(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

A F	or th	e 2019	calendar year, or tax year beginning $07/01$, 2019, as	nd ending		06/30, 20	20				
			C Name of organization		D Employer ide	ntification num	ber				
Во	heck if a	pplicable:	LAST MILE HEALTH		26-140	1736					
	Addr		Doing business as								
	1	e change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone nu	mber					
	+	l return	24 SCHOOL STREET, 5TH FLOOR		(617) 88	0-6163					
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code		, , , ,						
	termi Amei	inated nded	BOSTON, MA 02108		G Gross receipts	e\$ 23	316	760			
	retur Appli	n cation	F Name and address of principal officer: LISHA MCCORMICK		<u> </u>	G Gross receipts \$ 23,316,760 H(a) Is this a group return for Yes X					
	pend	ing	24 SCHOOL STREET, 5TH FLOOR, BOSTON, MA 02108	2	subordinates	s?	- · · · }	_			
_	_				H(b) Are all subord		∐ Yes [No			
_		empt st		527		tach a list. (see ins	tructions)				
_			WWW.LASTMILEHEALTH.ORG	T.	H(c) Group exem	·					
			nization: X Corporation Trust Association Other	L Year of form	ation: 2012 M	State of legal do	omicile:	MA			
P	art I		ımmary								
	1	Briefly	y describe the organization's mission or most significant activities: ${ t LAST t MI}$	LE HEALTH	SAVES LIV	ES IN TH	Ξ				
S		WOR	LD'S MOST REMOTE COMMUNITIES.								
nan											
Governance	2	Check	k this box 🕨 🔲 if the organization discontinued its operations or disposed	of more than 25	% of its net asset	s.					
တိ	3	Numb	per of voting members of the governing body (Part VI, line 1a)			3		9.			
≪ ″	4		per of independent voting members of the governing body (Part VI, line 1b)			4		9.			
ţį	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)			5		80.			
Activities &	6		number of volunteers (estimate if necessary)			6		9.			
ĕ	7a		unrelated business revenue from Part VIII, column (C), line 12			7a		0.			
	l		nrelated business taxable income from Form 990-T, line 39			7b					
			, , , , , , , , , , , , , , , , , , , ,		Prior Year	Cur	rent Ye	ar			
•	8	Contri	ibutions and grants (Part VIII, line 1h)		21,836,64	6. 20,	571,	553.			
Revenue	9		am service revenue (Part VIII, line 2g)			0.		0.			
š	10		tment income (Part VIII, column (A), lines 3, 4, and 7d).			0.	172.	074.			
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			0.		0 -			
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,836,64	6. 20.	743,	627.			
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		,,	0.	/	0.			
	14		fits paid to or for members (Part IX, column (A), line 4)			0.		0.			
	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)		5,930,37		649,				
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)		3,300,01	0.	,	0.			
ben			fundraising expenses (Part IX, column (A), line 25) 1,168,514.			<u> </u>					
$\bar{\mathbf{x}}$	_				7,537,43	3 11	316,	022			
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,467,80		965,				
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,368,83		777,				
- v	19	Rever	nue less expenses. Subtract line 18 from line 12		inning of Current		d of Year				
Net Assets or Fund Balances					25,731,80						
sse	20		assets (Part X, line 16)		527,83		801,				
ad A	21		liabilities (Part X, line 26)				819,				
			ssets or fund balances. Subtract line 21 from line 20		25,203,96	.5. Z5,	981,	845.			
	rt II		gnature Block								
Uno	der pe e, corre	nalties d ect, and	of perjury, I declare that I have examined this return, including accompanying schedule: complete. Declaration of preparer (other than officer) is based on all information of which	s and statements, preparer has any	, and to the best of knowledge.	f my knowledge	and be	ief, it is			
					0.2 /1	F /0.001					
Sig	n	- a	Signature of officer		Date	5/2021					
He					Date						
		_	LISHA MCCORMICK PRESIDEN	NT & CEO							
			Type or print name and title	Data		DTIM					
Paic	ı		/Type preparer's name Preparer's signature AN VIGNEAULT	Date	Check	if PTIN	40.55				
	oarer	BRIZ		03/15/20			4065	J			
	Only		sname ▶BDO USA, LLP		Firm's EIN ▶ 1						
		Firm's	saddress NONE INTERNATIONAL PLACE BOSTON, MA 02110			517-422-0					
_			liscuss this return with the preparer shown above? (see instructions).				es	No			
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			For	m 990	(2019)			

Page 2 Form 990 (2019)

Pa		tement of Program Service							
_			response or note to any line in this Part	: III	X				
1	Briefly describe the organization's mission: ATTACHMENT 1								
	ATTACHM	IENT I							
_									
2			ficant program services during the ye		Yes X No				
	prior Form 99	90 or 990-EZ?			Yes X No				
_		ribe these new services on S							
3			, or make significant changes in h		Yes X No				
	If "Voc " doco	ribe these changes on Sched			Yes X No				
4		-	rvice accomplishments for each of it	ts three largest program services	s as measured hy				
-			(4) organizations are required to rep						
			r each program service reported.	ore and announced graine and an	, , , , , , , , , , , , , , , , , , , ,				
		, , ,	1 3						
12	(Code:	\ (Evnenses \$ 15	359, 698. including grants of \$) (Revenue \$	1				
тu			IN THE WORLD'S MOST REMOT) (πενεπαε ψ Ε.	/				
			N PARTNERS WITH GOVERNMENT						
			IN HIGH-QUALITY COMMUNITY	-					
		· · · · · · · · · · · · · · · · · · ·	OF COMMUNITY AND FRONTLIN						
			PRIMARY HEALTHCARE TO THE						
		TE COMMUNITIES.		WORLD D					
	11001 112110								
	(Code:) (Eypansas ¢	including grants of \$) (Payanua \$	1				
40	(Code) (Expenses \$	including grants or \$) (πενειίαε φ	/				
4.	(Cada:	\	including grants of C	\ /Davanua ft					
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)				
_	Otto		atata ON						
4d		m services (Describe on Sch							
	(Expenses \$	including gra		: \$)					
4e	Total program	n service expenses >	15,359,698.						

Part IV Checklist of Required Schedules Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_		-		21
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	l _		37
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
				Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		3.7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	Х	
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		X
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		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
u		114		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
Ť	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	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	Х	
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10		40		v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2019) Page 4

Par	Checklist of Required Schedules (continued)		V	N.
22	Did the averagization report more than 05 000 of groute as other assistance to as far democitic individuals an		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		Х
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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
		24a		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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		X
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			v
•	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			_
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
Dor	19? Note: All Form 990 filers are required to complete Schedule O.	38	Λ	
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			
	Check if Schedule O contains a response of note to any line in this Part V		Yes	No No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 55	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
,	reportable gaming (gambling) winnings to prize winners?	1c	Х	
				$\overline{}$

Form 990 (2019) Page 5

Part	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 80			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	Х	
	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	Х	
	If "Yes," enter the name of the foreign country LIBERIA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		- 21
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C I-		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		3.7
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	ii 100, Complete i Citil 7120, Concedio C.			

Form 990 (2019) LAST MILE HEALTH 26-1401736 Page **6**

Sect	ion 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 <u>1a</u>			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	/ a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
J	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on 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		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	1 , , ,	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		3.7	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Χ	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	71	
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?	15a		Х
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	100		
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		Χ
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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT, MA, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Indicate how you made these available. Check all that apply. Downwebsite X Upon request Other (explain on Schedule O)	·		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record LISHA MCCORMICK 205 PORTLAND STREET BOSTON, MA 02114	ls ▶		
	LISHA MCCORMICK'205 PORTLAND STREET BOSTON, MA 02114 617-880-6163			

 Form 990 (2019) LAST MILE HEALTH 26-1401736 Page 7

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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					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)RAJESH PANJABI	40.00										
CHIEF EXECUTIVE OFFICER	0.			Х				206,990.	0.	96	
(2) MAGNUS CONTEH	40.00										
EXECUTIVE DIR., HEALTH SYSTEM	0.	1			Х			179,968.	0.	22,110	
(3)LISHA MCCORMICK	40.00										
PRESIDENT & COO	0.	1		Х				166,942.	0.	19,628	
(4) AMY WALBURN	40.00										
CHIEF DEVELOPMENT OFFICER	0.			Х				137,350.	0.	22,155	
(5) GARRETT LOUIS HUBBARD	40.00										
COUNTY DIRECTOR	0.					X		131,836.	0.	25,666	
(6) MARY BENVENUTO	40.00										
CHIEF FINANCIAL OFFICER	0.			Х				113,333.	0.	22,084	
(7) NATHAN HUTTO	40.00										
CHIEF PEOPLE OFFICER	0.			Χ				132,685.	0.	1,112	
(8) COURTNEY EVANS HENKE	40.00										
DIRECTOR OF DEVELOPMENT	0.					X		123,185.	0.	6 , 736	
(9) NAN CHEN	40.00										
MANAGING DIR., HEALTH SYSTEM	0.					X		122,109.	0.	7 , 158	
(10) MATTHEW PRICE	40.00										
DIR., STRATEGIC PARTNERSHIPS	0.					X		115,359.	0.	13,263	
(11) JENNY RABINOWICH	40.00										
DIR., LEARNING & DEVELOPMENT	0.					X		108,232.	0.	11,060	
(12) KATHERINE COLLINS	1.00										
DIRECTOR/BOARD CHAIR	0.	Х						0.	0.	0	
(13) KIM KELLER	1.00										
DIRECTOR/VICE CHAIR	0.	Х						0.	0.	0	
(14) PEGGY CLARK	1.00										
DIRECTOR	0.	X						0.	0.	0	

Form **990** (2019)

Name and title Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Average hours per week (list ary hours for related organizations) Branch Mak	Part VII Section A. Officers, Directors, T		y ⊑n	ipio			and F	ııgı		I - I			
15 POOJA KUMAR	(A) Name and title	hours per week (list any hours for	box,	not ch unless er and	Posit eck n s pers a dir	tion more son i	is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related	Estin amo otl compe	nated unt of her ensatio	on
DIRECTOR		organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	omer		(W-2/1099-MISC)	organ and r	ization elated	
1.00	15) POOJA KUMAR	1.00											
DIRECTOR	DIRECTOR		Х						0	0.			C
17) MOSES MASSAQUOI	16) BRAD MAK	1.00											
DIRECTOR	DIRECTOR	0.	Х						0	0.			C
DIRECTOR	17) MOSES MASSAQUOI	1.00											
DIRECTOR 0	DIRECTOR		Х						0	0.			C
19) WENDY TAYLOR DIRECTOR 0. X 0. 0. 20) LYNN BLACK DIRECTOR 0. X 0. 0. 1.537,989. 0. 151,066 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 10 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 10 O O O O O O O O O O O O O O O O O O O		1.00											
DIRECTOR 0. X 0. 0. LYNN BLACK 1.00 DIRECTOR 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on the organization? If "Yes," complete Schedule J for such person			Х						0	0.			(
20) LYNN BLACK DIRECTOR 1.00 X 0.0.0. 1,537,989. 0.151,068 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		-+											
DIRECTOR			X		_				0	0.			(
1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Xection B. Independent Contractors		-+											(
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	1b Sub-total								1,537,989.	0.	15	1,0	68.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 13 Yes No. Join the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								•	0.	0.			0 .
reportable compensation from the organization ▶ 13 Yes No.	•	-						\blacktriangleright	1,537,989.	0.	15	1,0	68.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d ab	ove	e) who	o re	eceived more than	\$100,000 of			
employee on line 1a? If "Yes," complete Schedule J for such individual											\	es_	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations g	reater than	\$15	50,00	00?	lf	"Yes	3, "	complete Schedu	le J for such	4	X	
for services rendered to the organization? If "Yes," complete Schedule J for such person											-		
·	for services rendered to the organization? If "										5		Χ
	· · · · · · · · · · · · · · · · · · ·	mpensated i	ndepe	ende	nt c	ont	racto	rs t	hat received more	than \$100,000 o	f		

year.

-		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

LAST MILE HEALTH 26-1401736 Form 990 (2019) Page 9

Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon	se or note to an	ny line in this Part V	/III		
		Chook in Conforme Contains a respen		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns					
ributions, G Other Simil	e f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in	20,571,553.				
Cont and (h	lines 1a-1f		20,571,553.			
Service nue	2a b		Business Code				
Program Service Revenue	c d e f	All other program service revenue					
	g 3	Total. Add lines 2a-2f		0.			
	4 5	other similar amounts)	proceeds . ►	98,509. 0.			98,509.
	6a b c	Gross rents 6a Less: rental expenses Rental income or (loss) 6c	(ii) Personal				
	d 7a	Net rental income or (loss)	(ii) Other	0.			
evenue	b	other than inventory 7a 2,648,278. Less: cost or other basis and sales expenses 7b 2,573,133.					
Other Re	c d 8a	Net gain or (loss)		73,565.			73,565.
	h	events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
	b c 9a	Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 9a	>	0.			
	b c	Less: direct expenses 9b Net income or (loss) from gaming activities.	0.	0.			
	10a b	Gross sales of inventory, less returns and allowances	0.				
eous ue	11a	Net income or (loss) from sales of inventory.	Business Code	0.			
Miscellaneous Revenue	b c d	All other revenue					
JSA	e 12	Total. Add lines 11a-11d		0. 20,743,627.			172,074.

Page **10** Form 990 (2019) LAST MILE HEALTH 26-1401736

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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	1,024,453.	705,439.	201,444.	117,570.					
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.	4 460 010	1 050 110						
7	Other salaries and wages	6,489,709.	4,468,818.	1,276,110.	744,781.					
8	Pension plan accruals and contributions (include	160 700	116 057	22 270	10 476					
	section 401(k) and 403(b) employer contributions)	169,703.	116,857.	33,370.	19,476.					
9	Other employee benefits	539,129.	371,245.	106,012.	61,872.					
10	Payroll taxes	426,731.	293,847.	83,911.	48,973.					
	Fees for services (nonemployees):	0								
	Management	0.								
	Legal	0.								
	Accounting	0.								
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17	0.								
	f Investment management fees	0.								
Q	Other. (If line 11g amount exceeds 10% of line 25, column	2,305,559.	1,539,655.	722,710.	43,194.					
	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	2,303,339.	1,339,033.	122,110.	43,194.					
	Advertising and promotion	301,552.	246,855.	53,323.	1,374.					
	Office expenses	0.	240,000.	33,323.	1,5/4.					
14	9,	0.								
	Royalties	654,515.	393,409.	186,197.	74,909.					
	Occupancy	1,402,855.	1,072,895.	284,811.	45,149.					
	Travel	1,102,000.	1,072,030.	201/0111	10/113.					
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.								
10	Conferences, conventions, and meetings	571,243.	553,902.	14,479.	2,862.					
		0.	, , , , , ,	,	,					
21	Interest	0.								
22		322,618.	322,618.							
	Insurance	0.	,							
	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	DEVELOPMENT & TRAINING	749,239.	698,811.	49,526.	902.					
h	SUPPLIES & MATERIALS	2,208,897.	2,208,772.	125.						
	PROFESSIONAL DEVELOPMENT	75,612.	29,742.	42,256.	3,614.					
_	MOTORBIKE & VEHICLE SUPPLIES	688,523.	583,200.	104,775.	548.					
6	All other expenses ATCH 4	2,035,409.	1,753,633.	278,486.	3,290.					
	Total functional expenses. Add lines 1 through 24e	19,965,747.	15,359,698.	3,437,535.	1,168,514.					
	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)	0.								

Form 990 (2019) Page **11**

Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,847,015.	1	23,784,237.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	9,358,421.	3	3,956,129.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from 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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ß	7	Notes and loans receivable, net	7	0.	
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	134,781.	9	218,338.
	_	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 1,030,021.			
	b	Less: accumulated depreciation	368,590.	10c	160,212.
	11	Investments - publicly traded securities	0.	11	2,591,968.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	22,993.	15	90,855.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	25,731,800.	16	30,801,739.
	17	Accounts payable and accrued expenses	527,835.	17	1,144,894.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	3,675,000.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
w	22	Loans and other payables to any current or former officer, director,	•	21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
	-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	527,835.	26	4,819,894.
S	20	Organizations that follow FASB ASC 958, check here ► X	,	20	2,020,000
ŭ		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	6,764,077.	27	10,736,354.
В В	28	Net assets with donor restrictions	18,439,888.	28	15,245,491.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ 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 equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net A	32	Total net assets or fund balances	25,203,965.	32	25,981,845.
ž	33	Total liabilities and net assets/fund balances	25,731,800.	33	30,801,739.
_					Form 990 (2019)

Form **990** (2019)

Page **12** Form 990 (2019)

Part	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		20,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	19,9		
3	Revenue less expenses. Subtract line 2 from line 1	3				380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	,	25 , 2	03,9	65.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	25,9	81,8	345.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e.	κplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits .		3b		
				Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-E∠.

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

OMB No. 1545-0047

2019

Open to Public Inspection

26-1401736

Department of the Treasury Internal Revenue Service

LAST MILE HEALTH

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

Total

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,245,549.	11,660,073.	17,523,779.	21,836,646.	20,571,553.	80,837,600.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	9,245,549.	11,660,073.	17,523,779.	21,836,646.	20,571,553.	80,837,600.
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)						15,258,848.
6	Public support. Subtract line 5 from line 4						65,578,752.
Sec	tion B. Total Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	9,245,549.	11,660,073.	17,523,779.	21,836,646.	20,571,553.	80,837,600.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					98,509.	98,509.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						80,936,109.
12	Gross receipts from related activities, etc. (see	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.						
	tion C. Computation of Public Supp		•				01 02 **
14	Public support percentage for 2019 (lin						81.03 % 77.68 %
15	Public support percentage from 2018 \$					15	
16a	331/3% support test - 2019. If the org			•		•	
	box and stop here . The organization qu	•		•			
b	331/3% support test - 2018. If the org						
47-	this box and stop here . The organization	-		_			
1/a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-					
	Part VI how the organization meets the						•
	organization			•	•	•	
h	10%-facts-and-circumstances test - 2						
b		_					
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
	-				=	-	
19	supported organization						🕶 🗀
18	_						▶ □
	instructions						· · · · · · ·

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						<u> </u>
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						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						1
h	received from disqualified persons						
D	received from other than disqualified						1
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(u) 2010	(6) 2010	(6) 2011	(4) 2010	(6) 2010	(i) rotar
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for		tion's first soos	nd third fourth	or fifth tox v	par as a saction	501(a)(3)
14	-	Ū			•		` ^ ` /
Sac	organization, check this box and stop here. tion C. Computation of Public Supp			<u> </u>		<u> </u>	
<u> 15</u>	Public support percentage for 2019 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	// //////////////////////////////////
	tion D. Computation of Investment			<u> </u>	<u></u>	10	
	-			13 column (f))		17	%
17 18	Investment income percentage for 2019 (lin Investment income percentage from 2018 S						% %
18							
ıya	331/3% support tests - 2019. If the org	-					
	17 is not more than 331/3%, check this						
D	331/3% support tests - 2018. If the orgaline 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization d		•	•			H-1
20	Titale Ivaliaalion. II the organization u	in the chieck of	A DOV OIL HILE I	, 10a, UI 10D,	OHOUR HIIS DUX	and Joe modul	AGOITO P

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Page 4

LAST MILE HEALTH

Supporting Organizations Part IV

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing								
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.								
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 Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El 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 actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Schedule A (F

26-1401736

LAST MILE HEALTH

Schedule A (Form 990 or 990-EZ) 2019 Page 5

				J -
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c		
	on B. Type I Supporting Organizations	110		
	yn ar ryfo'r oupportung organizations		Yes	No
4	Did the directors trustees or membership of one or more supported erganizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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_		
2	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.			
Sacti	on C. Type II Supporting Organizations	2		
occii	on or Type ii oupporting organizations		Yes	No
1	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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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		
2	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 government entity (see	instruc	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	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 in (a) constitute activities that, but for the organization's involvement, one or more			
S	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Щ

Schedule A (Form 990 or 990-EZ) 2019

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain			
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish ex	cempt purposes						
2	Amounts paid to perform activity that directly furthers exen							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
_10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
C	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
<u>i</u> _	Carryover from 2014 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI . See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2015							
a	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							
	Excess from 2019							
<u>e</u>	LAUGOO HUIII ZU IÖ, , , ,							

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LAS	ST MILE HEALTH		26-1401736
Pa	art I Organizations Maintaining Donor Advised Funds or Ot	ner Similar Funds o	or Accounts.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 6.	
	(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 advisors in writing	that the assets held	d in donor advised
	funds are the organization's property, subject to the organization's exc	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	_	
	only for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or education)	Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution i	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in	oluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/	25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or term	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located ▶	
5	Does the organization have a written policy regarding the period	c monitoring, inspec	ction, handling of
	violations, and enforcement of the conservation easements it holds? .		Yes 🗀 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	iolations, and enforcinç	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easer		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's finan	cial statements that describes the
	organization's accounting for conservation easements.	- OII	0: " 4 (
Pa	Organizations Maintaining Collections of Art, Historica		er Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under FASB ASC 958, not of art, historical treasures, or other similar assets held for public	to report in its revenue	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes	these items.
b	If the organization elected, as permitted under FASB ASC 958, to a	eport in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibit provide the following amounts relating to these items:		
	(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 treasu		
	following amounts required to be reported under FASB ASC 958 relat		5 .
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2019 Page 2

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms check all that apply): a Public exhibition b Scholarly research c Preservation for future generations Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	Pa	rt III Organizations Maintaini	ng Collection	ons of	Art, Histo	rical Tre	asures	s, or Othe	r Similar Assets (continued)	
a Public exhibition d Loan or exchange program b Schoolarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition	n, accessior	n, and o	ther recor	ds, check	c any o	f the follow	wing that make sig	nificant use	of its
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collection items (check all that app	ly):								
c	а	Public exhibition			d	Loan	or excha	ange progra	am		
c	b	Scholarly research			е	Other					
XIII Survey During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future gene	rations								
So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	4	Provide a description of the organ	nization's col	lections	and expla	ain how t	hey fur	ther the or	rganization's exemp	ot purpose ir	Part
Part IV Escrow and Custodial Arrangements Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization and the part XIII and complete the following table: Complete if the organization and the part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) F		XIII.									
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, I Yes No No If "Yes," explain the arrangement in Part XIII and complete the following table: C	5	During the year, did the organization	n solicit or re	eceive d	onations o	of art, histo	orical tr	easures, or	other similar		_
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year. d Additions during the year. d Additions during the year. d Boutiness are a substitutions during the year. 1a Beginning of year balance. a Boutiness are a substitutions answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back. (b) Prior year a substitution and losses. d Grants or scholarships . d Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Prives on line 3a(iii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organizations of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization in the possession of the organization's endo		assets to be sold to raise funds rath	er than to be	e mainta	ained as pa	rt of the o	organiza	ation's colle	ction?	Yes	No
included on Form 990, Part X?		Complete if the organiza 990, Part X, line 21.	ition answei	ed "Ye						nt on Form	
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a					-					
c Beginning balance		included on Form 990, Part X?								Yes	No
c Beginning balance d Additions during the year. 1d e Distributions during the year. 1e f Ending balance. 1f Ending balance. 1f Ending balance. 1f Ending balance 1f Endowment Funds. 1f Endowment Funds. 1f Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Endowment Funds 1f Endowment	b	If "Yes," explain the arrangement i	n Part XIII ar	ıd comp	lete the fo	llowing tab	ole:				
d Additions during the year. Distributions during the year. Distribution during the year. Distributions during the year. Distribution									Amoun	t	
e Distributions during the year 16 17 18 18 19 19 19 19 19 19	С										
f Ending balance	d										
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization seedowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XIII the intended uses of the organization sendowment funds. Describe in Part XI		=							Laccount liability?	Vaa	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_							•		⊢ NO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Controlution			II Part Alli. C	HECK HE	ere ii trie e.	хріапаціоп	nas be	en provided	OII Pail Aili		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back back (e) Four years back (e) Four	Га		ition answe	red "Ye	s" on For	m 990 F	Part IV	line 10			
1a Beginning of year balance		Complete ii are erganize							(d) Three years back	(e) Four years	s back
b Contributions	4.	Designing of year belongs			(4)	. ,	, ,		(4)	(0,1 2 3) 2 3	
c Net investment earnings, gains, and losses											
and losses											
d Grants or scholarships	C										
e Other expenditures for facilities and programs	ч										
and programs		•									
g End of year balance	Е	-									
g End of year balance	f	· -									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		-									
a Board designated or quasi-endowment ▶		· · · · · · · · · · · · · · · · · · ·		nt vear e	end halanc	e (line 1a	column	(a)) held a	· ·		
b Permanent endowment ▶	_					c (iii c 1g,	COIGITITI	(a)) note as	J.		
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings c Leasehold improvements. d Equipment. 1,030,021. 869,809. 160,212. e Other	b	=			-						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 Land. b Buildings c Leasehold improvements d Equipment. 1,030,021. 869,809. 160,212. e Other	С	Term endowment ▶	%								
organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (i		The percentages on lines 2a, 2b, a	nd 2c should	l equal 1	00%.						
(i) Unrelated organizations (ii) Related organizations (iii) Related organization (iii) Related organization (iii) Related organization (iii) Related organization (iii) (iii) Related organization (iii) (iii) Related organization (iii) (iii) (iii) (ivestribunds (ivestrent) (3a	Are there endowment funds not in	the possess	on of th	ie organiza	ation that	are held	d and admi	nistered for the		
(ii) Related organizations		organization by:								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations								3a(i)	
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (c) Accumulated depreciation (d) Book value (d) Book value (a) Book value (b) Buildings (c) Leasehold improvements (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (other) (other) (d) Book value (e) Accumulated depreciation (other)		(ii) Related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (n) Accumulated depreciation (n) Book value	b	If "Yes" on line 3a(ii), are the relate	ed organization	ons listed	d as require	ed on Sch	edule R	?		3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings c Leasehold improvements d Equipment 1,030,021 869,809 160,212 e Other				rganizat	tion's endo	wment fur	nds.				
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment Other (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 1,030,021.869,809.160,212.	Pa	rt VI Land, Buildings, and Equ	lipment.	red "Ve	es" on Foi	rm 99∩ I	Part I\/	line 11a	See Form 990 P	art X line 10	1
1a Land											.
b Buildings c Leasehold improvements d Equipment 1,030,021 869,809 160,212 e Other				(invest	ment)						
c Leasehold improvements	_										
d Equipment. 1,030,021. 869,809. 160,212. e Other		=									
e Other	_	-				1 0	130 00	1 (860 800	160	212
						1,0	130,02	. + •	003,003.	100,	<u> </u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)▶ 160, 212.				ual Form	1 000 Part	Y colum	2 (B) lin	10c)		160	212

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990). Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	on:
(1) Financia	al derivatives			
	held equity interests			
	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII			D 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D ()/ I' (0
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	// I I I I I I I I I I I I I I I I I I			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	was the mount and Farma and Bart V and the	ina dE l		
	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ine 15.)		
Part X	Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
	ral income taxes	,		,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the			at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	20,743,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,743,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,743,627.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	19,965,747.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	19,965,747.
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,965,747.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn PAGE 5		

Schedule D (Form 990) 2019 LAST MILE HEALTH 26-1401736 Page **5**

Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAST MILE HEALTH

Employer identification number

26-1401736

Part	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	nswered "Yes" on
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	ganization mail eligibility for t	he grants or	assistance, and the selec	_	Yes No
	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	SUB-SAHARAN AFRICA	6.	136.	PROGRAM SERVICES	HEALTHCARE	15,359,698.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	6.	136.			15,359,698.
b	Total from continuation sheets to Part I					
С		6.	136.			15,359,698.

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

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26-1401736

Schedule F (Form 990) 2019

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of section section (if a	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(b) IRS code section and EIN (if applicable)																
(c) Region																
(d) Purpose of grant																
(e) Amount of cash grant																
(f) Manner of cash disbursement																
(g) Amount of noncash assistance																
(h) Description of noncash assistance a																
(i) Method of valuation (book, FMV, appraisal, other)																

zations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	counsel has provided a section 501(c)(3) equivalency letter	s or entities.
Enter total number of recipient organizations listed above that are	by the IRS, or for which the grantee or counsel has provided a sec	3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

PAGE 34

3

26-1401736

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

rait III can be dupileated II additional space is needed.	illollal space is liceded.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						S	0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5

Schedule F (Form 990) 2019

PAGE 35

Schedule F (Form 990) 2019
Part IV Foreign Forms

I ait	1 oreign 1 orms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X No

Schedule F (Form 990) 2019

Page 5 Schedule F (Form 990) 2019

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2019

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 26-1401736 LAST MILE HEALTH

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		X
a b	Receive a severance payment or change-of-control payment?	4a 4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	1		Λ
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

26-1401736

Schedule J (Form 990) 2019

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and	f W-2 and/or 1099-MIS	or 1099-MISC compensation			The Table of the Table	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) Notitaxatie benefits	(B)(l)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
RAJESH PANJABI	ε	110,275.	0	96,715.	0	.96	207,086.	0
CEO UNTIL 1/21	€			0	0	0	0	0.
$ \bowtie $	ε	166,942.	0	.0	13,000.	6,628.	186,570.	0
2 PRESIDENT & CEO 1/21 - FORWARD	€	0	0	0	.0	0	0	0
AMY WALBURN	Ξ	137,350.	0	0	.0	22,155.	159,505.	0
3 CHIEF DEVELOPMENT OFFICER	€	0	0	0	.0	0	0	0
MAGNUS CONTEH	€	179,968.	0	0	.0	22,110.	202,078.	0
*EXECUTIVE DIR., HEALTH SYSTEM	€	0	0	.0	.0	0	0	0
GARRETT LOUIS HUBBARD	Ξ	131,836.	0	0	12,956.	12,710.	157,502.	0
SCOUNTY DIRECTOR UNTIL 11/19	€	0	0	0	.0	0	0	0
	€							
9	€							
	Ξ							
7	€							
	€							
80	€							
	€							
6	Œ							
	Ξ							
10	€							
	€							
11	Œ							
	Ξ							
12	Œ							
	Ξ							
13	€							
	Ξ							
14	€							
	€							
15	(ii)							
	Ξ							
16	€							
							Sch	Schedule J (Form 990) 2019

JSA

PAGE 39

Schedule J (Form 990) 2019

Page 3

Part Ⅲ Supplemental Information

4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, for any additional information.

H PART SCHEDULE J, "OTHER REPORTABLE COMPENSATION" RECEIVED BY THE CEO REPRESENTS

TO BRIGHAM AND WOMEN'S HOSPITAL, HEALTH BY LAST MILE PAID CONSULTING FEES

BETWEEN THE UNDER A CONTRACTUAL ARRANGEMENT AN UNRELATED ORGANIZATION,

THE EXECUTIVE CEO'S COMPENSATION IS DETERMINED BY THE TWO ENTITIES.

OF WHOM ARE LAST MILE HEALTH, ALL OF DIRECTORS OF BOARD OF THE COMMITTEE

THE EXECUTIVE COMMITTEE USES COMPARABLE MARKET CEO. OF THE INDEPENDENT

AN INPUT TO ANNUAL COMPENSATION REVIEWS, ALL CEO COMPENSATION DATA AS HEALTH'S SUBJECT TO THE REVIEW AND APPROVAL OF LAST MILE ADJUSTMENTS ARE

DIRECTORS. THE ORGANIZATION MAINTAINS CONTEMPORANEOUS BOARD OF

THE DELIBERATIONS AND DECISIONS ОFJ DOCUMENTATION

PART II: **,** SCHEDULE

DEFINED UNDER AS RETIREMENT PLAN, THE ORGANIZATION SPONSORS A SIMPLE IRA

ALL SUBSTANTIALLY COVERING CODE, THE INTERNAL REVENUE O FJ SECTION 403(B)

TO CONTRIBUTE ELECT UNITED STATES. PARTICIPANTS MAY THE O FJ EMPLOYEES

OL SUBJECT DEFINED, AS ELIGIBLE COMPENSATION, THEIR PORTION OF

OF THE EMPLOYEES ANNUAL °/∘ O_L UP THE ORGANIZATION WILL MATCH LIMITATIONS.

PLAN THE OL CONTRIBUTOIN

9E15051,000 1778MP 600K 4/26/2021

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

LAST MILE HEALTH

Employer identification number 26-1401736

Par	t I Types of Property			•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1.	2,516,877.	FAIR MARKE	ET VAL	UE
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens Archeological artifacts						
24 25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received	hy the ora	anization during the tax v	ear for contributions for			
23	which the organization completed I	-			29		
	Willow the organization completed i	01111 0200,	r art iv, Boileo / tekile wie ag			Ye	s No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the		•				
	to be used for exempt purposes for	-				30a	X
b	If "Yes," describe the arrangement i						
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?	•		•		31	Х
32a	Does the organization hire or use						
	contributions?	•	_	•		32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,		

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2019)

JSA

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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 26-1401736

Name of the organization

LAST MILE HEALTH

FORM 990, PART VI, SECTION B, LINE 11:

ANNUAL FINANCIAL STATEMENTS AND TAX RETURNS ARE PREPARED BY AN INDEPENDENT OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE FINANCE COMMITTEE. THE FORM 990 IS ELECTRONICALLY TRANSMITTED TO THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FINALIZATION AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

LAST MILE HEALTH, LMH, REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WHICH COVERS ALL STAFF,
AND BOARD OF DIRECTORS. IN DOING SO, ALL DECISIONS (FINANCIAL AND
NON-FINANCIAL) ARE SCRUTINIZED TO ENSURE THAT THEY ARE NOT LINE 12C
SELF-SERVING WITH RESPECT TO LMH PERSONNEL OR MEMBERS OF THE BOARD OF
DIRECTORS. HUMAN RESOURCES DECIDES IF A CONFLICT OF INTEREST EXISTS FOR
LMH PERSONNEL AND ELEVATES THE MATTER TO THE EXECUTIVE MANAGING DIRECTOR
OR THE CHAIRMAN OF THE BOARD OF DIRECTORS AS APPROPRIATE. EACH BOARD
MEMBER COMPLETES A CONFLICT OF INTEREST FORM ANNUALLY WHICH IS THEN
SHARED WITH THE FULL BOARD. ANY CONFLICTED INDIVIDUAL IS PROHIBITED FROM
VOTING OR MAKING ANY DECISIONS RELATED TO THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO IS PAID BY BRIGHAM AND WOMEN'S HOSPITAL, AN UNRELATED ORGANIZATION AND DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF LAST MILE HEALTH, ALL OF WHOM ARE INDEPENDENT OF THE CEO. THE COMPENSATION IS DETERMINED BY REFERENCE TO COMPARABILITY

Name of the organization

LAST MILE HEALTH

26-1401736

DATA. THE CEO'S COMPENSATION IS REVIEWED AND POTENTIALLY ADJUSTED

ANNUALLY UPON BOARD APPROVAL. THE ORGANIZATION MAINTAINS CONTEMPORANEOUS

DOCUMENTATION OF THE DELIBERATION AND DECISION.

COMPENSATION FOR OTHER OFFICERS IS DETERMINED BY THE EXECUTIVE MANAGING DIRECTOR. SUCH COMPENSATION IS SIMILARLY DETERMINED BY REFERENCE TO COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS 990 AVAILABLE FOR PUBLIC INSPECTION VIA THE ORGANIZATION'S WEBSITE, ANOTHER'S WEBSITE AND ALSO UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

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

LAST MILE HEALTH SAVES LIVES IN THE WORLD'S MOST REMOTE COMMUNITIES.

THE ORGANIZATION SPECIALIZES IN THE DEVELOPMENT AND MANAGEMENT OF

PROFESSIONALIZED COMMUNITY HEALTH WORKERS WHO BRIDGE THE GAP BETWEEN

HEALTH SYSTEMS AND REMOTE COMMUNITIES, BRINGING CRITICAL SERVICES TO

THE DOORSTEPS OF PEOPLE LIVING IN THE LAST MILE.

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Employer identification number Name of the organization LAST MILE HEALTH 26-1401736 ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

FISCAL MANAGEMENT ASSOCIATES, LLC 440 PARK AVENUE, 3RD FLOOR NEW YORK, NY 10016

CONSULTING SERVICES 224,546.

ATTACHMENT

FORM	990	PART	ΤY	_	OTHER	FFFS
r Orn	220,	LWVI	$\perp \Delta$	_	OIUEV	rero

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS	2,305,559.	1,539,655.	722,710.	43,194.
TOTALS	2,305,559.	1,539,655.	722,710.	43,194.

ATTACHMENT 4

FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
BAD DEBT EXPENSE	1,285,670.	1,285,670.		
ALL OTHER EXPENSES	749,739.	467,963.	278,486.	3,290.
TOTALS	2,035,409.	1,753,633.	278,486.	3,290.

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
INVESTMENTS	2,591,968.	FMV

Name of the organization Employer identification number LAST MILE HEALTH 26-1401736 ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

COST ENDING DESCRIPTION BOOK VALUE OR FMV

> TOTALS 2,591,968.