.Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Department of the Treasury

▶ 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.

Open to Public Inspection

		2019 calendar year, or tax year beginning , 2019, and ending		, 20						
	Check if a		plover	identification number						
	Address		l ' '							
=	Name cha	Treat y mountain research a rievention mattate	m/suite E Telephone number							
	Initial retu	iro	•							
	Fınal retui	rn/terminated PO Box 440313 City or town, state or province, country, and ZIP or foreign postal code		303) 521-0987						
=	Amended	Ireturn U.S.	•	emption						
		Adiota, CO 80044	umber							
				of the organization is not						
	Vebsite	· · · · · · · · · · · · · · · · · · ·		ttach Schedule B						
	Tax-exempt status (check only one) —									
		organization								
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	S •	•						
			uotior	s for Dort IV						
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr								
		Check if the organization used Schedule O to respond to any question in this Part I								
	1	Contributions, gifts, grants, and similar amounts received	1	26,371						
	2	Program service revenue including government fees and contracts	-	7,200						
	3	Membership dues and assessments	3	61,185						
	4	Investment income	4	0						
	5a	Gross amount from sale of assets other than inventory	0							
	b	Less cost or other basis and sales expenses	이	_						
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events	5c	0						
ø	а	Gross income from gaming (attach Schedule G if greater than								
Revenue	b	Gross income from fundraising events (not including \$ of contributions	0							
Be		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 16,3;	,,							
	c	Less. direct expenses from gaming and fundraising events 6c -5,4	_							
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
	-	line 6c)	6d	10,961						
	7a	Gross sales of inventory, less returns and allowances	0	10,301						
	b	Less. cost of goods sold	<u> </u>							
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	1						
	8		8	6,906						
	9	Other revenue (describe in Schedule O)	9	106,623						
	10		10	-34,768						
	11	Benefits paid to or for members	11	0 1,7 50						
Ş	12	Salaries other compensation and employee benefits	12	-8,063						
Expenses	13	Professional fees and other payments to independent contractors . OGDEN, UT	13	-16,585						
be	14	Occupancy, rent, utilities, and maintenance	14	-53,282						
Ä	15	Printing, publications, postage, and shipping	15	-777						
	16	Other expenses (describe in Schedule O)	16	-17,926						
	17	Total expenses. Add lines 10 through 16	17	-131,401						
<u></u>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-24,778						
šet	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with								
Ass		end-of-year figure reported on prior year's return)	19	144,136						
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0						
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	119,358						
For		work Reduction Act Notice see the senarate instructions Cat. No. 106421		Form 990-EZ (2019)						



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	<u>s rant</u>	Yes	No
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	103	✓
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		1
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
b	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		<u> </u>
С	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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			لب_إ
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	V
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		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	304	 	V
39	Section 501(c)(7) organizations. Enter	-		
а	Initiation fees and capital contributions included on line 9			
	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	<u> </u>		
	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		1
	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			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	List the states with which a copy of this return is filed ▶ Colorado			
42a		303-52		7
	Located at ► 13770 E. Rice PI, Aurora, CO ZIP + 4 ►	800		
D	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)?	42b	Yes	-
	If "Yes," enter the name of the foreign country ►	720		/
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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		√
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	\Box	res	No
	completed instead of Form 990-EZ	44a		<u> </u>
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Ź
	Did the organization receive any payments for indoor tanning services during the year?	44c		 ✓ ,
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44-		├─┤
		44d 45a	\vdash	/
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	73a	\vdash	
	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	45b		

Form 99	90-EZ (2	2019)								Р	age 4
`	Did	the organization engage, directly or in	idirectly in political c	eampaign activities	on hot	nalf of or	ın ennesi	tion I		Yes	No
46		andidates for public office? If "Yes," c		5				LION	46		_/
Part		Section 501(c)(3) Organizations	Only					•			
		All section 501(c)(3) organizations	s must answer que	stions 47-49b a	nd 52,	and cor	nplete th	e tab	les f	or line	3 S
		50 and 51.									_
		Check if the organization used Sch	nedule O to respond	to any question	ın this l	Part VI					
										Yes	No
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Part		section 501(h) ele · · · · · ·					47		/
48	Is the	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	ete Sche	edule E		.	48		1
49a		the organization make any transfers to							49a		1
b		es," was the related organization a se		-					49b		
50		plete this table for the organization's							ustee	es, an	d key
	emp	loyees) who each received more than	\$100,000 of comper	nsation from the oi	rganızat	tion. If th	ere is non-	e, ent	er "N	one."	
			(b) Average	(c) Reportable		(d) Health t					
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MI	lhan		o employee and deferred sation		e) Estimated amoi other compensal		
N/A								•			
42142											
		·									
f	Total	number of other employees paid over	er \$100,000	. ▶	0		_				
51	Com	plete this table for the organization's	s five highest compe	ensated independent	ent con	tractors	who each	rece	eived	more	thar
	\$100	,000 of compensation from the orgai	nization. If there is no	one, enter "None."							
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Comp	ensatio	on	
N/A											
1927											
			•								
						İ					
-											
				1							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	, ▶_			0			
52	Dıd	the organization complete Schedul	le A? Note: All se	ction 501(c)(3) o	rganıza	tions mi	ust attach	ı a			
	comp	oleted Schedule A			· .			.▶☑	Yes		No
		of perjury, I declare that I have examined this re						owledg	ge and	belief,	ıt ış
true, cor	rect, ar	nd complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has ar	ny knowled	ge				
	T	(UOY)					5/1	3 <i>J</i> .	ں د		
Sign		Signature of officer				Date		•			
Here		Erik Van Bramer, Chairman of the E	Board								
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf F	MIT		
Prepa	arer		<u></u>				self-employ	yed			
Use (Firm's name ▶				Firm'	s EIN ▶				
		Firm's address ▶				Phon	e no				
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions	· · ·		<u> l</u>	▶ ☑	Yes		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.

OMB No 1545-0047

Open to Public

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

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

Open to Public Inspection

	Name of the organization Employer identification number							
	ky Mountain Research & Prevention			_			17740	
	rt I Reason for Public Ch		<u></u>				ons.	
	organization is not a private found		,		•	•		
1	A church, convention of chur						1	
2	A school described in section		· ·				7	
3	☐ A hospital or a cooperative h☐ A medical research organiza						(::) Fedou de o	
4	hospital's name, city, and sta	ate:	•					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7								
8	☐ A community trust described	I in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research orga or university or a non-land-gruniversity:	inization describer rant college of agi	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	erated in er the nan	conjunction with a line, city, and state of	and-grant college fthe college or	
10	An organization that normally receipts from activities relate support from gross investme acquired by the organization	d to its exempt fu int income and un	inctions—subject to c irelated business taxa	ertain exi ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	An organization organized ar	nd operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).		
12	An organization organized an							
	of one or more publicly supp Check the box in lines 12a thi							
а	Type I. A supporting orgation the supported organization supporting organization.	on(s) the power to	regularly appoint or e	elect a ma	jority of t			
b	Type II. A supporting org control or management o organization(s). You mus	f the supporting o	organization vested in	the same				
С	Type III functionally inte						ally integrated with,	
d	Type III non-functionally that is not functionally intereguirement (see instructional see instructions).	egrated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an		
е		anization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III	
f	Enter the number of supported							
g		•	oorted organization(s).					
	(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	erganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)		 					<u> </u>	

Schedu	lle A (Form 990 or 990-EZ) 2019						Page 2
Part	Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked th				•		alify under
`	Part III. If the organization fails to	qualify under	r the tests lis	ted below, pl	ease comple	te Part III.)	<u> </u>
	on A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	188903	109835	86406	114307	88756	588207
2	Tax revenues levied for the		İ				
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	188903	109835	86406	114307	88756	588207
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		ŀ				
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
e	''						690101
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support						288704
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	188903	109835	86406	114307	88756	588207
8	Gross income from interest, dividends,	100703	107033	00400	114307	00730	300207
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	o	o	o	اه	o	0
9	Net income from unrelated business	_		-			<u>-</u>
_	activities, whether or not the business						
	is regularly carried on	О	o	О	o	О	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets			İ			
	(Explain in Part VI.)	o	О	o	o	0	0
11	Total support. Add lines 7 through 10						588207
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	588207
13	First five years. If the Form 990 is for the		s first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her						▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6	• • • • • • • • • • • • • • • • • • • •	-			14	100 %
15	Public support percentage from 2018 Sch					15	100 %
16a	331/3% support test—2019. If the organic						
L	box and stop here. The organization qual 33 ¹ / ₃ % support test—2018. If the organization			_			_
b	this box and stop here. The organization						bre, check
4-	, ,	•		-			– 🗀
17a							
	10% or more, and if the organization me Part VI how the organization meets the "						
	organization						> ¬
h	10%-facts-and-circumstances test—20	118 If the erec	nization did n	nt chack a how	on line 12 1	6a 16b or 17	and line
þ	15 is 10% or more, and if the organiza	_					
	Explain in Part VI how the organization m						
					-		

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

19a

Schedu	le A (Form 990 or 990-EZ) 2019						Page 3
Part							
	(Complete only if you checked the						nder Part II.
· .	If the organization fails to qualify	under the t	ests listed be	low, please c	omplete Part	II.)	
	on A. Public Support	L () 2215	4.0040	1 () 2047	1 1 2010	1 () 22/2	1
Calen	dar year (or fiscal year beginning in)	(a) 2015 `	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	V.					
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .			\backslash	,/		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
Secti	on B. Total Support			-L	' 		
Calen	dar year (or fiscal year beginning in)	(a) 2015	/ (b) 2016	(c) 2017	(d) 20 \ 8	(e) 2019	(f) Total
9	Amounts from line 6		<i>/</i>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b/					\	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			-		X
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		-				
16	Public support percentage from 2018 Sch			<u> </u>	<u></u>	16	<u>\%</u>
	on D. Computation of Investment Inc					1.5	
17	Investment income percentage for 2019 (<u>%</u>
18	Investment income percentage from 2018	3 Schedule A.	Part III line 17			18	%

331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . • • □ 331/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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

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.)

Sect	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F ion A. All Supporting Organizations	artv	•)	
0000	on A. All Supporting Organizations		Ves	No
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	1	103	
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		<u>-</u>
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	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	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "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 "Yos," 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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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).	5a		.72
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		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
	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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, componention, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		ريشون ا
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		<u>, </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	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.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part] . [
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		1	· ·
			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			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<u> </u>		اـــــا
0 4		1		L
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	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 in	nstruc	ctions	<u></u>
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions)
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			. 1
	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			
	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			لــــا
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u></u>		لـــــا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
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)				
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI)							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C-Distributable Amount	•		Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6	#					
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	ng organization (see				

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	-		
Şect	Section D—Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	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	th the organization is res	sponsive			
	(provide details in Part VI). See instructions.					
<u>9</u> 10	Distributable amount for 2019 from Section C, line 6		<u> </u>			
10	Line 8 amount divided by line 9 amount	<u> </u>	(::)	(:::)		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
<u>а</u>	From 2014			11		
<u> </u>	From 2015					
<u>C</u>	From 2016	•				
d	From 2017		٠.			
<u>e</u>	From 2018					
<u>f</u> _	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2019 distributable amount					
<u>i_</u>	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
-	Section D, line 7:			,		
a	Applied to underdistributions of prior years			· · ·		
<u>b</u>	Applied to 2019 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.	σ,				
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7 ⁻					
a	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018	7,				
e	Excess from 2019			-		

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, 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.

▶ Attach to Form 990 or 990-EZ.

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

2019
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Rocky Mountain Research & Prevention Institute

Employer identification number 68-0517740

Part 1, Question #8 - Other Revenue = \$6,906 The revenue recorded as other is a small tuition requirement for students participating in the Audrora Youth 4 Success (AY4S) program, which is a 3 week program offered to low income high school students in Aurora, CO.

The program offers courses such as Computer Kills, Cosmetology, Automotive Tech, Culinary Arts, and Introduction to Business.

The small tuition requirement has proven an effective tool in guaranteeing participation and attendence throughout the program.

Part 1, Question #10 - Grants and Similar Paid \$34,768 The largest donation paid out from RMRPI in 2019 was to (\$15,000) to the Triskeles Foundation - Tiny Bear Fund, followed by Bishop Bergen Catholic School flood relief (\$2,095), and \$1,000 Grants each to: Adaptive Sports Center, Bookcliff Middle School, Art from Ashes, YMCA of Northern Colorado, Nederland Elementary School, Boys & Girls Club of Fremont County, PALS Children's Program, Montrose Memorial Hospital, Grand Junctino High School Library, and the Denver Achievement Academy These funds were distributed through a minor grant application process from funds generated from the Colorado Kids 1st License Plate program as well as 2 fundraising events

Part 1, Question #16 Other Expenses - \$17,926.. The largest of these expenses was \$6,250 for memberships paid to various non-profit o organizations, \$5,993 for food served and prepared during the AY4S program, \$1,867 in Insurance paid, \$\$1,259 in credit card processing fees, \$108 in banking fees, \$70 in office expenses and \$2,164 in Website hosting, development, and maintenance