

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

1809

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), Name of organization (ROCKY MOUNTAIN PLANNED PARENTHOOD, INC.), D Employer identification number (84-0404253), E Unrelated business activity codes.

Form section C: Book value of all assets at end of year (43,580,426), F Group exemption number, G Check organization type (501(c) corporation).

Form section H: Describe the organization's primary unrelated business activity. NO ACTIVITY - REFUND CLAIM

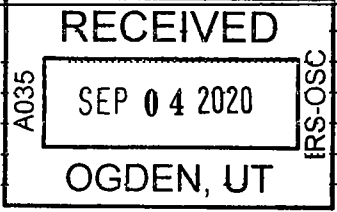
Form section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

Form section J: The books are in care of THE ORGANIZATION Telephone number 303-813-7611

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 detailing various income and expense categories.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: 14-34 detailing various deduction categories and their corresponding income/expense amounts.



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Vertical text on the left margin: SCANNED NOV 17 2020 SEP 30 2020 Paperwork Reduction Act of 2002

4

Handwritten signature or initials at the bottom right.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
 c Income tax on the amount on line 34 ▶ 35c 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ 36  
**37 Proxy tax.** See instructions ▶ 37  
**38 Alternative minimum tax** ▶ 38  
**39 Tax on Non-Compliant Facility Income.** See instructions ▶ 39  
**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies ▶ 40 0.

**Part IV Tax and Payments**

**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) ▶ 41a  
**b Other credits** (see instructions) ▶ 41b  
**c General business credit.** Attach Form 3800 ▶ 41c  
**d Credit for prior year minimum tax** (attach Form 8801 or 8827) ▶ 41d  
**e Total credits.** Add lines 41a through 41d ▶ 41e  
**42 Subtract line 41e from line 40** ▶ 42 0.  
**43 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) ▶ 43  
**44 Total tax.** Add lines 42 and 43 ▶ 44 0.  
**45a Payments:** A 2016 overpayment credited to 2017 ▶ 45a  
**b 2017 estimated tax payments** ▶ 45b  
**c Tax deposited with Form 8868** ▶ 45c  
**d Foreign organizations: Tax paid or withheld at source** (see instructions) ▶ 45d  
**e Backup withholding** (see instructions) ▶ 45e  
**f Credit for small employer health insurance premiums** (Attach Form 8941) ▶ 45f  
**g Other credits and payments:**  Form 2439  Other 304. Total 304. ▶ 45g 304.  
**46 Total payments.** Add lines 45a through 45g ▶ 46 304. SEE STATEMENT 2  
**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached  ▶ 47  
**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ 48  
**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ 49 304.  
**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax 304. Refunded 304. ▶ 50 304.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

		Yes	No
<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	X		
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	X		
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____			

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Signature of officer:** [Signature] **Date:** 6/30/20 **Title:** CHIEF FINANCIAL OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KURT BENNION</b>	Preparer's signature <b>KURT BENNION</b>	Date <b>03/31/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01469618</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>			Firm's EIN ▶ <b>41-0746749</b>	
	Firm's address ▶ <b>370 INTERLOCKEN BLVD., SUITE 500 BROOMFIELD, CO 80021</b>			Phone no. <b>303-466-8822</b>	

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FOOTNOTES

STATEMENT 1

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FORM 990-T IS BEING AMENDED TO REFLECT THE REPEAL OF IRC SECTION 512(A)(7) RELATED TO TAXABLE EMPLOYEE TRANSPORTATION BENEFITS. THE FOLLOWING PARTS OF THE FORM 990-T ARE CHANGED COMPARED TO THE ORIGINAL FILING:

- PAGE 1, BLOCKS E AND H
- PART I, LINES 12 AND 13
- PART II, LINES 30, 32 AND 34
- PART III, LINES 35C AND 40
- PART IV, LINES 42, 44, 45G, 46, 48, 49 AND 50

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 2

DESCRIPTION

AMOUNT

OVERPAYMENT DUE TO REPEAL OF SECTION 512(A)(7)

304.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

304.