Fon (Re	m 990 v January 2020)
	eartinent of the Tr mal Revenue Ser
Ā	For the 2019
В	Check if applica
	Address change
	Name change

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

	artinent of mal Reveni	the Treasury		gov/Form990 for instruc	-	•		Open to Inspec	
			dar year, or tax year beginning		, 2019, and end		, , , , , , , , , , , , , , , , , , ,	, 20	tion.
3		applicable	C Name of organization RMH Se		, 2010, and cha	9	D Empl	oyer identification	n number
_	Address	• •	Doing business as					91-1611758	i ilumber
ī	Name cha	-	Number and street (or P O box i	f mail is not delivered to stre	et address)	Room/suite	F Telepi	hone number	
Ħ	Initial retu	-	1933 4th St		01 0001 000,	1100111700110	12 10100	(360) 479-495	9
٦		m/terminated	City or town, state or province, o	ountry and ZIP or foreign p	estal code	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ⅎ	Amended		Bremerton, WA 98337	ourney, and an or roreign pr	, s.a. code		G Gross	s receipts \$	33,631
=		on pending	F Name and address of principal of	ficer		H(a) is t	his a group return for		res 🗸 No
_	, ippliodite	on ponomy	Ellen Epstein 1933 4th St. Br			1		tes included?	_
	Tax-exem	npt status	√ 501(c)(3) 501(c) (947(a)(1) or 527	7_		ist (see instruction	
,	Website:	>			•		oup exemption		-,
-	Form of or	rganization 🗸	Corporation Trust Associa	ation Other ►	L Year of for			of legal domicile	WA
	art I	Summai							
	1	Briefly desi	cribe the organization's miss	sion or most significan	t activities: Prov	de mental h	ealth case m	nanagement,	
çe		-	, payeeship services, and psy	•					ory of
ā	-		tion, homelessness, and inca			••••••	••••		
Governance	2	Check this	box ▶ 🔲 if the organization	discontinued its oper	ations or dispose	ed of more t	han 25% of	its net assets	
ő	3 1	Number of	voting members of the gove	erning body (Part VI, lir	ne 1a)		. з		5
	4	Number of	independent voting membe	rs of the governing bo	dy (Part VI, line 1	b)	4		5
Activities &	5	Total numb	per of individuals employed i	n calenda, year 2019	Part V, line 2a)		. 5		0
Ξ	6	Total numb	per of volunteers (estimate if	necessary) A			. 6		2
Ä	7a '	Total unrela	ated business revenue from	Part V/(Column (C),() - 18 · · ·		. 7a		0
	b I	Net unrelat	ted business taxable income	from Form 990-T, line	39 / .		. 7b		0
			per of individuals employed in our of volunteers (estimate if ated business revenue from ted business taxable income ons and grants (Part VIII, line ervice revenue (Part VIII, line	1 APP 1	-10	Prio	r Year	Current Y	ear
ā	8 (Contributio	8,560		12,105				
an e	9	Program se	ervice revenue (Part VIII, line	2g)	2020 JS/		16,391		21,524
Revenue	10	investment	t income (Part VIII, column (A	(), lines 3, 4, and 7(b)	: " /6/		2		3
11			nue (Part VIII, column (A), line				0		0
	12	Total reven	ue-add lines 8 through 11 (r	nust equal Part VIII, co	umn (A), (ine 12)		24,953		33,632
	13 (Grants and	l sımılar amounts paıd (Part I	X, column (A), lines 1-	3) . •		0		0
	14	Benefits pa	aid to or for members (Part I)	K, column (A), line 4)			0		0
es	1		her compensation, employee	·			2,042		2,033
ŠUŠ	1		al fundraising fees (Part IX, c				0		0
Expenses	1		aising expenses (Part IX, col		53			,	
ш	I	•	enses (Part IX, column (A), lin				21,722		22,115
	l .		nses. Add lines 13–17 (must				23,764		24,148
		Revenue le	ess expenses. Subtract line 1	8 from line 12			1,189		9,484
Fund Balances		.	/D- 4 V I 40V			Beginning of	Current Year	End of Ye	
Bala	20		s (Part X, line 16)				5,505		14,989
	21		ties (Part X, line 26)				5,505		14,989
	22 I		or fund balances. Subtract I	ine 21 from line 20	· · · · · ·	<u> </u>	3,303		14,363
				voturo unaludina accompani	and and all and at	tomonto and	to the best of a	nu knowlodao and	d boliof it in
			I declare that I have examined this Declaration of preparer (other than					ily knowledge and	J Deller, It is
		17.7	1. 1/2/d/11				March 24	4 2020	
Się	an I	Signatu	ure of officer	_,_			Date	., 2020	
	re	,	Hladky, Treasurer of the Bo	vard					
••			r print name and title	aru —					
_		'	preparer's name	Preparer's signature		Date	Check	T If PTIN	
Pa			•				self-emp	 ' ''	
	eparer						Firm's EIN ▶	<u> </u>	
JS	e Only	Firm's add	-				Phone no		
Лa	y the IRS		his return with the preparer	shown above? (see ins	structions) .			. 🗌 Yes	□No
			ion Act Notice, see the separa			No 11282Y			990 (2019)

Form 99	0 (2019)			Dono
Part	Statement of Program Service	ce Accomplishments a response or note to any line in this P	art III	Page Z
1,	Briefly describe the organization's mi Provide intensive mental health case m		s, and psychiatric and monitor	
2	Did the organization undertake any sprior Form 990 or 990-EZ? If "Yes," describe these new services	significant program services during the ye 	ear which were not listed on t	he ☐ Yes ☑ No
3	Did the organization cease conductive services?		ow it conducts, any progra	ım ☐ Yes ☑ No
4	expenses Section 501(c)(3) and 501	service accomplishments for each of its (c)(4) organizations are required to reportly, for each program service reported.		
4a	(Code) (Expenses \$	10,737 including grants of \$) (Revenue \$	21,253)
	Number of clients served 4			
	Total annual hours of case managemen	nt and psychiatric services provided 459.6	(average 3.5 hours per client po	er week)
	hospitalizations, and incarceration, and Donated salary \$68,245	nts' mental illness and substance abuse, rec nd improvement in clients' quality of life in		essness,
	Donated professional services \$402 (Donated non-professional services \$		<u></u>	
4b	/Code \/Evpenses	including grants of \$) (Dayanya ¢	
40	(Code) (Expenses \$	including grants of \$) (Revenue \$	/
		•••••••••••••••••••••••••••••••••••••••	••••••	
		•		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		······································		
	••••••			
4d	Other program services (Describe on	Schedule O.)		

) (Revenue \$

including grants of \$

\$10,737

(Expenses \$

4e Total program service expenses ▶



Part IV Checklist of Required Schedules

	, other more of the date of th		r	
4	le the granustan decomposition of the SOM NOV. ADATA NAME OF THE SOME OF THE S		Yes	No
ı	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	١.,		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	 	Y
·	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	٦	 	-
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>	<u> </u>	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			<u> </u>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	"Yes," complete Schedule D, Part I	6	,	1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	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	<u> </u>	✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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? If "Yes," complete Schedule D, Part VIII	11c		1
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? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
f	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)? If "Yes," complete Schedule D, Part X	11f		✓
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>✓</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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			<u>√</u>
16	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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part II.	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 "Yes," complete Schedule H.	20a		· /
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		\Box	
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		✓_

Part	Checklist of Required Schedules (continued)			<u> </u>
			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		1
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		1
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 through 24d and complete Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
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		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
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		1
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	1	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
04	conservation contributions? If "Yes," complete Schedule M	30	 	1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		√
33	complete Schedule N, Part II	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
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		1
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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		1
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		· · · · ·	
4	Estantha number reported in Day 2 of Forms 1006 Faton 0 of mateurs have been dead of the last of the l		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. 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?	1c	1	

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			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ŀ		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	·	╁
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0		\vdash
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
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	 	├
		30		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١,	ļ	١,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ — —	1
b	If "Yes," enter the name of the foreign country			İ
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>		<u></u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		1
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).	30		-
, 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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	,	-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
		_		-
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-/n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
^	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		ļ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	. !		1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	 		
	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]			
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			1
	the organization is licensed to issue qualified health plans]		1
С	Enter the amount of reserves on hand]		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Γ
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	7
	If "Yes." complete Form 4720, Schedule O			ř

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	, and	for a	ı "No"
	Check if Schedule O contains a response or note to any line in this Part VI			_
Secti	on A. Governing Body and Management		<u>.</u>	<u>: Ц</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or	1		•
	if the governing body delegated broad authority to an executive committee or similar	, `		7
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5			
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		
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		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	<u> </u>	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	43
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	ļ
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 on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	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	<u></u>	
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 in Schedule O the process, if any, used by the organization to review this Form 990.	· 4		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		ļ
13	Did the organization have a written whistleblower policy?	13	√	ļ
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
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	<u>√</u>	<u> </u>
b	Other officers or key employees of the organization	15b	—	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Page 1
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		✓
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			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on 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 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	(Sec	tion 5	(01(c)د
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict orange financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	

Ellen Epstein, Executive Director 1933 4th St, Bremerton, WA 98337 (360) 479-4959

Form	ggn	(2019)	

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	<u> </u>	T		_	C)			, , , , , , , , , , , , , , , , , , , ,		
(A) Name and title	(B) Average hours per week	box,	unles er an	neck ss pe d a c	erson direct	e than one of the thick that the thick the	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Roger Cotes, President	0.25	1		1			:	0	0	0
(2) Patricia Mathis, Vice President	0.25	1		1				0	0	0
(3) Rich Hladky, Treasurer	0.50	1		/				0	0	0
(4) Leah Kyaio, Secretary	0.25	1		1		_		0	0	0
(5) Ebie Andrew	0.25	, ,		•				0	0	0
(6)										
(7)					-					
(8)										
(9)										
(10)										
(11)										·
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					-	C)					
•	(A)	(B) Position (do not check more than						nna	(D)	(E)	(F)
	Name and title	Average	box, unless person is both				is both	n an	Reportable	Reportable	Estimated amount
		hours per week			_	$\overline{}$	or/trus		compensation from the	compensation from related	of other compensation
		(list any hours for	or de	nstit	Officer	ê	뺼뼿	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(from the organization and
		related	ecto	호	[역	mp	est c	頁	(**-271099-141130)	(44-271099-141130	related organizations
		organizations below	Individual trustee or director	nal tr		Key employee	mag				
		dotted line)	stee	Institutional trustee		"	Highest compensated employee				
				· O			ē				
(15)											
				_			<u> </u>	<u> </u>			
(16)		ļ									
(17)				<u> </u>	-	\vdash	 	-			
(17)		ļ	•	i							
(18)							_			-	
2			1								
(19)											
<u>. </u>				_							
(20)		ļ									
(21)			<u> </u>			-					
(21)		·									
(22)						-					
3						ŀ	ļ				
(23)											
			<u> </u>								
(24)											
(25)					-	ļ		_			
(25)							1				
1b	Subtotal	L					L		0		0 0
C	Total from continuation sheets to Part							▶			
_ d	Total (add lines 1b and 1c)							▶	0		0 0
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received more	e than \$100,00	00 of
	reportable compensation from the organi	zation >							none		т. г.
_											Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 3							mpl	oyee, or highes	t compensate	3 /
4	For any individual listed on line 1a, is the							n a	 nd other compe	sation from t	
7	organization and related organizations										
	ındıvıdual		•			•					4 🗸
5	Did any person listed on line 1a receive of									ion or individu	<u> </u>
	for services rendered to the organization	If "Yes," c	ompl	ete .	Sch	edu	ıle J f	or s	uch person	<u></u>	5 🗸
	on B. Independent Contractors	- .								 	
1	Complete this table for your five high compensation from the organization. Repo										
		or compen	Sation	1 101	uiie	Cai	Giluai	ye		within the org	
	(A) Name and business add	ress							(B) Description of serv	rices	(C) Compensation
				-			-				
		_									
										· · · · · · · · · · · · · · · · · · ·	
2	Total number of independent contracto		_					th		e) who	
	received more than \$100,000 of compens	auon from t	ne or	yanı	ızati	oni			none		

Part VIII	Sta	tement	of	Reveni	ie

		Check if Schedule O contains a re	spon	ise or note to ar	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
its	1a	Federated campaigns	1á	0			医生活。如何	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
S, E	C	Fundraising events	1c	0				
a it	d	Related organizations	1d	0				
s, C	е	Government grants (contributions)	1e	0				
io io	f	All other contributions, gifts, grants, and similar amounts not included above	44	12 105				
E E			1f	12,105				
	9	Noncash contributions included in lines 1a–1f.	4	\$ 675				
Sor	h	Total. Add lines 1a–1f	1g	<u> </u>	12,105			
-		Total, Add lines Ta-11	<u></u> -	Business Code	HATELY SAFER	HARLEST WILLIAM	NEW THE PARTY OF THE	
e l	2a	Medicare		621300	1,556	1,556	IN THE PROPERTY OF THE PROPERT	HERETERS STATEMENT
Program Service Revenue	b	Medicaid	••••	621300	552	552		
gram Ser Revenue	C	Kitsap County ADA (Medicaid)		621300	19,416	19,416		
E Š	d							
P. G	е							
F	f	All other program service revenue .						
_	g	Total. Add lines 2a-2f		•	21,524	THE SHEET SHEET		
	3	Investment income (including divid						
		other similar amounts)		▶	3	0		3
	4	Income from investment of tax-exem	pt bo	ond proceeds ►	0	0		
	5	Royalties		>	0	0		
		(i) Real		(II) Personal				
	6a	Gross rents 6a						
ļ	b	Less. rental expenses 6b						
	C	Rental income or (loss) 6c		L				
	d	Net rental income or (loss)		(ii) Other		**************************************	Santa Republica de Caracterio	ASA IF THE OTHER PARTS
	7a	Gross amount from		(ii) Oti lei				
ļ		sales of assets other than inventory 7a						
as l	h	Less cost or other basis						
her Revenue	D	and sales expenses 7b						
9,6	c	Gain or (loss) 7c			And the same of the same			
ά	d	Net gain or (loss)		•	0	0	7,000	Carrier Section 1971
	8a	Gross income from fundraising						ALMANDA DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DE
ŏ		events (not including \$						
		of contributions reported on line						
-		1c) See Part IV, line 18 .	8a					
	b	Less direct expenses	8b					が対する。
	C	Net income or (loss) from fundraising	g eve	nts 🕨	0		A SALES OF STREET	ne stembles at the second of
	9a	Gross income from gaming	_					
		activities. See Part IV, line 19	<u>9a</u>					
	þ	Less. direct expenses	9b			WALL DESIGNATION		
	С	Net income or (loss) from gaming ac	tivitie	s -	A CONTRACTOR OF THE PROPERTY O	U Paragraphical paragraphical	CHIEF WARRENCE BY AND	Markar Santana Barrana
	10a	Gross sales of inventory, less returns and allowances	10a					
ļ	h		10b					
	b	Less cost of goods sold Net income or (loss) from sales of in			Marie Care British	0	CHIEF THE PROPERTY THE PARTY OF	
-				Business Code	AND THE PROPERTY OF			GENERAL WARRING
Miscellaneous Revenue	11a			20011033 0000		and a contract the second residence of the	en er	THE STATE OF THE S
a a	b							
scellaneo Revenue	c		 -	-				
Sc.	ď	All other revenue	··					
Σ	e	Total. Add lines 11a-11d		. >	0			THE STATE
	12	Total revenue. See instructions		•	33,632	21,524		3

	IX Statement of Functional Expenses							
Sectio	on 501(c)(3) and 501(c)(4) organizations must comp							
Check if Schedule O contains a response or note to any line in this Part IX								
	t 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	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0	•	•			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0			
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	0	0	0			
7	Other salaries and wages	0	0	0	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0			
9	Other employee benefits	1,931	1,931	0	0			
10	Payroll taxes	102	102	0	0			
11	Fees for services (nonemployees)							
a	Management	0	o	0	o			
b	Legal	0	0	0	0			
_		0	0	0	0			
C	Accounting	0	0	0	0			
ď	Lobbying	0			- 0			
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees	0	0	0	0			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	3,300	3,300	0	0			
12	Advertising and promotion	0	0	0	0			
13	Office expenses	2,754	876	1,825	53			
14	Information technology	0	0	0	0			
15	Royalties	0	0	0	0			
16	Occupancy	5,220	0	5,220	0			
17	Travel	1,669	836	833	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings	0	0	0	0			
20	Interest	0	0	0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization .	0	0	0	0			
23	Insurance	8,319	3,692	4,627	0			
		-	٠, ٠,	.,				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If		ر پهر مري مري مري العام ماري	•	a to the state of the state o			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	AND THE STATE OF T	r.					
а	corporate taxes, licenses, fees	853	0	853	0			
b			·					
С								
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	24,148	10,737	13,358	53			
26	Joint costs. Complete this line only if the 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 Pa	art X	<u> </u>	<u></u>
	•				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			76	1	1,530
	2	Savings and temporary cash investments			5,429	2	9,875
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	3,584
	5	Loans and other receivables from any current of					
	ļ	trustee, key employee, creator or founder, subst			ļ . .		
		controlled entity or family member of any of thes	se per	sons	0	5	0
	6	Loans and other receivables from other disqua	lified	persons (as defined			
		under section 4958(f)(1)), and persons described	l ın se	ction 4958(c)(3)(B) .	0	6	0
ţ	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
Ÿ	9	Prepaid expenses and deferred charges .			0	9	0
	10a	Land, buildings, and equipment cost or other			**		~
		basis. Complete Part VI of Schedule D	10a	1,651			
	b	Less accumulated depreciation	10b	1,651	0	10c	0
	11	Investments—publicly traded securities			0	11	0
	12	Investments - other securities. See Part IV, line	11 .		0	12	0
	13	Investments-program-related. See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11 .			0	15	0
	16	Total assets. Add lines 1 through 15 (must equa	al line	33)	5,505	16	14,989
	17	Accounts payable and accrued expenses			0	17	0
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete f	art IV	of Schedule D	0	21	0
es	22	Loans and other payables to any current or			*		, F
Ħ		trustee, key employee, creator or founder, subst				سيبستد	
Liabilities		controlled entity or family member of any of thes	-		0	22	0
	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelated	l third	parties	0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			_		_
	00	of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
Ses		Organizations that follow FASB ASC 958, che	ck he	re ▶ ⊔		. • •	* * * ,
au		and complete lines 27, 28, 32, and 33.			5.505		
3al	27	Net assets without donor restrictions .			5,505	27	14,689
פַ	28	Net assets with donor restrictions			0	28	300
Ŧ		Organizations that do not follow FASB ASC 99 and complete lines 29 through 33.	58, ch	eck here ▶ 📙	, , ,		· · · · · · · · · · · · · · · · · · ·
5	20	Capital stock or trust principal, or current funds			0	- 20	0
ţ	29 30	Paid-in or capital surplus, or land, building, or eq			0	29 30	0
SSe	31	Retained earnings, endowment, accumulated inc				31	0
ţ	32	Total net assets or fund balances.	,01116,	or other fullus	5,505	32	14,989
Net Assets or Fund Balances	33	Total liabilities and net assets/fund balances	•		5,505	33	14,989
_		Total habilities and flet assets/fully balafices			3,303	55	Form 990 (2019)

Form **990** (2019)

	90 (2019)			F	age 12
Par	XI 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		_	33,632
2	Total expenses (must equal Part IX, column (A), line 25)	2			24,148
3	Revenue less expenses. Subtract line 2 from line 1	3			9,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			5,505
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			68,722
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(6	8,722)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_	
	32, column (B))	10			14,989
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> </u>	<u>, </u>
			-	Yes	No
1	Accounting method used to prepare the Form 990]		
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplair	ın		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. L	2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		, i		
b	Were the organization's financial statements audited by an independent accountant?			2b	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a 💡	" "	
	separate basis, consolidated basis, or both		ł		
	Separate basis Consolidated basis Both consolidated and separate basis		ì		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-			
	the audit, review, or compilation of its financial statements and selection of an independent accounta		· 1=	2c	
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O.	kplain	on		
За		rth ın	the		
	Single Audit Act and OMB Circular A-133?		· -	3a	↓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b	<u>↓</u>

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Pa	rt <u>I</u>	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The	orga	inization is not a private founda	tion because it i	s (For lines 1 through	12, che	ck only or	ne box.)	1
1		A church, convention of church	nes, or associati	on of churches descr	ibed in s e	ection 17	0(b)(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).) ()	1
3		A hospital or a cooperative hos						•
4		A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5		An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit described in
6 7		A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research organi or university or a non-land-gra university.						
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fuil income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11		An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organizatio	ns described in secti	on 509(a	a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	l	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ajority of t		
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
c		Type III functionally integrated its supported organization(ally integrated with,
d		Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	-
e	!	Check this box if the organ functionally integrated, or T						e II, Type III
f	Ε	nter the number of supported o	rganizations .					[
g	Р	rovide the following information				_		
	1 (i)	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	:	
A)								
B)			· · · · · · · · · · · · · · · · · · ·					
(C)			7					
(D)								
(E)								

A STATE OF THE PARTY OF THE PAR

Schedule A (Form 990 or 990-EZ) 2019 Page 2 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 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) 2015 **(b)** 2016 (d) 2018 (c) 2017 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 13,032 10,545 6,415 8,503 11,429 49,924 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 13.032 10,545 6,415 Total. Add lines 1 through 3. . . 8,503 11,429 49,924 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) . . . 31,181 Public support. Subtract line 5 from line 4 18,743 Section B. Total Support (a) 2015 (b) 2016 Calendar year (or fiscal year beginning in) ▶ (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 13,032 10,545 6,415 8,503 11,429 49,924 7 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from sımılar sources 2 3 6 9 Net income from unrelated business activities, whether or not the business is regularly carried on 307 307 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 50.237 Total support. Add lines 7 through 10 11 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 15 % 331/3% support test - 2019. 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 - 2018. 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-2019. 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 organization

10%-facts-and-circumstances test - 2018. 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

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

18

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

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

OMB No 1545-0047

2019

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Pa	Organizations Maintaining Donor Adv Complete if the organization answered "		ds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) bollor advised funds	(b) Fullds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	- · · · · · · · · · · · · · · · · · · ·		
	Aggregate value at end of year	<u> </u>	<u> </u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal contro	l? 🗌 Yes 🔲 No
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or fo	or any other purpose
Par	t II Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recre	- · · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	d a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.	a a qualified conservation contribution	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in (• •	
u			
-	5		· [2d]
3	Number of conservation easements modified, trans	rerred, released, extinguished, or terr	ninated by the organization during the
4	tax year ►		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg		
_	violations, and enforcement of the conservation eas		Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
_	·		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easemer		
Par			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	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	B ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	s	
	(i) Revenue included on Form 990. Part VIII. line 1		▶ \$
	(i) Revenue included on 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 dain, provide the
_	following amounts required to be reported under FA	·	according manifest gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		▶ .\$
	Assets included in Form 990 Part Y		

Par	t III Organizations Maintaining	Collections of	Art, His	torical Treasure:	s, or Ot	her Similar A	ssets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her recor	ds, check any of t	he follow	ving that make	significant u	se of its
а	Public exhibition		d	Loan or exchan	ge progr	am		
þ	Scholarly research			Other				
С	Preservation for future generations	S				••••••••••		
4	Provide a description of the organiza XIII.		and expla	an how they furthe	r the org	anızatıon's exe	mpt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive r than to be mainta	donation	s of art, historical to	treasure: tion's co	s, or other simi	lar	□ No
Par	Escrow and Custodial Arra Complete if the organization	angements.						orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?.	e, custodian or oth		ediary for contribu				□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing table.		T	Amount	_
¢	Beginning balance				1c	· · · · · · · · · · · · · · · · · · ·		
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amou						v? ☐ Yes	□ No
b	If "Yes," explain the arrangement in P							Π
	t V Endowment Funds.							_
	Complete if the organization	n answered "Yes'	' on Fori	m 990. Part IV. lin	e 10.			
		(a) Current year	(b) Prio			(d) Three years bac	k (e) Four yea	ars back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·		(1,		(-,	(0) (0)	
b	Contributions						-	
c	Net investment earnings, gains, and losses						_	_
d	Grants or scholarships						- 	-
e	Other expenditures for facilities and						_	
	programs						ļ	
f -	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year en	d balance	e (line 1g, column (a	a)) held a	ıs:		
a	Board designated or quasi-endowme	nt >	%					
b	Permanent endowment ▶							
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	e organız	ation that are held	and adr	ministered for t		
	organization by					,	Ye	s No
	(i) Unrelated organizations						3a(i)	
	()						3a(ii)	Л—
þ	If "Yes" on line 3a(ii), are the related o				٠		3b	
4	Describe in Part XIII the intended uses		n's endo	wment funds.				
Part								
	Complete if the organization	answered "Yes"	on Forr	n 990, Part IV, lin	e 11a. S	See Form 990	, Part X, line	2 10.
	Description of property	(a) Cost or oth (investme		(b) Cost or other basis (other)		ccumulated preciation	(d) Book va	ilue
1a	Land		0	0	(C)			0
b	Buildings		0	0		0		0
С	Leasehold improvements		0	0		0		0
d	Equipment		0	115		115		0
е	Other		Ö	1,536		1,536	_	0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0. Part X	, column (B), line 10	Oc.)	•	-	0

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

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Department of the Treasury Internal Revenue Service

Name of the organization

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Part		fit Transaction	s (section 501	(c)(3),	section	501(c)(4), a	nd se	ction 501(c)(29)	organ	izatio	ns or	ıly).		
					_		ine 25	ne 25a or 25b, or Form 990-EZ, Part V, line			(4) C			ected?
1	(a) Name of disqualified	person	(b) Relationship between disqualified person and organization (c) Description of transaction			(c) Description of transaction		transaction		Yes	No			
(1)							 -				103			
(2)														
(3)														
(4)		_ 								_				
(5)							 							
(6)					•									_
2	Enter the amount under section 4958										ar ▶ ¢			
3	Enter the amount o									. 1	> \$			
Part	Complete if the organization re	eported an amo	answered "Ye ount on Form 9	s" on 990, P	art X, lini	e 5, 6, or 2	2.	e 38a or Form 99						
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the nization?	(e) Origii principal an		(f) Balance due	by board		efault? (h) Approved by board or committee?		(i) W	ritten nent?
				То	From	1			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total							•	\$. ,	-, 4	'.	` :	2.5	V .
Part	Grants or Ass Complete if th	sistance Benet le organization	fitin g Interest answered "Ye	ed Pe s" on	rsons. Form 990	0, Part IV, I	ine 27	·.						
(a)	Name of interested person		ship between inter-		(c) Amount	of assistance	(d) Type of assistanc	е	(e) Purpose of assistance				
(1)	····	- 												
(2)						,		-			_			
(3)														
(4)														
(5)													_	
(6)														
(7)	· · - · · · · · · · · · · · · · · · · ·	-												
(8)			-				_							
(9)														
(10)														

	(a) Name of interested person	(b) Relationship between interested person and the organization			1	zation nues?
(4) EII.		5			Yes	No
	en Epstein	Executive Director	\$5,220	office lease payments		✓
(2)						_
(4)						\vdash
(5)					_	\vdash
(6)					+	
(7)				· · · · · · · · · · · · · · · · · · ·		
(8)						-
(3) (4) (5) (6) (7) (8) (9) (10)						
(10)						
Part V	Supplemental Information.					
	Provide additional information	on for responses to questions of	on Schedule L (see	instructions).		
	•					
					·	
		·				
		·				
		·				

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

RMH Services

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

91-1611758

Form 990, Part II, Section 4a and Part XI, line 6. Donated serviced are recognized for GAAP but not for tax purposes.
Form 990, Part VI, Section A, line 2 Leah Kyaio, Secretary of the Board, is the spouse of Ebie Andrew, Board Director.
Form 990, Part VI, Section B, line 11b Form 990 is reviewed by the Treasurer of the Board prior to signing and filing with the IRS.
Copies of the agency's Form 990 are provided to the Board of Directors after filing with the IRS.
Form 990, Part VI, Section B, line 12 Potential conflicts of interest are disclosed on an informal basis and appropriate resolution is
determined by the Board of Directors.
Form 990, Part VI, Section B, line 15: The Executive Director has always received at most a small percentage of the compensation
determined by the comparability data and approved by the Board in 1994. Should funding become available to hire additional employees
or to pay the Executive Director full salary, an updated pay scale will be determined via current comparability data and approved by the
Board. There are no paid officers, Board Directors, or key employees.
Form 990, Part VI, Section C, line 19 RMH Services makes its governing documents, conflict of interest policy, and financial statements
available to the public upon request. No requests have been made for these documents during this or any past tax year.
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