

Form 990-T

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

OMB No. 1545-0687

2017

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

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

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employers' trust, see instructions.)

B Exempt under section 501(c)(3) 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

ROCKY MOUNTAIN PLANNED PARENTHOOD, INC.

84-0404253

Number, street, and room or suite no. If a P.O. box, see instructions.

7155 EAST 38TH AVENUE

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

DENVER, CO 80207

900099

C Book value of all assets at end of year 43,580,426.

F Group exemption number (See instructions.)

Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. TAXABLE EMPLOYEE TRANSPORTATION BENEFITS

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

If "Yes," enter the name and identifying number of the parent corporation.

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

Part I Unrelated Trade or Business Income

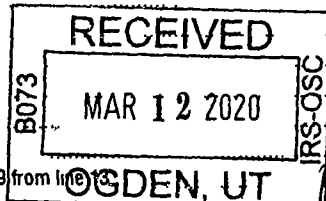
Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), and Total. Total income is 2,563.

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

(Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, and Total deductions. Total deductions are 1,000.

SCANNED JUN 10 2021



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

SEE STATEMENT 2

35c 304.

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

7 (M.S.)

40 304.

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

304.

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

304.

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 Form 4136 Other

Total

45g

46 Total payments. Add lines 45a through 45g

46

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

304.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

50 Enter the amount of line 49 you want. Credited to 2018 estimated tax

Refunded

50

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

51 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

Yes No X

52 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

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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.

Sign Here

Signature of officer

Date 8/14/2019

CHIEF FINANCIAL

OFFICER

Title

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

Print/Type preparer's name: KURT BENNION; Preparer's signature: KURT BENNION; Date: 08/14/19; Check self-employed: ; PTIN: P01469618; Firm's name: CLIFTONLARSONALLEN LLP; Firm's EIN: 41-0746749; Firm's address: 370 INTERLOCKEN BLVD., SUITE 500 BROOMFIELD, CO 80021; Phone no.: 303-466-8822

FORM 990-T OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
TAXABLE EMPLOYEE TRANSPORTATION BENEFITS	2,563.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	2,563.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 2

1.	TAXABLE INCOME		1,563
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		1,563
3.	LINE 1 LESS LINE 2		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0
5.	LINE 3 LESS LINE 4		0
6.	INCOME SUBJECT TO 34% TAX RATE		0
7.	INCOME SUBJECT TO 35% TAX RATE		0
8.	15 PERCENT OF LINE 2		234
9.	25 PERCENT OF LINE 4		0
10.	34 PERCENT OF LINE 6		0
11.	35 PERCENT OF LINE 7		0
12.	ADDITIONAL 5% SURTAX		0
13.	ADDITIONAL 3% SURTAX		0
14.	TOTAL INCOME TAX		<u>234</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>328</u>
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	92	59
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	273	245
18.	TOTAL TAX PRORATED	<u>365</u>	<u>304</u>