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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

Check if a Address ch	2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
- Address ch	applicable ROCKY MOUNTAIN BIOLOGICAL	DE	mployer i	dentification number
	hange LABORATORY Doing Business As	8	4-6050!	523
Name cha	ange	E Te	elephone	number
Initial retu	Number and street (or P O box if mail is not delivered to street address)	Room/suite (9	970)349	9-7231
– Terminate	PO BOX 519			
- Amended		——— G G	ross receip	ts \$ 2,846,667
– Application	CRESTED BUTTE, CO 81224 n pending			
	F Name and address of principal officer	H(a) Is this a group re	aturn for affili	ates? Ves Vo
	IAN BILLICK	(-) is this a group re	scarrior anni	des / 165 / 160
	PO BOX 519 CRESTED BUTTE, CO 81224	H(b) Are all affiliate	es included	?
		_		t (see instructions)
Tax-exem	mpt status	H(c) Group exer	nption n	umber F
Website	e: ► WWW RMBL ORG			
T Form of or	rganization	L Year of formation	1020	M State of legal domicile CO
Part I	Summary	L fear of formation	1928	ri State of legal dofficile. Co
	Briefly describe the organization's mission or most significant activities			
l l	THE ROCKY MOUNTAIN BIOLOGICAL LABORATORY (RMBL) ADVANCES TH	E SCIENTIFIC UN	NDERST.	ANDING OF NATURE
ષ	THAT PROMOTES INFORMED STEWARDSHIP OF THE EARTH			
2				
2	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of	its net a	assets
	Number of voting members of the governing body (Part VI, line 1a) $$. $$. $$.		3	11
<u>}</u> 4 '	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
5 6	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	59
6	Total number of volunteers (estimate if necessary)		6	150
	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
ь	Net unrelated business taxable income from Form 990-T, line 34	T	7b	
		Prior Year		Current Year
<u>a</u> 8	Contributions and grants (Part VIII, line 1h)	· ·	50,022	1,276,942
9	Program service revenue (Part VIII, line 2g)		93,303	622,495
9 10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,920 18,756	-12,766
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	-	18,730	1,383
	12)	1,69	91,001	1,888,054
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
14	Benefits paid to or for members (Part IX, column (A), line 4)			0
χ 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70	00,290	732,632
\$\partial \partial \part	Professional fundraising fees (Part IX, column (A), line 11e)			0
ê b	Total fundraising expenses (Part IX, column (D), line 25) ▶177,912			
ப் 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	64	45,820	1,036,856
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		46,110	1,769,488
19	Revenue less expenses Subtract line 18 from line 12		44,891	118,566
		Beginning of Cu	ırrent	End of Year
			1	LIIU VI TEAL
		Year		
	Total assets (Part X, line 16)	4,89	95,319	
8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total liabilities (Part X, line 26)	4,89	52,257	158,419
20 20 20 20 20 21 21 22 22	Total liabilities (Part X, line 26)	4,89		158,419
Sociated 20 21 21 22 Part II	Total liabilities (Part X, line 26)	4,89 1! 4,74	52,257 43,062	158,419 5,036,042
Part II	Total liabilities (Part X, line 26)	4,89	52,257 43,062 nts, and	158,419 5,036,042 to the best of my
S O O O O O O O O O O O O O O O O O O O	Total liabilities (Part X, line 26)	4,89 1! 4,74 edules and stateme is based on all info	52,257 43,062 nts, and rmation	158,419 5,036,042 to the best of my
Part II Inder penal nowledge:	Total liabilities (Part X, line 26)	4,89	52,257 43,062 nts, and rmation	158,419 5,036,042 to the best of my
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Part II Inder penal nowledge:	Total liabilities (Part X, line 26)	edules and stateme is based on all info	52,257 43,062 nts, and rmation of	158,419 5,036,042 to the best of my of which preparer has any
Part III Inder penal nowledge: nowledge.	Total liabilities (Part X, line 26)	edules and stateme is based on all info	52,257 43,062 nts, and rmation o	158,419 5,036,042 to the best of my
Part II Inder penal mowledge a mowledge.	Total liabilities (Part X, line 26)	edules and stateme is based on all info	52,257 43,062 nts, and rmation o	of which preparer has any
Part III Inder penal nowledge a nowledge.	Total liabilities (Part X, line 26)	edules and stateme is based on all info	52,257 43,062 nts, and rmation o	158,419 5,036,042 to the best of my of which preparer has any

THE ROCKY MOUNTAIN BIOLOGICAL LABORATORY (RMBL) ADVANCES THE SCIENTIFIC UNDERSTANDING OF NATURE THAT PROMOTES INFORMED STEWARDSHIP OF THE EARTH 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
PROMOTES INFORMED STEWARDSHIP OF THE EARTH 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
the prior Form 990 or 990-EZ?
the prior Form 990 or 990-EZ?
the prior Form 990 or 990-EZ?
Did the organization cease conducting, or make significant changes in how it conducts, any program services?
services?
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 519,053 including grants of \$) (Revenue \$ 182,376)
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 519,053 including grants of \$) (Revenue \$ 182,376)
THE DECEMBED PROCESS. TO 2010 THERE WERE 60 SCIENTISTS WITH ADDROVED DECEMBED IN ANS AT THE DOCKY MOUNTAIN BIOLOGICAL LABORATORY (DMB)
THE RESEARCH PROGRAM IN 2010 THERE WERE 66 SCIENTISTS WITH APPROVED RESEARCH PLANS AT THE ROCKT MOUNTAIN BIOLOGICAL DABORATORY (RMBL THESE SCIENTISTS AND THEIR RESEARCH GROUPS CONDUCTED FIELD RESEARCH ON A VARIETY OF NATURAL BIOLOGICAL SYSTEMS, INCLUDING BUT NOT LIMITE TO AQUATIC BIOLOGY, POLLINATION BIOLOGY, AND ANIMAL BEHAVIOR IN ITS 83 YEAR HISTORY, RMBL SCIENTISTS HAVE PRODUCED OVER 1300 PEER-REVIEWED PUBLICATIONS
4b (Code) (Expenses \$ 42,063 including grants of \$) (Revenue \$ 36,935)
THE INSTRUCTION PROGRAM UNDERGRADUATE PROGRAM FOR UNIVERSITY/COLLEGE STUDENTS B) IN 2010 THERE WERE 35 PEOPLE IN THE UNDERGRADUATE EDUCATION SUMMER PROGRAM PARTICIPANTS CONDUCT INDEPENDENT RESEARCH UNDER THE GUIDANCE OF A MENTOR SOME STUDENTS TAKE 10-WEEK LOW FIELD ECOLOGY CLASSES AS WELL ALL PARTICIPANTS ATTEND WEEKLY DISCUSSIONS AND SCIENTIFIC SEMINARS
4c (Code) (Expenses \$ 40,547 including grants of \$) (Revenue \$ 34,056)
THE ENVIRONMENTAL EDUCATION PROGRAM FOR YOUTH AND ADULTS PROVIDES AN ENRICHING, INFORMAL EDUCATION EXPERIENCE WITH AN EMPHASIS ON MONTANE ECOSYSTEMS AND THE REGION SURROUNDING RMBL THE YOUTH PROGRAMS HAD 1374 PARTICIPANTS IN 2010 THE ADULT PROGRAMS HAD 255 PARTICIPANTS IN 2010
4d Other program services (Describe in Schedule O) See also Additional Data for Description
(Expenses \$ 605,545 including grants of \$) (Revenue \$ 369,128)
4e Total program service expenses►\$ 1,207,208

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	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		No
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Dar	t IV Checklist of Required Schedules (continued)			
чŒП	·		-	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other 1	IRS	Filings	and	Tax	Compl	iance

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	• •	୮	1
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 21			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		163	
	Statements filed for the calendar year ending with or within the year covered by this return	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	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			
3a	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
7	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 and	7a		No.
a	services provided to the payor?	/4		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	75		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule C							. 🗸

Se	ection A. Governing Body and Management			
			Yes	No
1-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FINE ORGANIZATION
 PO BOX 519
 CRESTED BUTTE, CO 81224

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga		iated of			псс	mpen	sate			
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) CHRIS FLOYD SECRETARY	1 00	х		х				1,275	0	0
(2) ALISON BRODY DIRECTOR	1 00	х						0	0	0
(3) RALPH BENSON DIRECTOR	1 00	х						0	0	0
(4) CAROL JOHNSON VICE-PRES	1 00	х		х				0	0	0
(5) CINDY CARLISLE DIRECTOR	1 00	х						0	0	0
(6) AMALIE KASS DIRECTOR	1 00	х						0	0	0
(7) BRUCE DRIVER DIRECTOR	1 00	х						0	0	0
(8) KRISTINA JONES DIRECTOR	1 00	х						0	0	0
(9) CHRISTOPHER STILL DIRECTOR	1 00	х						0	0	0
(10) SCOTT WISSINGER PRESIDENT	1 00	х		х				0	0	0
(11) DAVID ZWEIG TREASURER	1 00	х		х				0	0	0
(12) IAN BILLICK EXEC DIR	40 00			х				77,000	0	12,586

\$100,000 in compensation from the organization 🕨

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

per week (describe hours for related organization (W- 2/1099-MISC) Position Positi	a ı	Estir amount	F) nated of other
c Total from continuation sheets to Part VII, Section A	าร	fron organiza rela	nsation n the ation and ated zations
Total from continuation sheets to Part VII, Section A	+		
Total from continuation sheets to Part VII, Section A	_		
Total from continuation sheets to Part VII, Section A	\dashv		
Total from continuation sheets to Part VII, Section A			
Total from continuation sheets to Part VII, Section A	_		
Total from continuation sheets to Part VII, Section A			
c Total from continuation sheets to Part VII, Section A			
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 in reportable compensation from the organization. Did the organization list any former officer, director or trustee, key employee, or highest compensated employe on line 1a? If "Yes," complete Schedule J for such individual			12 596
Did the organization list any former officer, director or trustee, key employee, or highest compensated employe on line 1a? If "Yes," complete Schedule J for such individual			12,586
on line 1a? If "Yes," complete Schedule J for such individual			
on line 1a? If "Yes," complete Schedule J for such individual		Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3		No
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			
services rendered to the organization? If "Yes," complete Schedule J for such person	4	.	No
Complete this table for your five highest compensated independent contractors that received more than	5	5	No
Complete this table for your five highest compensated independent contractors that received more than			
(A) Name and business address (B) Description of services			(C) ensation
		1	

		2010)					Р	age 9
art V	14141	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue exclude from tax under section
								512, 513, or 514
2 42	1a	Federated campaigns	1a	4,848				314
and other similar amounts	b	Membership dues	. 1b					
?≝	С	Fundraising events	1c					
, ₹		Related organizations						
		Government grants (contributions)		521,645				
<u>~</u>		All other contributions, gifts, grants		750,449]	<u> </u>	
<u>₹</u>		sımılar amounts not ıncluded abov	e					
茰	g	Noncash contributions included in I	ines 1a-1f \$	10,649				
; ਜ਼ੋਰ 	h	Total. Add lines 1a-1f			1,276,942			
e l				Business Code				
Program Service Revenue		INSTRUCTION, RESEARCH			359,975		 	
뽄		FOOD, HOUSING, STORE			262,520	262,520		
ب د	C C							
7	d							
	e	<u> </u>						
5	T	All other program service re	venue					
<u> </u>	g	Total. Add lines 2a-2f .			622,495			
	3	Investment income (including	·		27.040			27.0
		and other similar amounts)			37,849			37,8
		Income from investment of tax-ex Royalties						
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) iteal	(II) I ersonal				
		Less rental						
		expenses Rental income						
		or (loss) Net rental income or (loss)	<u> </u>					
	a	Net rental income or (loss)	(ı) Securities	(II) O ther				
	7a	Gross amount	892,374	(II) O thei				
		from sales of assets other						
	h	than inventory Less cost or	942,989					
	,	other basis and sales expenses	_,					
	С	Gain or (loss)	-50,615					
	d	Net gain or (loss)		•	-50,615			-50,6
	8a	Gross income from fundraisi	ng events					
		(not including \$						
		of contributions reported on						
		See Part IV, line 18	а	14.720				
	ь	Less direct expenses .		14,730 15,624				
		Net income or (loss) from fu	<u>.</u>	13,024	-894			-8
ľ			ictivities See Part IV, line 19 . a	1				
	b	Less direct expenses .		b				
		Net income or (loss) from ga						
	10a	Gross sales of inventory, les returns and allowances	SS					
			a					
	b	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa	lles of inventory •					
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS			2,277	2,277		
	b							
	С							
		I All other revenue	•					
	е	Total. Add lines 11a-11d			2,277			
	12	Total revenue. See Instruct	one 🕨					\vdash
		. Jean revenue. Jee Institutt	5.10		1.888.054	624.772	Ī	-13.6

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	Bection $SOI(C)(3)$ and $SOI(C)(4)$ organizations must light other organizations must complete column (A) but are not required to c				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	4 Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	90,861	1,275	89,586	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	530,826	308,043	117,698	105,085
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,918	3,213	10,913	9,792
9	Other employee benefits	39,562	20,051	12,671	6,840
10	Payroll taxes	47,465	24,993	14,427	8,045
а	Fees for services (non-employees) Management				
b	Legal	32,213		32,213	
c	Accounting	15,250		15,250	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,265		8,265	
g	Other	117,131	89,507	22,324	5,300
12	Advertising and promotion	21,657			21,657
13	Office expenses	60,205	49,170	1,944	9,091
14	Information technology	8,787	376	6,494	1,917
15	Royalties				
16	Occupancy	47,877	46,752	1,125	
17	Travel	27,025	15,109	8,855	3,061
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	111,599	111,599		
23	Insurance	35,256	35,256		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PARTICIPANT COSTS	106,281	106,281		
b	BUILDING PROJECTS	87,757	87,757		
c	INDIRECT COSTS	71,503	71,503		
d	DIRECT COSTS	52,363	52,363		
е	OTHER OPERATIONAL EXP	46,032	46,032		
f	All other expenses	187,655	137,928	42,603	7,124
25	Total functional expenses. Add lines 1 through 24f	1,769,488	1,207,208	384,368	177,912
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 5,154 1 17,260 408.974 2 486.332 2 Savings and temporary cash investments 66,594 3 3 70,522 35,537 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 8 8 Prepaid expenses and deferred charges 9 1,759 10a Land, buildings, and equipment cost or other basis Complete 4.173.713 10a Part VI of Schedule D 10b 1.195.380 ь Less accumulated depreciation 2,932,750 **10c** 2,978,333 1,423,430 11 1.372.822 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 140,082 15 150,231 15 16 4,895,319 16 5,194,461 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5.026 17 8,188 17 Accounts payable and accrued expenses . 18 18 7.149 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 140.082 25 150.231 Other liabilities Complete Part X of Schedule D 152,257 26 26 158.419 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 3,585,869 3,478,628 Temporarily restricted net assets 712,146 28 428,420 28 Fund 728,773 29 845,268 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 4,743,062 33 5,036,042 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 4.895.319 5.194.461

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_		1.8	388,05
2	Total expenses (must equal Part IX, column (A), line 25)	2			69,48
3	Revenue less expenses Subtract line 2 from line 1	3		1	.18,56
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,7	43,06
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	.74,41
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,0	36,04
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	_	_

PINIC DO NOT PROCESS

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization ROCKY MOUNTAIN BIOLOGICAL LABORATORY Employer identification number

84-6050523

Par	t I	Reas	on for Pu	blic Charity Stat	: us (All org	anızatıons	s must com	plete this j	part.) See ii	nstructio	ons		
ne o	rganız	ation is	not a privat	e foundation because	eitis (Forli	nes 1 thro	ugh 11, check	only one b	ox)				
1	Γ	A churc	h, conventi	on of churches, or as	sociation of	churches d	lescribed in s	ection 170(b)(1)(A)(i).				
2	굣	A school	ol described	ın section 170(b)(1))(A)(ii). (A ti	tach Sched	ule E)						
3	Γ	A hospi	tal or a coo	perative hospital ser	vice organiz	atıon descr	ıbed ın sectio	n 170(b)(1)(A)(iii).				
4	Γ			I research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the s name, city, and state									
5	Γ	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ty owned or o	perated by	a governmen	tal unıt d	escribed	_ d in	
		section	170(b)(1)(A)(iv). (Complete Pa	art II)								
6	Γ	A federa	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)											
8	Γ	A comm	nunity trust	described in section	170(b)(1)(A	A)(vi) (Cor	mplete Part II	[)					
9	Γ	An orga	nızatıon tha	it normally receives	(1) more tha	an 331/3%	of its support	from contr	ibutions, men	nbership	fees, an	d gro	ss
		receipts	from activ	ities related to its ex	empt functio	ns—subjec	t to certain e	xceptions,	and (2) no mo	ore than :	3 3 1/3%	of	
		ıts supp	ort from gro	ss investment incon	ne and unrel	ated busine	ess taxable ın	come (less	section 511	tax) fron	n busıne	sses	
		acquire	d by the org	anızatıon after June	30,1975 S	ee section l	509(a)(2). (C	omplete Pa	rt III)				
0	\sqcap	An orga	nızatıon org	anızed and operated	exclusively	to test for	public safety	Seesection	n 509(a)(4).				
1	Γ	one or r	nore publicl	anized and operated y supported organizations bes the type of supports b Type II	itions descri orting organi	bed in sect zation and	ion 509(a)(1) or section s 11e throi	509(a)(2) S ugh 11h	ee secti o	•)(3).	Check
e f g	ı	other th section If the or check t Since A	ian foundati 509(a)(2) rganization his box	ox, I certify that the con managers and oth received a written de	termination	or more pul	olicly support	ed organıza Type I, Typ	tions describ	ed in sec	tion 50	9 (a)(:	L) or
				rectly or indirectly co	ontrols, eithe	eralone ort	ogether with	persons de	scribed in (ii)		Г	Yes	No
				governing body of the	•		_	•	. ,		11g(i)		
		(ii) a fa	mily membe	r of a person describ	oed in (i) abo	ve?				-	11g(ii)		
		(iii) a 3	5% control	led entity of a person	described i	n (ı) or (ıı) a	above?				11g(iii)		
h		Provide	the followin	ig information about t	the supporte	d organizat	tion(s)			_	•		
(i) Name suppor organiza		ne of (ii) (described on orted EIN lines 1 - 9 above or IRC section		organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the lion in your rt?	(vi Is th organiza col (i) org in the U	ne tion in ganized		(vi A mou supp		
				(see instructions))	Yes	No	Yes	No	Yes	No			

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493307008481

OMB No 1545-0047

Open to Public

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Inspection If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	ction 501(c)(4), (5), or (6) organi me of the organization CKY MOUNTAIN BIOLOGICAL	·		Em	ployer ıder	ntıfıcatıon number
	ORATORY			84-	6050523	
ar	I-A Complete if the or	ganization is exempt und	ler section 501(
L	Provide a description of the or	ganızatıon's dırect and ındırect p	olitical campaign act	tivities in Part IV		
2	Political expenditures				.	\$
3	V olunteer hours					
ar	t I-B Complete if the or	ganization is exempt und	ler section 501(c)(3).		
	Enter the amount of any excis	e tax incurred by the organization	n under section 495!	5	>	\$
	Enter the amount of any excis	e tax incurred by organization ma	anagers under sectio	n 4955	▶	\$
	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?			☐ Yes ☑ No
a	Was a correction made?					┌ Yes ┌ No
ь	If "Yes," describe in Part IV					
ar	t I-C Complete if the or	ganization is exempt und	ler section 501(c) except sec	ction 50	1(c)(3).
	Enter the amount directly expe	ended by the filing organization fo	or section 527 exem	pt function activit	ties 🕨	\$
!	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	•	\$
3	T.L.I				_	
	i otal exempt function expendi	tures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	•	\$
	Did the filing organization file I	Form 1120-POL for this year?				\$ Yes
	Did the filing organization file l Enter the names, addresses a organization made payments amount of political contributio		er (EIN) of all section or the amount paid fron nd directly delivered	n 527 political org om the filing orga to a separate po	ganizations nization's litical orga	s to which the filing funds Also enter the anization, such as a
	Did the filing organization file l Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a	er (EIN) of all section or the amount paid fron nd directly delivered	n 527 political org om the filing orga to a separate po	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly a Inspection political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered) If additional space	n 527 political orgon the filing orgato a separate poets is needed, proving (d) A mount purifiling organization	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive and promptly and directly delivered to separate political organization If none
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly a Inspection political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered) If additional space	n 527 political orgon the filing orgato a separate poets is needed, proving (d) A mount purifiling organization	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive and promptly and directly delivered to separate political organization If none
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly a Inspection political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered) If additional space	n 527 political orgon the filing orgato a separate poets is needed, proving (d) A mount purifiling organization	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive and promptly and directly delivered to separate political organization If none
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly a Inspection political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered) If additional space	n 527 political orgon the filing orgato a separate poets is needed, proving (d) A mount purifiling organization	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive and promptly and directly delivered to separate political organization If none
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly a Inspection political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered) If additional space	n 527 political orgon the filing orgato a separate poets is needed, proving (d) A mount purifiling organization	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive and promptly and directly delivered to separate political organization If none
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly a Inspection political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered) If additional space	n 527 political orgon the filing orgato a separate poets is needed, proving (d) A mount purifiling organization	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive and promptly and directly delivered to separate political organization If none
-	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly a Inspection political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered) If additional space	n 527 political orgon the filing orgato a separate poets is needed, proving (d) A mount purifiling organization	ganizations nization's litical orga de informa paid from zation's	s to which the filing funds Also enter the anization, such as a tion in Part IV (e) Amount of politic contributions receive and promptly and directly delivered to separate political organization If none

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
A B	Check I if the filing organization belongs to a	nn affiliated group x A and "limited control" provisions apply		
<u>в</u>	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	43,517	
c	Total lobbying expenditures (add lines 1a and 1	o)	43,517	
d	Other exempt purpose expenditures		1,725,971	
e	Total exempt purpose expenditures (add lines 1	1,769,488		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	238,474	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)	59,619	
_	Subtract line 1g from line 1a If zero or less, ent	•	,	
	Subtract line 1f from line 1c If zero or less, ente			

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount				238,474	238,474				
b	Lobbying ceiling amount (150% of line 2a, column(e))					357,711				
c	Total lobbying expenditures				43,517	43,517				
d	Grassroots non-taxable amount				59,619	59,619				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					89,429				
f	Grassroots lobbying expenditures									

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).					
		(a)		(b)	
		Yes	No	1A	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5), c	r se	ctio	n
	· · · · · · · · · · · · · · · · · · ·			,	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-A,			ctio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
Ь	Carryover from last year	2b				
	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information	•				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493307008481

Open to Public

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Inspection Internal Revenue Service **Employer identification number** Name of the organization ROCKY MOUNTAIN BIOLOGICAL LABORATORY 84-6050523 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ Yes ✓ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2 2a Total acreage restricted by conservation easements 2b 75 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	ollections of Art	, Hist	toric	<u>:al Tre</u>	easu	res, or C	<u>)the</u>	r Simila	r Ass	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	owing th	nat are	a significa	ant u	ise of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan o	rexch	ange progi	rams	;			
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they	further	the o	rganızatıor	ı's e:	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,					nılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	diary	for co	ntribut	ions o	r other ass	ets	not	Г	Yes	▽ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ıng ta	ble		_		1			
							-			A mo	unt	
С.	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on F	orm 990, Part X, line	21?							Г	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete										-151	Dl-
a	Beginning of year balance	(a)Current Year 1,276,440	(D)	Prior Y	ear 055,408	(c)1W	o Years Back 1,040,6	-	I)Three Years	васк (e)Four Y	ears Back
a b	Contributions	116,495		-,	2,720		11,9	-				
c	Investment earnings or losses	159,775			296,702		-251,9	-				
d	Grants or scholarships	,			,		,					
e	Other expenditures for facilities	-56,725			-78,390							
_	and programs											
f	Administrative expenses											
g	End of year balance	1,495,985		1,	276,440		800,6	45				
	Provide the estimated percentage of the year	r end balance held a	is									
а	Board designated or quasi-endowment 🕨	13 420 %										
ь	Permanent endowment ► 56 500 %											
c	Term endowment ► 30 080 %											
a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held	and a	dministere	d for	the			
	organization by									2-7:	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		No No
h	(ii) related organizations							•		3b	<u>' </u>	No
	Describe in Part XIV the intended uses of th					•		•				
aı	t VI Investments—Land, Building					0. Pa	rt X. line	10.				
	Description of investment	, , , , , ,		(a)	Cost or o	other	(b)Cost or o	other	(c) Accum deprecia		(d) Bo	ok value
 а	Land				98	7,660	198	3,850				1,186,510
ь	Buildings						2,483	•		923,336		1,559,944
	Leasehold improvements						,			<u> </u>		. , .
	Equipment						503	3,923		272,044		231,879
	Other									· ·		· · ·
_			•								1	

2,978,333

Part VII Investments—Other Securities. See	101111 330, 1 drt X, iii1C 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the of year market value
(2)Closely-held equity interests		
Other		
, , , , , , , , , , , , , , , , , , , ,	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	1	
	<u> </u>	
	_	
	• ·	
Part IX Other Assets. See Form 990, Part X, II		(b) Book value
(a) Descri	рион	(b) Book value
Total. (Column (h) should equal Form 990 Part V col (R) lines	15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.		
Part X Other Liabilities. See Form 990, Part X	X, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,888,054
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,769,488
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	118,566
4	Net unrealized gains (losses) on investments	4	174,414
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	174,414
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	292,980
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,078,092
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	190,038
3	Subtract line 2e from line 1	3	1,888,054
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,888,054
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	Return
1	Total expenses and losses per audited financial statements	1	1,785,112
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 15,624		
e	Add lines 2a through 2d	2e	15,624
3	Subtract line 2e from line 1	3	1,769,488
4	A mounts 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 XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,769,488

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
ACCOUNTING FOR CONSERVATION EASEMENTS	SCHEDULE D, PAGE 1, PART II, LINE 9	THE PROPERTIES WITH CONSERVATION EASEMENT RESTRICTIONS ARE RECORDED AS SUPPORT AT THEIR ESTIMATED FAIR VALUE
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE INTENDED USES FOR THE ENDOWMENT FUND VARIES DEPENDING UPON THE RESTRICTION OF THE DONORS ALL USES ARE CONSISTENT WITH THE EXEMPT PURPOSE OF THE ORGANIZATION
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	RMBL ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCOUNTING STANDARD WHICH REQUIRES THEM TO DETERMINE WHETHER A TAX POSITION (AND THE RELATED TAX BENEFIT) IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT, PRESUMING THAT THE TAX POSITION IS EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION DURING THE YEAR ENDED DECEMBER 31, 2010, RMBL'S MANAGEMENT EVALUATED ITS TAX POSITIONS TO DETERMINE THE EXISTENCE OF UNCERTAINTIES, AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION OR WHICH MAY HAVE AN AFFECT ON ITS TAX-EXEMPT STATUS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSES 15,624 SPECIAL EVENT EXPENSES -15,624
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 15,624
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES 15,624

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DLN: 93493307008481

OMB No 1545-0047

2010

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Schools

Name of the organization ROCKY MOUNTAIN BIOLOGICAL LABORATORY Employer identification number

ROK	ATORY 84-6050523			
Pa	rt I	$\overline{}$	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3		No
4	Does the organization maintain the following?		l	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a	Yes	
	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νο
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νο
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	, N.1
b	. Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	SCHEDULE E LINE 6	THE ORGANIZATION RECEIVES FINANCIAL AID FROM THE NATIONAL SCIENCE FOUNDATION

Schedule E (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493307008481

1. 93493307008481

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

Name of the ROCKY MOUNTA								E	mployer id	lent if ica	tion numbe	r
LABORATORY									4-60505			
	cess Benefit Trar nplete if the organizat										ne 40b	
	(a) Name of disq				,					,		rrected?
1	(a) Name of disq	uaiiiieu	person			(b) Desc	ription	of trans	action		Yes	No
2 Enterthe	amount of tax impos	ed on t	he orga	nızatıon man	lagers of	disqualified pers	ons duri	ing the y	ear under	-		
section 4	1958								🕨	\$		
3 Enter the	amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	ie organization .			•	\$		
Part II L			Todowa	atad Dave								
	.oans to and/or is complete if the organization) Part IV line 26	or For	m 99∩-F	=7 Part \/	lina 38	a	
	omprete il the organiz			T	01111 330	, r ure rv , ime 20	1	11 3 3 0 1	(f)	, 11110 50	<u> </u>	
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	nterested person and ourpose		zation?	(c)Orig		(d)Balance due	defau	lt?	by boar		agreemei	nt?
'				1				1	committ	1		
		То	From				Yes	No	Yes	No	Yes	No
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Total					▶ \$	Davaana						
	r <mark>ants or Assistar</mark> omplete if the orga						, line 2	27.				
(a) Na	me of interested pers	on	(een interested per ganization	rson	(c) A m	nount of g	ant or ty	pe of assis	tance
						gameation						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organizatio revenues	
	organization			Yes	No
(1) DAN JONES - FORMER BOARD MEMBER	BOARD MEMBER	63,600	CONSULTING		Νο
(2) CHRIS FLOYD	BOARD MEMBER	1,275	EMPLOYEE		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493307008481

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization ROCKY MOUNTAIN BIOLOGICAL LABORATORY **Employer identification number**

84-6050523

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	PHY SICAL PLANT

ldentifier Return Reference		Explanation
RELATED PARTY INFORMATION	FORM 990, PAGE 6, PART	KRISTINA JONES AMALIE KASS DIRECTOR DIRECTOR MOTHER-IN-
AMONG OFFICERS	VI, LINE 2	LAW/DAUGHTER-IN-LAW

ldentifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	MEMORIANDUM TO IRME BOARD FROM COVERNANCE COMMITTEE SUBJECT REVISED RMEE BY LAWS BACKGROUND IN SEVERAL WAYS THE BUSINESS BY LAWS BACKGORD TO BE MALE TO RMEE SYSTAMS BACKGORD IN SEVERAL WAYS THE BUSINESS BY LAWS BACKGORD TO BE MALE TO RMEE SYSTAMS SOOT FITE CORPORATION AND THE SYSTAMS BY LAWS ARE RECOVERS THE TOTAL OF THE SYSTAMS BY LAWS BACKGORD TO BE AND THE SYSTAMS BY LAWS B

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS MEMBERS

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS ELECT THE TRUSTEES

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	SOME DECISIONS (SOME CHANGES IN THE BYLAWS) ARE SUBJECT TO MEMBER VOTE

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WILL BE EXAMINED BY THE DIRECTOR, DIRECTOR OF FINANCE AND OPERATIONS, FINANCE COMMITTEE, AND PASSED ON TO THE BOARD FOR REVIEW

ldentifier	Return Reference	Explanation	
	FORM 990, PAGE 6, PART VI, LINE 12C	ORGANIZATION MONITORS AND ENFORCES THE COMPLIANCE POLICY BY HAVING TRUSTEES AND KEY EMPLOYEES FILL OUT DISCLOSURE FORMS, WHICH ARE THEN REVIEWED BY THE BOARD PRESIDENT	

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS BASED UPON COMPARABILITY DATA, CONDUCTED BY INDEPENDENT PERSON (NON-COMPENSATED TRUSTEES), AND SUBSTANTIATED THE BOARD PRESIDENT REVIEWS COMPARABLE COMPENSATION DATA AND SUBMITS A PROPOSED SALARY TO THE BOARD FOR BOARD VOTE

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR IS THE ONLY KEY EMPLOYEE

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990, PART IX, LINE 24F	MEALS 44,362 FOOD PURCHASES 43,270 HOUSING 37,844 STORE EXPENSES 24,758 VEHICLE EXPENSES 10,352 EQUIPMENT REPAIRS 5,239 GOVERNMENTAL FEES & TAXES 3,679 OTHER DEVELOPMENT EXPENSE 3,348 OTHER ADMINISTRATIVE EXP 2,959 OTHER INSTRUCTIONAL EXP 2,276 PAYROLL EXPENSES 2,109 ENTERTAINMENT 1,902 CREDIT CARD FEES 1,700 MISC/OTHER 1,565 PUBLIC RELATIONS & ENTER 1,327 PROFESSIONAL DEVELOPMENT 965

TY 2010 Averaging Attachment

Name: ROCKY MOUNTAIN BIOLOGICAL

LABORATORY

EIN: 84-6050523

Explanation: LOBBYING EXPENSES WERE NOT INCURRED IN 2007-2009.

LOBBYING WAS CONDUCTED TO ENSURE RMBL STUDENTS AND SCIENTISTS HAVE ACCESS TO PUBLIC LANDS IN ORDER TO

CONDUCT RESEARCH AND EDUCATION.

Additional Data

Software ID:

Software Version:

EIN: 84-6050523

Name: ROCKY MOUNTAIN BIOLOGICAL

LABORATORY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services			
(Code) (Expenses \$	605,545 including grants of \$) (Revenue \$	369,128)
PHYSICAL PLANT				