

990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. 1 **Open to Public** Inspection

A F	or the	2018 calenda	ar year, or tax year beginning January 01 , 2018, an	d ending	Dec	ember	31 , 20	18
В	heck If ap	opticable ²	C Name of organization		D Empl	oyer ide	ntification numbe	er .
<u></u>	Address cl	hange	Lower Brule Research Institute	Room/suite		81	-0835645	
_	Name cha	-	hone nu	mber				
_	initial retur Final netur	m n/terminated	P.O. Box 146			406	<u>-570-1515</u>	
_	Amended		City or town, state or province, country, and ZIP or foreign postal code	03	F Grou	ıp Exen	nption	
	Application	n pending	Lower Brute, SD 57548		Nun	nber ▶	·	
		ing Method.	☐ Cash	Н	Check I	► □ if	the organization	ı ıs not
	Vebsite		bruleresearch.org		-		ch Schedule B	
_			ck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or	<u>527</u>	(Form 9	90, 990	-EZ, or 990-PF)	
			✓ Corporation ☐ Trust ☐ Association ☐ Other _				·····	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re, or if total	assets			
`			5500,000 or more, file Form 990 instead of Form 990-EZ			* \$		<u>93,931</u>
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances					_
	1 .	•	the organization used Schedule O to respond to any question in					<u>. Ц</u>
	1		ns, gifts, grants, and similar amounts received			1		93,931
	2	_	ervice revenue including government fees and contracts			2		<u>"0</u>
	3		ip dues and assessments		• •	3		0
	4	Investment	1		•	4		0
	5a		unt from sale of assets other than inventory	.	0			诗
	b		or other basis and sales expenses	- Ea\	0	=		₹_
	C		ss) from sale of assets other than inventory (Subtract line 5b from line d fundraising events:	- Jaj		5c		
	a		ome from gaming (attach Schedule G if greater than					.,
Ð	"		· · · · · · · · · · · · · · · · · · ·					
Revenue	ь		me from fundraising events (not including \$ 93,931 of c	ontribution	٠			
ě	1 -		aising events reported on line 1) (attach Schedule G if the		Ĭ			•
ш			h gross income and contributions exceeds \$15,000) 6b		0			3
	c		t expenses from gaming and fundraising events 6c		0			1
	1		e or (loss) from gaming and fundraising events (add lines 6a and 6	6b and sub	otract			
		line 6c) .				6d		0
	7a	Gross sales	s of inventory, less returns and allowances 7a		o			
	ь	Less: cost	of goods sold		0			
	С	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		0
	8		nue (describe in Schedule O)			8		0
	9		nue, Add [DeS 1, 2, 3, 4,5c, 6d, 7c, and 8		. ▶	9		93,931
	10		sımılar amodines paid (tist în Schedule O)			10		0
	11	Benefits pa	aid to grifor members			11		0
ės	12	Salaries, of	her compensation, and employee behefits			12		<u>42,997</u>
enses	13	Profession	al feest and other payments to independent contractors			13		0
ξĎ	14	Occupancy	r, rept, utilities, and maintenance			14	· · · · · ·	0
ш		Printing, pu	iblications, postage, and shipping			15		0
	16		nses (describe in Schedule O)			16	;	<u> 28,379</u>
	17	Total expe	nses. Add lines 10 through 16	<u></u>	. 🕨	17		0
ats.	18		deficit) for the year (Subtract line 17 from line 9)		· ·	18		<u>22,555</u>
S \$6	19		or fund balances at beginning of year (from line 27, column (A)) (in rigure reported on prior year's return)			40		
Net Assets	20	=	ges in net assets or fund balances (explain in Schedule O)			19		<u>43,943</u>
Š	20 21		or fund balances at end of year. Combine lines 18 through 20			20		CC 400
For				106421	. •	<u> </u>	Form 990-EZ	66,498 (2018)

Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>
			1	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			43,943	-	66,498
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			43,943	_	66,498
26	Total liabilities (describe in Schedule O)				26	
27 Dat	Net assets or fund balances (line 27 of column till Statement of Program Service Accom			43,943 Part III)	21	66,498
rai	Check if the organization used Schedule	•		•	1	Expenses
Wha	t is the organization's primary exempt purpose?			Tarin		uired for section
Desc as n	cribe the organization's program service accomplete	shments for each o	f its three largest p			(c)(3) and 501(c)(4) anizations, optional for ers)
pers	ons benefited, and other relevant information for ea				<u> </u>	
28	Provide 9, 7-12th grade interns with supplies, stipend		arry out 160 hour co	mmunity		
	centered science research projects over the summer.				1	
					-	
		includes foreign gra			28a	39,595
29	Provide 9 college students with supplies, stipends ar	nd guidance to carry	out 25 hour summer	mentorship		
	experiences.		••			
	(Create \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	nto chock hara	• 🗆	29a	
20				<u> </u>	23a	7,018
30	Provide 10 free cooking classes to any Lower Brule of	community members	over the summer		1	
					İ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	• 🗇	30a	16,904
31	Other program services (describe in Schedule O)					10,000
		includes foreign gra	ints, check here .	▶ 🗆	31a	270
32	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated-see the i	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	<i>.</i> 🛘
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of other compensation
Devo	n Riter	· · · · · ·				
Exec	utive Director	40	20,000		0	0
Rian	na Albers				- [
	d President	11)	0	0
	n Moeller					
	d Vice President	1)	0	0
	y Bracelin	_				_
	d Member	1) !	<u> </u>	0
	Prado			J		•
	d Member	1		'	0	0
	Pierce d Member	1	,	J	0	0
	ayla Estes	•			1	
	d Member	1			0	0
	a Sazue	•			1	····
	d Member	1		,	0	0
	lie Anderson				\top	
	d Member	1			0	0
	ney Nordvold				T	
Boar	d Member	11)	0	0
				ļ	\bot	
		Į		1		
		{	i	1	i	

Form 99	0-EZ (2018)		Р	age 3
Part	· · · · · · · · · · · · · · · · · · ·			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		→
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		✓,
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41 42a	List the states with which a copy of this return is filed The expanization's backs are in core of Talephone no.			
720	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►			
b	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)? If "Yes," enter the name of the foreign country	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	_	7
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			7
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	AEL		\downarrow
	1 0111 330-L2. 056 IISU UCU013	45b	L J	✓

Form 9	90-EZ (2	018)						P	age 4	
								Yes	No	
46	Did t	he organization engage, directly or in	directly, in political of	ampaign activities	on behalf	of or in opposition	on			
		ndidates for public office? If "Yes," c		, Part I			46	<u> </u>	1	
Part		Section 501(c)(3) Organizations								
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	nd 52, and	d complete the	tables f	or lin	es	
		50 and 51.								
		Check if the organization used Sch	nedule O to respond	I to any question i	n this Par	<u>t VI</u>		,	<u> </u>	
								Yes	No	
47		he organization engage in lobbying		section 501(h) elec	ction in eff	fect during the t				
	•	If "Yes," complete Schedule C, Part					47	<u> </u>	√	
48		organization a school as described in	, , , , , , ,	•				<u> </u>	✓	
49a		he organization make any transfers to	-	-					1	
b		es," was the related organization a se						L	<u> </u>	
50		plete this table for the organization's								
	empi	oyees) who each received more than	\$100,000 of comper	nsation from the or			, enter "N	ione.		
	4-1	At	(b) Average	(c) Reportable		lealth benefits,	(e) Estimate	d amoi	unt of	
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS		olans, and deferred	other con	pensat	tion	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	- G	ompensation				
None						-				
										
					[
	-			 						
					ŀ					
			······································							
				1	l	1				
	Takal	number of other employees paid over	er \$100,000		<u>_</u>					
		plete this table for the organization's		· · · ———			ropoised		thon	
51	\$100	,000 of compensation from the orga	s live highest compi nization, If there is no	ensaled independe one, enter "None."	an comia	CLOIS WITO EACT	received	more	i ii idii	
		· · · · · · · · · · · · · · · · · · ·		T T						
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c) (Compensati	on		
None								-		
				1						
				1						
				<u> </u>						
				1		1				
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶	0) - ·			
52		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganızatıor	s must attach	a	_		
	comp	oleted Schedule A	<u> </u>	<u> </u>	<u> </u>	<u></u>	► ✓ Yes	i	No	
Under	penalties	of perjury, I declare that I have examined this no domplete. Declaration of preparer (other than	etum, including accompan	ying schedules and stat	ements, and	to the best of my kno	owledge and	belief,	nt is	
true, co	rect, an	d complete Declaration of preparer (other than	onicer) is based on all into	mation of which prepa	er nasany k	riowieage				
o:		LOUTIN Kins				1/2/I	14			
Sign		Signature of officer				Date				
Here		Devon Riter, Executive Director								
		Type or print name and title	Proparer's synastyre		Date		PTIN			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if			
Prep			<u> </u>			self-employed				
Use	Only	Firm's name	,		 	Firm's EIN ▶				
May t	he IRS	discuss this return with the preparer	shown above? See	nstructions		Phone no	Yes		Vc.	
TAICTA F		GIOCEGO HINO I CIGITI TTILLI UTC DI CDOI CI					1 1 25		10	

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Lower Brule Research Institute 81-0835645 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). 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: 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)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: 10 An organization that normally receives: (1) more than 331/a% of its support from contributions, membership fees, and gross 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 (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). 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. 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10) support (see other support (see above (see instructions) instructions) instructions) Ves No (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i) /
	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			1	1		
	membership fees received. (Do not		•			/	
	include any "unusual grants.")		ļ 				
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		j	<u> </u>			
	organization without charge		j	1		Ì	
4	Total. Add lines 1 through 3			!			
-	•						
5	The portion of total contributions by each person (other than a		ļ	1	/		
	governmental unit or publicly				/		
	supported organization) included on		1			1	
	line 1 that exceeds 2% of the amount		ļ				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		.	/			
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				ļ	ļ	
8	Gross income from interest, dividends,		/	1			
	payments received on securities loans,					1	
	rents, royalties, and income from similar sources	i					
9	Net income from unrelated business		/			 	
9	activities, whether or not the business		Y	-	{		
	is regularly carried on			}			
10	Other income. Do not include gain or						
	loss from the sale of capital assets			}			
	(Explain in Part VI.)		[
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	, ,	•			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>			▶ []
	on C. Computation of Public Suppor			14 1 (0)	······································		
14	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch			11, column (t))		15	<u>%</u>
15 16a	33 ¹ / ₃ % support test—2018 If the organi	ization did not	check the ho				
IVA	box and stop here. The organization qua	tifies as a publ	icty supported	l organization			•
b	331/3% support test—2017. If the organi						
_	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test-20	018. If the ora	anization did n	ot check a bo	x on line 13, 1	6a. or 16b. an	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization						> 🗀
b	10%-facts-and-circumstances test-20						
	15 is 19% or more, and if the organiza						
	Explain in Part VI how the organization in				The organizati	on qualifies as	a publicly
40	supported organization		 box on line 12				- 📙
18	instructions						
	,						

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

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

Sact	on A. Public Support	diadi the te	Sto listed bei	orr, picase co	inpicto i di ti		· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
dalen 1	Gifts, grants, contributions, and membership fees	(a) 2014	(0) 2013	(6) 2010	(0) 2017	(E) 2010	(i) rotal
_	received. (Do not include any "unusual grants.")	· · · · · · · · · · · · · · · · · · ·		12,300.23	66,652.92	93,931	172,884.15
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			!		- 1	
	furnished in any activity that is related to the				-		
_	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513			1	1	1	
4	Tax revenues levied for the						0
•	organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities				1		
	furnished by a governmental unit to the]]	ļ		
	organization without charge						0
6	Total. Add lines 1 through 5			12,300.23	66,662.92	93,931	172,884.15
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				1	-	_
	, ,						0
b	Amounts included on lines 2 and 3 received from other than disqualified			i i	1	Ì	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			1	1	j	0
С	Add lines 7a and 7b					·	0
8	Public support. (Subtract line 7c from						
	line 6.) 、、、、、、、、、、、		1				172,884.15
	on B. Total Support		1		(a T	4.722.2	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		1	12,300.23	66,662.92	93,931	172,884.15
10a	payments received on securities loans, rents,		İ		1	1	
	royalties, and income from similar sources .		1	1 1	1	ł	0
b	Unrelated business taxable income (less						U
	section 511 taxes) from businesses]) }]	j	
	acquired after June 30, 1975			Ì			0
C							0
11	Net income from unrelated business			1		1	
	activities not included in line 10b, whether						
40	or not the business is regularly carried on			-			0
12	Other income. Do not include gain or loss from the sale of capital assets		ł		ŧ		
	(Explain in Part VI.)		1	1	1		0
13	Total support. (Add lines 9, 10c, 11,						<u>_</u>
	and 12.)]	} }]		172,884.15
14	First five years. If the Form 990 is for the	e organizatio	n's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	
	organization, check this box and stop her			· · · · ·	<u></u>		🕨 🗸
	on C. Computation of Public Suppor				 	T 1	
15	Public support percentage for 2018 (line 8		-			15	<u>%</u>
16 Booti	Public support percentage from 2017 School D. Computation of Investment Inc				· · · · ·	16	<u>%</u>
17	Investment income percentage for 2018 (I			ov line 13 colum	nn (fl)	17	%
18	Investment income percentage from 2017			-		18	
19a	331/3% support tests—2018. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz	ation did not o	heck a box on	line 14 or line 19	9a, and line 16	is more than 33	31/3%, and
	line 18 is not more than 331/3%, check this t	oox and stop h	ere. The organ	ization qualifies	as a publicly su	pported organi	
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a <u>, or 19b, cl</u>	heck this box a	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

(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.)

Secti	on A. All Supporting Organizations		V	N.
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.		Tes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
с 4а	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 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")? If	3c	_	
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**

the supporting organization had an interest? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer 10b below.

9b

9с

10a

10b

Pane	

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	l	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Section	on B. Type I Supporting Organizations			
			Yes	No
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.	<u> </u>		
		1		L.,
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	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
		2	L	L
Section	on C. Type II Supporting Organizations		V	
4			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)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed] 1		1
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u>ı. •</u>	L	<u> </u>
0004	on Divinity point outporting organisation		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
-	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			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	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			1
	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		<u> </u>
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 i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below	. • .		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins		
2	Activities Test. Answer (a) and (b) below.		Yes	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			
J	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.		-	1
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? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of the supported organizations? If "Vae " describe in Part VI the role played by the proprization in this majord	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
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):	<u> </u>		-
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):	L		
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		<u> </u>
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	tegrated Type III supportin	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity		· · · · · · · · · · · · · · · · · · ·	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.	 	· · · · · · · · · · · · · · · · · · ·	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<u> </u>		· · · · · · · · · · · · · · · · · · ·
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	I	<u> </u>	CI3
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
<u> </u>	From 2014			
.	From 2015			
	From 2016			
<u>е</u>	From 2017		<u> </u>	
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years Applied to 2018 distributable amount		······································	
			 	
<u> </u>	Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years			
_ <u>p</u>	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h		_	
•	and 4b from line 1. For result greater than zero, explain in	1	!	
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c.	}		
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Şchedule A (f	Form 990 or 990-EZ) 2018 Page (
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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Lower Brute Research Institute	· 81-0835645
PART I: #16 OTHER EXPENSES	
2018 Science Fair Supplies: \$270	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Administration (Web Hosting, Accounting Services, Insurance, Computer Software): \$5,790	
Travel/Professional Development: \$1,497	•••••
Supplies for Intern Research Projects: \$2,920	
Summer Program Evaluation: \$10,000	
Costs for college mentors (stipends, travel): \$6,018	
Supplies and Space Rental for Cooking Classes: \$1,884	
	·
PART III: #31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
Provide 20 9-10th grade students with supplies and guidance for the completion of science fair projects: \$270	
	·
	
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