	_	· ·	1 - E	EXT Exempt Orgai	TENDED TO	MAY 1	5, 2020	293932		0 2 3 3 2 0
15	Form	990-T		zxempt Orgai	nd proxy tax u	ubill <del>e</del> s nder sec	stion 6033(e))	190V	<b>,</b> '  -	01115 110 1040 0001
				اها Jendar year 2018 or other tax yea						<i>2</i> 018
			Forca				ns and the latest infor		<del>-</del>	2010
		tment of the Treasury al Revenue Service		Do not enter SSN number					. 5	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if		Name of organization (			and see instructions.)		D Emplo	yer identification number
	^	address changed		Ivanic or organization (	Official box if flati	io onangea (	and soo mon bottons.)			oyees' trust, see ctions )
	B E	xempt under section	Print	ROCKY MOUNTA	ATN TNSTIT	UTE			1 74	4-2244146
		] 501( <b>c</b> ) <b>()3</b> )	or	Number, street, and room			structions.		E Unrela	ted business activity code
		408(e) 220(e)	Туре	2490 JUNCTIO					(See in	structions)
		408A 530(a)		City or town, state or prov						
		529(a)		BOULDER, CO			,		9000	000
	C Box	ok value of all assets	•	F Group exemption numb		) <b>•</b>				
	ate	end of year		G Check organization type			501(c) trust	401(a	ı) trust	Other trust L
	H En	ter the number of the	organiza	ation's unrelated trades or b	ousinesses.		Describ	e the only (or first) u	nrelated	
	tra	de or business here	<u> </u>	SEE STATEMENT	1		If only on	e, complete Parts I-V	. If more	than one,
	des	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition								or
	_ bus	siness, then complete	Parts III	I-V.						
		• • •		poration a subsidiary in an a		arent-subsic	diary controlled group?	•	Yes	s No
				itifying number of the paren					202	245 1002
	_			HEATHER MCCRI						245-1003
				de or Business Inc	One		(A) Income	(B) Expense	8	(C) Net
		Gross receipts or sale								
		Less returns and allow			c Balance	1c 2				
		• ,	Id (Schedule A, line 7)					-		
		Gross profit, Subtract				3 4a	<u>.</u>	<del>                                     </del>	1	<u> </u>
		Capital gain net incom		•	. 4707)					
			gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) tal loss deduction for trusts							
		•	ontal loss deduction for trusts ome (loss) from a partnership or an S corporation (attach statement)					-		
		Rent income (Schedule C)						<del> </del>		
		Unrelated debt-financ	•	me (Schedule F)		7				
				and rents from a controlled o	organization (Schedule	<del></del>				
इ	9			on ี 501(c)(7), (9), or (17) or	=	1				
1	10	Exploited exempt activ			,	10				
3	11	Advertising income (S				11				
		Other income (See ins		•		12				·-
	<u>13</u>	Total. Combine lines				13	0			
	Pa			ot Taken Elsewher						
>		(Except for d	contribi	utions, deductions must	be directly connec	ted with th	ne unrelated busines	ss income.)		
SIG	14	•	icers, di	irectors, and trustees (Sche	edule K)				14	
3 h	15	Salaries and wages							15	
~ <u>`</u>	16	Repairs and mainten	ance						16	
70%0	17	Bad debts	1.1.3.7.						17	
	18	Interest (attach sche	aule) (s	ee instructions)					18	
	19	Taxes and licenses	/0-	a instructions for limitation	- rules)		CEE CTA	TEMENT 2	19	0.
0	20	Depreciation (attach	-	e instructions for limitation	rules)			IBMBNI Z	20	
2020	21 22			in Schedule A and elsewher	e on return			-	22b	
	23	Depletion	aiiiieu u	II Schedule A and elsewhen	e on return	DEC			23	
26	23 24	Contributions to defe	arrad on	amnaneation nlane	<b>f</b> ,	LEC	CEIVED		24	
<b>⊢</b>	25	Employee benefit pro			55		S		25	
.)0	26	Excess exempt expe	-		D055	MAY	2 0 2020 3		26	
	0.7	Excess readership co	•	•	~				27	
a	28	Other deductions (at	1 000-						28	
岂	29	Total deductions. A			<u>L</u>		<u></u>	25		0.
Z	30			income before net operating	g loss deduction. Sub	tract line 29	from line 13	(2)	30	0.
CANNED	31			loss arising in tax years be				ÿ	0 31	
Ś	32	•	_	income. Subtract line 31 fro			<u></u>			0.
		1 01-09-19 LHA F	or Paper	rwork Reduction Act Notice	e, see instructions.		<del></del>			Form <b>990-T</b> (2018)

T G111 330-1		ROCKI MODNIKIN INSTITUTE			7 4 88	3 3 2 3 4	<del>'</del> ——		
Part I		Total Unrelated Business Taxable Income			_				_
33	Total	of unrelated business taxable income computed from all unre	lated trades or businesses (	(see instruct	ions)	33			0.
34		ints paid for disallowed fringes				34			
35		ction for net operating loss arising in tax years beginning befo				35			
36	Total	of unrelated business taxable income before specific deductio	n. Subtract line 35 from the	e sum of					
	lines 3	33 and 34			200	36			
37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for	or exceptions)		H	37		1,0	<u>oo.</u>
38	Unrel	ated business taxable income. Subtract line 37 from line 36	. If line 37 is greater than li	пе 36,					
	enter	the smaller of zero or line 36	-			38			0.
Part I	V [ ]	Fax Computation							
39	Organ	nizations Taxable as Corporations. Multiply line 38 by 21% (	0.21)		<b>•</b>	39			0.
40	Trusts	s Taxable at Trust Rates. See instructions for tax computation	n. Income tax on the amou	nt on line 38	from:				
		Tax rate schedule or Schedule D (Form 1041)			<b>•</b>	40			
41	Proxy	tax. See instructions			<b>•</b>	41			
42	-	native minimum tax (trusts only)				42			
43		n Noncompliant Facility Income. See instructions				43	_		
44		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44			0.
Part \		Tax and Payments	<del>-</del>	•					
		gn tax credit (corporations attach Form 1118; trusts attach For	rm 1116)	45a					
		credits (see instructions)		45b					
c		ral business credit. Attach Form 3800		45c		7			
-		t for prior year minimum tax (attach Form 8801 or 8827)		45d		7			
		credits. Add lines 45a through 45d			***	45e			
46		act line 45e from line 44				46		·	0.
47		taxes. Check if from: Form 4255 Form 8611	Form 8697 Form	8866	Other (attach schedule)	<b>─</b>			
48		tax. Add lines 46 and 47 (see instructions)			<b>4</b>	48			0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Pai	rt II. column (k), line 2			49			0.
50 a		ents: A 2017 overpayment credited to 2018	51	a sba					
		estimated tax payments	Ϋ́Υ		7,850	<b>.</b>			
		eposited with Form 8868	V	50c	8,000				
		•	one)		0,000	<del>'</del>			
		gn organizations: Tax paid or withheld at source (see instruction	uiis) (	50d 50e		┥			
		up withholding (see instructions)	9041\	501		-			
		t for small employer health insurance premiums (attach Form	0941)	1 301		<b>⊣</b> ∣			
g		credits, adjustments, and payments: Form 2439	Total	9 1 1					
		Form 4136 Other	10181	500	<del>-</del>	51	1	5,8	50
51		payments. Add lines 50a through 50g	-h-d <b>N</b>		63		<u></u>	J, U	<del>50.</del>
52		lated tax penalty (see instructions). Check if Form 2220 is atta			92 745				
53		lue. If line 51 is less than the total of lines 48, 49, and 52, enter			628	58	1	5,8	50
54	•	payment. If line 51 is larger than the total of lines 48, 49, and			l patriata 5	54		5,8	_
Part \		the amount of line 54 you want: Credited to 2019 estimated Statements Regarding Certain Activities a		tion (coo	Refunded S	.   591	<u> </u>	5,0	50.
								Tvaa	No.
56		y time during the 2018 calendar year, did the organization hav						Yes	No
		a financial account (bank, securities, or other) in a foreign cou							
		N Form 114, Report of Foreign Bank and Financial Accounts.	if "Yes," enter the name of t	ine toreign c	ountry				
	here							-	
57		g the tax year, did the organization receive a distribution from		r transferor	to, a foreign trust?			-	_
		s," see instructions for other forms the organization may have						1	
58		the amount of tax-exempt interest received or accrued during				4 - 4 4 le			<u> </u>
Sign	co	nder pegalties of perjury. I declare that I have examined this return, including prect, and complete Declaration of preparer ( <del>other than ta</del> xpayer) is based	ng accompanying schedules and I on all information of which prep	i statements, a parer has any ki	nd to the best of my know nowledge	leage and b	eller, it is tru	в,	
Here		100	<b>.</b>		ſ	May the IRS	discuss this	s return v	vith
Here		· May 11	, 2020 CEO				r shown belo		
		Signature of officer Date	► TITIE			instructions	·     ·	es	No
		Print/Type preparer's name Preparer's sig	nature	Date	Check	If PTI	N		
Paid				0 <b>-</b> 1	self- employe		01-0-	400	
Prepa	arer	LU ANN TRAPP LU ANN		<u>05/08/</u>			01506		
Use (		Firm's name ▶ PLANTE & MORAN, PLL			Firm's EIN	<u>► 3</u>	8-135	795	<u>T</u>
	•	10 S. RIVERSIDE P	•	OOR		1015	٠		4.0
		Firm's address ► CHICAGO, IL 60606			Phone no.	(312	) 207		
							Q	an_T	10010

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

512(A)(7) QUALIFED TRANSPORTATION FRINGE REPEAL - REQUEST REFUND

TO FORM 990-T, PAGE 1

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS S	JBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS OF FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	UNUSED CONTRIBUTIONS 48,122		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% COI	NTRIBUTIONS	48,122	Ĺ
TOTAL CONTRIBUTIONS AVAIL TAXABLE INCOME LIMITATION	· <del></del>	48,122 0	<del>.</del>
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	5	48,122 0 48,122	
ALLOWABLE CONTRIBUTIONS D	EDUCTION		- 0
TOTAL CONTRIBUTION DEDUCT:	ION		0