•								
	The percentages on lines 2a, 2b, and 2	c should equal	100%.							
3a	Are there endowment funds not in the			nization th	at are held	and ad	ministered for	the		
	organization by:		_						Yes	No
	(i) Unrelated organizations							. 3a	(i)	
	· · · · · · · · · · · · · · · · · · ·							. 3a(		
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	d as requ	uired on S	chedule R?			. 3k		
4	Describe in Part XIII the intended uses	•								
Part										
	Complete if the organization		s" on Fo	rm 990, l	Part IV, line	e 11a.	See Form 990	ס, Part ג	ر, line	10.
	Description of property	(a) Cost or o			or other basis		Accumulated		Book valu	
	A contract A	(investr			other)		epreciation	., -		
1a	Land		(	)	0					0
b	Buildings			0	0		0			0
c	Leasehold improvements			0	0		0			0
d	Equipment			0	17,543		6,964		•	10,579
									$\overline{}$	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

**e** Other

0

0

Part VII	Investments—Other Securities.	V line 11h Coo E		David V. Lina 10
	Complete if the organization answered "Yes" on Form 990, Part I  (a) Description of security or category	(b) Book value		ethod of valuation:
	(including name of security)	(b) Book value		nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(D)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)   .   .			
Part VIII	Investments—Program Related.			
T dire VIII	Complete if the organization answered "Yes" on Form 990, Part I	V line 11c See Fo	orm 990	Part X line 13
	(a) Description of investment	(b) Book value		ethod of valuation:
	(a) Becomption of investment	(b) Book value		nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	V P - 44 I O - E	000	D. IV. P 45
	Complete if the organization answered "Yes" on Form 990, Part I	v, line 11a. See F	orm 990,	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		•	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (h) must squal Form 000. Part V sol. (D) line 05.)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	ization's financial stat	· tements th	at reports the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, P	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, P	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			1 1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
с 5	Add lines <b>4a</b> and <b>4b</b>		4c 5	
5 Part	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b>	. 18.)	5	
<b>5</b> Part Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	; Part V, line 4;	Part X, line
<b>5</b> Part Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b>	9 18.)	; Part V, line 4;	Part X, line
<b>5 Part</b> Provice 2; Par	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	; Part V, line 4; formation.	
<b>5 Part</b> Provice 2; Par	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9 18.)	; Part V, line 4; formation.	
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# SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ROCKY MOUNTAIN SEED ALLIANCE INC	46-5661943
Form 990, Part VI, Section B, Line 11b - FORM 990 WILL BE SET TO BOARD OF DIRECTORS FOR REVIEW	
	·
Form 990, Part VI, Section C, Line 19 - THE STATEMENT OF FINANCIAL POSITION ALONG WITH THE STA	
THE 990 ARE MADE AVAILABLE TO THE PUBLIC VIA https://rockymountainseeds.org/ AT THE LINK IN TH	IE FOOTER. OTHER
GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
Form 990, Part IX, Line 11g - PAYROLL SERVICE FEES, GENERAL CONSULTING, GRAPICHS, PROFESSIO	MIAI CEDVICES
FUIII 990, Pail 1A, LIIIE 119 - PATROLL SERVICE FEES, GENERAL CONSULTING, GRAPICHS, PROFESSIO	TIVAL SERVICES.

Schedule O, Statement 1

Description

#### **ROCKY MOUNTAIN SEED ALLIANCE INC**

Form: Form 990 (2022) EIN: 46-5661943

Page: 1 Part I, Line 1

#### **Activity Or Mission Description**

DIVERSE AND RESILIENT SUPPLY OF REGIONALLY ADAPTED SEEDS THROUGHOUT THE ROCKY MOUNTAIN WEST AND BEYOND.

Schedule O, Statement 2

### **ROCKY MOUNTAIN SEED ALLIANCE INC**

Form: Form 990 (2022)

EIN: 46-5661943

Part III, Line 4d

Page: 2

**Other Program Services Accomplishments** 

Activity Code	Description	Expense	Grants	Revenue
	OTHER PROGRAMS: General Program	43,277	0	0
Total:		43,277	0	0