efile GRAPHIC print Submission Date - 2022-08-02 DLN: 93493214011372 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. . Treasury Inspection Internaĺ Revenue A roof the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021 C Name of organization THE COLORADO MOUNTAIN CLUB D Employer identification number B Check if applicable: ☐ Address change 84-0410760 O Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) 710 10TH STREET SUITE 200 NO 200 E Telephone number O Amended return Application (303) 279-3080 (pending City or town, state or province, country, and ZIP or foreign postal code GOLDEN, CO $\,\,80401$ **G** Gross receipts \$ 2,408,781 Name and address of principal officer: H(a) Is this a group return for DAN CUMMINGS ☐ Yes ✓ No subordinates? Are all subordinates H(b) ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 4947(a)(1) or 501(c) () **◄** (insert no.) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ WWW.CMC.ORG L Year of formation: 1912 M State of legal domicile: CO **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other 1 Briefly describe the organization's mission or most significant activities: UNITE THE ENERGY, INTEREST, AND KNOWLEDGE OF STUDENTS, EXPLORERS, AND LOVERS OF COLORADO MOUNTAINS Activities & Governance Check this box 🕨 🗆 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 44 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 6 600 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 905.632 1.138.882 Program service revenue (Part VIII, line 2g) . 1,021,286 629,182 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 23.184 121,001 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 155,775 220,308 2,105,87 2,109,373 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,266,894 1,128,204 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) 348,557 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 879,771 970,203 2,237,097 2,007,975 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -131.220 101,398 Assets or d Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 4,659,368 5,004,087 964,525 21 Total liabilities (Part X, line 26) . 721.204 22 Net assets or fund balances. Subtract line 21 from line 20 3,938,164 4,039,562 Signature Block 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 officer) is based on all information of which preparer has any knowledge 2022-07-29 ignature of officer Sign Here KEEGAN YOUNG EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check \Box if 2022-07-29 P00280895 Paid self-employed Firm's name THE ADAMS GROUP LLC Firm's EIN > 84-0524006 Preparer Use Only Firm's address ▶ 400 S COLORADO BLVD STE 690 Phone no. (303) 733-3796 DENVER, CO 80246 Yes \(\simega \) No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2020) Form 990 (2020) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Yes Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total Yes assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Yes **11d** e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e No Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f No 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Yes 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . 14a No **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|------------|--------------------|-----------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV | 28c | | No No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | N.a |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 | | No No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Par | tV Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28 | | | |
| | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1. | Voc | |
| | (gambing) winnings to prize winners: | 1 c | Yes | 90 (2020 |
| | | | . UIIII 9 3 | ·• (2020 |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
|-----|---|-----|-----|-----|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 1 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 4a | | No | | |
| | 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: | | | 140 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | No | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | No | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| а | Gross income from members or shareholders | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | |
| | Enter the amount of reserves on hand | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | No | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No | | |

Form 990 (2020) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year **1**a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . No 6 6 Did the organization have members or stockholders? Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . 7a Yes b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **a** The governing body? . 8a Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? . . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b Yes and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. • **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Yes 13 Did the organization have a written whistleblower policy? . . . 14 Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Yes **b** Other officers or key employees of the organization 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? . No **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

▶THE COLORADO MOUNTAIN CLUB 710 10TH STREET NO 200 GOLDEN, CO 80401 (520) 235-5040

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated compensation amount of other hours per than one box, unless person compensation week (list is both an officer and a from the from related compensation any hours for director/trustee) organization (Worganizations from the 2/1099-MISC) (W-2/1099-MISC) related organization and Highest compensated Individual trustee or director employee organizations related Institutional ey employee below dotted organizations line) Trustee 1.00 (1) JEFF FLAX PRESIDENT 1.00 (2) DAN CUMMINGS Х Х VICE PRESIDE 1.00 (3) CHANTAL UNFUG Х Χ BOARD SECRET 1.00 (4) MARK ARMSTRONG Х TREASURER 1.00 (5) JASON ANTIN Х DIRECTOR 1.00 (6) JON FREDERICK DIRECTOR 1.00 (7) ROSS GREEN Х BOARD TREASU 1.00 (8) PETER HAMILTON Х DIRECTOR 1.00 (9) KATHY KURTZ Х DIRECTOR 1.00 (10) IESSE MATTNER DIRECTOR 1.00 (11) ROBERT MASCARENAS Х DIRECTOR 1.00 (12) JASON MITTMAN Х DIRECTOR 1.00 (13) MAREN OLSON DIRECTOR 1.00 (14) DALE PFAFF Х DIRECTOR 1.00 (15) MARK SHAIBLE Х DIRECTOR 1.00 (16) FVAN RANDALL DIRECTOR 1.00 (17) KATHY WORKMAN DIRECTOR Form 990 (2020)

Page 7

Part VII

Page **8**

| | Name and title | Average hours per week (list any hours for | than d | ne b | ox, un of tor/t | t che unles ficer | eck moss pers and a ee) | on | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estim amount comper from organiza | ated of other nsation the |
|------|---|---|-----------------------------------|-----------------------|--------------------|-------------------------|---------------------------------|--------------|---|--|---|------------------------------------|
| | | related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-MI3C) | (W-2/1099-MISC) | rela organiz | ted |
| (18) | KEEGAN YOUNG | 40.00 | | | Х | | | | 120,000 | (| , | 14,888 |
| EXEC | UTIVE DI | | ••••• | | | | | | 120,000 | | | |
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| | | | | | | | | | | | | |
| 1h | Sub-Total | | | | | | | | <u> </u> | 1 | | |
| c | Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Section A | | | | | • | | 120,000 | | | 14,888 |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited to t | | | | e) w | ho rec | eive | d more than \$100, | 000 of | | |
| | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former offic | | | key e | mpl | oyee | e, or hi | ghe | st compensated en | nployee on | | |
| | line 1a? If "Yes," complete Schedule J for | such individual | | • | • | • | | ٠ | | 3 | | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations gr individual | sum of reportable ster than \$150 | ole com 0,000? <i>l</i> | pensa f "Yes | atior ;," co | n and Ompl | d other lete Sc | r coi hed | mpensation from th Jule J for such | ne 4 | | No |
| _ | Did any name listed on the 12 or | | | £ | | | ، . | | | | | 140 |
| 5 | Did any person listed on line 1a receive o services rendered to the organization?If " | | | | | | | | | | | No |
| -5/ | ection B. Independent Contractors | | | | | | | | | 3 | | NO |
| 1 | Complete this table for your five highest | | depend | ent c | ontr | acto | rs that | t rec | ceived more than \$ | 100,000 of comper | sation fror | n |
| | the organization. Report compensation fo | | ear end | ding v | vith | or w | ithin t | he o | rganization's tax y | | 1 | |
| | Name and | (A) business address | | | | | | | Descrip | (B) otion of services | Compe | |
| | | | | | | | | | | | + | |
| | | | | | | | | | | | 1 | |
| | | | | | | | | | | | 1 | |
| | Total number of independent contractors (ir compensation from the organization ▶ | ncluding but not | limited | to th | iose | liste | ed abo | ve) ı | who received more | than \$100,000 of | | |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| Form 990 (2020) | | | | Page 1 0 |
|--|------------------------|---|-------------------------------------|---------------------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations must con | · | = | • | _ |
| Check if Schedule O contains a response or note to any | y line in this Part IX | | | 🗸 |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 989,947 | 558,993 | 161,827 | 269,127 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 11,062 | 6,246 | 1,808 | 3,008 |
| 9 Other employee benefits | 43,523 | 24,576 | 7,114 | 11,833 |
| 10 Payroll taxes | 83,672 | 47,246 | 13,678 | 22,748 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 3,492 | | 3,492 | |
| b Legal | 14,600 | | 14,600 | |
| c Accounting | 23,090 | | 23,090 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 237,805 | 178,399 | 46,147 | 13,259 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 89,017 | 70,245 | 18,251 | 521 |
| 14 Information technology | 24,807 | 4,003 | 20,804 | |
| 15 Royalties | | | | |
| 16 Occupancy | 56,105 | 13,614 | 42,491 | |
| 17 Travel | 13,512 | 11,132 | 1,505 | 875 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 Conferences, conventions, and meetings | 16,764 | 10,626 | 5,418 | 720 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 25,677 | 25,677 | | |
| 23 Insurance | 64,314 | 426 | 63,888 | |

c EQUIPMENT RENTAL

d MISCELLANEOUS

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

18,380

36,835

10,694

1,175,824

65,381

63,665

10,929

2,007,975

42,302

5,587

483,594

4,699

21,243

348,557

235

220,218

65.798

40.964

5,004,087

446.340

113.221

64

404.900

964,525

3,235,468

804.094

4.039.562

5,004,087 Form **990** (2020)

Form 990 (2020) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) Beginning of year End of year 533.177 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 333,275 2 184.496 3 3

491.945 253,044 Pledges and grants receivable, net . 270,286 4 Accounts receivable, net . . . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 5

or family member of any of these persons . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net .

10a 411.516 10b 370.552

Inventories for sale or use . . Prepaid expenses and deferred charges . . basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other

11 12

Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11

14 Intangible assets . 15 Other assets. See Part IV, line 11 .

16 17 Accounts payable and accrued expenses . 18 Grants payable . .

Total assets. Add lines 1 through 15 (must equal line 33) . 19 Deferred revenue . . 20 Tax-exempt bond liabilities . . . 21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

or family member of any of these persons Secured mortgages and notes payable to unrelated third parties . . .

jabilities 24

Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, 25

and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 . .

26

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances . .

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Balances

Fund

5 29

Assets 30

Net 33

31

32

27

Organizations that follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

complete lines 27, 28, 32, and 33. Net assets without donor restrictions

Organizations that do not follow FASB ASC 958, check here 🕨 📙 and

3.190.000

25 721.204 26

748.164

3.938.164

4.659.368

22 7,779 23 404.900 24

27

29

30

31

33

20 21

17 18 19

6 7

8

9

11

12

13

14

212.797

22.478

66.640

755,457

2.551.048

4,659,368

245.620

62,905

15 16

10c

804,094 2,406,613 451.125

| Form | 990 (2020) | | | Page 12 |
|------|---|----|-----|----------------|
| Par | Reconcilliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | ~ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | 2,109,373 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | 2,007,975 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | 101,398 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | 3,938,164 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 | | | 4,039,562 |
| Par | rt XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| | ✓ Separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

| efil | e GR | APHIC prii | t Su | bmission Date | e - 2022-08-02 | | | DLN: | 93493214011372 |
|-----------------------------------|-------------------------|-------------------------------------|---------------------------|--|--|--|-----------------------------------|---|---|
| (Fo | | ULE A 990 or | | | narity Statu organization is a sec 4947(a)(1) nonexe | tion 501(c)(3) (mpt charitable | organization or trust. | | OMB No. 1545-0047 |
| Depa Treas | | t of the | ١ | Go to www.irs | s.gov/Form990 for in | | | rmation. | Open to Public Inspection |
| Maen | eadfRtdn | næonganizat i DO MOUNTAIN | | | | | | Employer identification 84-0410760 | ation number |
| | r t I organiz | | | | t us (All organization | | | ee instructions. | |
| 1 | | A church, c | onvention | of churches, or as | ssociation of churches | described in sec | tion 170(b)(1)(| A)(i). | |
| 2 | | A school de | scribed in | section 170(b)(| 1)(A)(ii). (Attach Sche | edule E (Form 99 | 0 or 990-EZ).) | | |
| 3 | | A hospital | r a cooper | ative hospital ser | vice organization desc | ribed in section | 170(b)(1)(A)(i | ii). | |
| 4 | | A medical in name, city, | | | ed in conjunction with | a hospital descr | ibed in section : | 170(b)(1)(A)(iii). En | ter the hospital's |
| 5 | | 170(b)(1) | A)(iv). (Co | omplete Part II.) | it of a college or unive | | | | bed in section |
| 6 | | | | • | governmental unit de | | | | |
| 7 | | | | normally receives ()(vi). (Complete | a substantial part of it: Part II.) | s support from a | governmental u | nit or from the genera | al public described in |
| 8 | | A commun | ty trust de | scribed in sectio | n 170(b)(1)(A)(vi). (0 | Complete Part II.) | | | |
| 9 | | non-land g | ant college | e of agriculture. S | escribed in 170(b)(1) (ee instructions. Enter t | he name, city, a | nd state of the c | ollege or university: | |
| 10 | ~ | activities re income and | lated to its unrelated | s exempt function | income (less section 5 | xceptions, and (| 2) no more than | 331/3% of its support | from gross investment |
| 11 | | An organiza | ition organ | ized and operate | d exclusively to test fo | r public safety. S | ee section 509 | (a)(4). | |
| 12 | | more publi | ly support | ed organizations | d exclusively for the be described in section 5 he type of supporting o | 609(a)(1) or sec | tion 509(a)(2). | See section 509(a) | |
| а | | organizatio | n(s) the po | | ated, supervised, or co appoint or elect a majo • | | | | |
| b | | manageme | nt of the s | | | | | | ing control or inization(s). You must |
| c | | | | | upporting organization must complete Part | | | d functionally integra | ted with, its supported |
| d | | Type III not functionally | n-functio | nally integrated | I. A supporting organized in the state of th | ration operated i fy a distribution | n connection wit | | |
| e | | Check this | oox if the o | organization recei | ved a written determin | ation from the IF | RS that it is a Typ | e I, Type II, Type III fu | nctionally integrated, |
| f | Enter | | | | upporting organization | | | | |
| g | | Provide the | following | information about | the supported organiz | zation(s). | | | |
| (i) Name of supported organizatio | | | organizatio | on (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | · | | | | | | |
| Tota | ı | | | | | | | | |
| | | work Reduc or 990-EZ. | tion Act N | lotice, see the I | nstructions for | Cat. No. 11285 | 5F | Schedule A (Form | 990 or 990-EZ) 2020 |

| P | art II Support Schedule for | | | | | | |
|-----|---|-----------------------|-------------------|---------------------|-------------------|-------------------|-------------------|
| | (Complete only if you cho | | | | | iled to qualify u | nder Part III. If |
| | the organization failed to | qualify under th | ne tests listed b | elow, please coi | mplete Part III.) | | |
| | ection A. Public Support | | | | | | |
| | endar year fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grant.") | | | | | | |
| _ | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | | | | | | |
| | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) Public support. Subtract line 5 from | | | | | | |
| | line 4. | | | | | | |
| | ection B. Total Support | | | | | | |
| | endar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | fiscal year beginning in) 🕨 | (a) 2010 | (6) 2017 | (C) 2010 | (u) 2019 | (6) 2020 | (i) local |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| 9 | activities, whether or not the | | | | | | |
| | business 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, e | etc. (see instruction | ns) | | | 12 | |
| | First 5 years. If the Form 990 is for th | | | | | <u> </u> | ation check |
| | • | • | | | • | | icion, cricci |
| | this box and stop here ection C. Computation of Public | | ontago | <u> </u> | | | |
| | Public support percentage for 2020 (lin | | | aluman (f)) | | 1 1 | |
| | | | | | | 14 | |
| | Public support percentage for 2019 Sch | | | | | 15 | |
| 16a | 33 1/3% support test—2020. If the o | | | | | | |
| | and stop here. The organization quali | | | | | | |
| b | 33 1/3% support test—2019. If the | = | | | | | |
| | box and stop here. The organization | | | | | | . ▶∪ |
| 17a | 10%-facts-and-circumstances test- | | | | | | |
| | is 10% or more, and if the organization in Part VI how the organization meets t | meets the "facts- | and-circumstance: | s" test, check this | box and stop ner | e. Explain | |
| | | | | | • | | - O |
| | organization | | | | | | . ▶□ |
| b | 10%-facts-and-circumstances test | | | | | | |
| | 15 is 10% or more, and if the organization | | | | | | |
| | Explain in Part VI how the organization | | | - | • | | - 0 |
| | supported organization | | | | | | . ▶□ |
| 18 | Private foundation. If the organization | | • | | · | | |
| | instructions | <u> </u> | <u> </u> | <u> </u> | | | . ▶□ |
| | | | | | | ıle A (Form 990 | or 990-EZ) 2020 |

| chedule A (Form 990 or 990-EZ) 2020 | | | | | | Page 3 |
|--|------------------|------------------|---------------------|-------------------|-----------------|-------------------|
| Part III Support Schedule for (Complete only if you organization fails to que | checked the box | on line 10 of Pa | art I or if the org | janization failed | to qualify unde | r Part II. If the |
| Section A. Public Support | | | | | | |
| Calendar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| (or fiscal year beginning in) | (4, 2020 | (4) 201/ | (0, 2010 | (4, 2013 | (0, 2020 | (1) 1010. |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | 722,253 | 731,715 | 823,758 | 905,632 | 1,138,882 | 4,322,24 |
| 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 | 1,588,652 | 1,726,752 | 1,875,714 | 1,370,901 | 1,130,311 | 7,692,33 |
| 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | 2,310,905 | 2,458,467 | 2,699,472 | 2,276,533 | 2,269,193 | 12,014,57 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 27,741 | 111,409 | 113,546 | 132,313 | 18,950 | 403,95 |
| 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. | | | | | | |
| c Add lines 7a and 7b | 27,741 | 111,409 | 113,546 | 132,313 | 18,950 | 403,95 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 11,610,61 |
| Section B. Total Support | | | | | | |
| Calendar year | (-) 201 <i>6</i> | (b) 2017 | (a) 2010 | (4) 2010 | (-) 2020 | (f) Takal |

2,458,467

72,688

72,688

1975.

15

16

(or fiscal year beginning in) Amounts from line 6. . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.

Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .

Total support. (Add lines 9, 10c, 13 11, and 12.). First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . Section C. Computation of Public Support Percentage

7,413

2,310,905

81,619

81,619

41,890 2,399,937 2,573,045

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not

46,783 2,784,033

2,699,472

37,778

37,778

56,824 2,366,206

2,276,533

32,849

32,849

2,434,816

15 92.460 % 93.280 %

2,269,193

139,588

139,588

26,035

Public support percentage from 2019 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17

| _ | |
|----|--|
| .7 | Investment income percentage for 2020 (line 10c, column (f) divided by |
| | Investment income percentage from 2019 Schedule A Part III, line 17 |

3.000 % 2.000 %

12,014,570

364,522

364,522

178,945

12,558,037

18

Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . .

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, 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 🕨 🗆

Yes No

4c

5a

5b

5c

6

7

8

9a

9b

10b Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

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

organization's organizing document?

provide detail in Part VI.

7

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box

| 12d, of Part I, complete Sections A and D, and complete Part V.) | |
|--|--|
| Section A. All Supporting Organizations | |
| | |

| | | | 1 | |
|----|--|---|---|--|
| 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. | | | |
| | describe the designation. If historic and continuing relationship, explain. | c and continuing relationship, explain. | | |
| 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 | | | | |
| | 3c below. | 3a | | |

the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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 benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial

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,"

Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

3b 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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

4b supervised by or in connection with its supported organizations.

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

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 line 10b below. 10a 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).

| Pa | rt IV | Supporting Organizations (continued) | | | |
|----|--|--|---------|-------|----|
| | | | | Yes | No |
| 11 | Has t | he organization accepted a gift or contribution from any of the following persons? | | | |
| a | | son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the rning body of a supported organization? | | | |
| | • | | 11a | | |
| b | | nily member of a person described in 11a above? | 11b | | |
| | VI. | 6 controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part | 11c | | |
| S | ection | B. Type I Supporting Organizations | | | |
| | D: 4 +1 | | | Yes | No |
| 1 | | ne officers, directors, trustees, or membership of one or more supported organizations have the power to regularly int or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," | | | |
| | | ibe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ties. If the organization had more than one supported organization, describe how the powers to appoint and/or remove | | | |
| | direct | tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to | | | |
| | such | powers during the tax year. | 1 | | |
| 2 | | ne 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 | | | | |
| | organ | ization. | 2 | | |
| S | ection | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | | | |
| | | or the organization's supported organization(s)? If No, describe in Fart VI now control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| S | ection | 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 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? | | | | |
| | 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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization | | | | |
| | | serving on the governing body of a supported organization? If "No," explain in Part VI now the organization tained a close and continuous working relationship with the supported organization(s). | | | |
| , | Dv ro | acon of the relationship described in line 2 above did the organization's supported expenizations have a significant | 2 | | |
| 3 | voice | ason of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times | | | |
| | | g the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| | | E. Type III Functionally-Integrated Supporting Organizations k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | | | |
| 1 | a \square | The organization satisfied the Activities Test. Complete line 2 below. | ns): | | |
| | a 🗆 | • | | | |
| | | 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 in | istruci | ions) | |
| 2 | Activi | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the supported | | | |
| | | nization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was | | | |
| | respo | nsive to those supported organizations, and how the organization determined that these activities constituted | | | |
| | | antially all of its activities. | 2a | | |
| | | ne activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the nization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the | | | |
| | organ | nization's position that its supported organization(s) would have engaged in these activities but for the organization's | | | |
| | | vement. | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | the s | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of upported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| | | ne organization exercise a substantial degree of direction over the policies, programs and activities of each of its orted organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | 3 h | | |

| | Castian A. Adinated Nationana | | (A) Prior Year | (B) Current Year |
|---|--|------------|------------------------------|--------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior fear | (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): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1 c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 0.015 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 0.035 | 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-functionally-in | | d Time III errementinen eusr | |

(continued)

| Section D - Distributions | Current Year | | | |
|--|---|--------------------------------------|----|---|
| Amounts paid to supported organizations to accomplish | | | | |
| 2 Amounts paid to perform activity that directly furthers e excess of income from activity | 2 | | | |
| 3 Administrative expenses paid to accomplish exempt pur | ons | 3 | | |
| 4 Amounts paid to acquire exempt-use assets | | 4 | | |
| 5 Qualified set-aside amounts (prior IRS approval required | l - provide details in Part VI) | | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instruction | is | | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 Distributions to attentive supported organizations to wh details in Part VI). See instructions | ich the organization is respons | sive (<i>provide</i> | 8 | |
| 9 Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 Line 8 amount divided by Line 9 amount | | | 10 | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ns | (iii) Distributable Amount for 2020 |
| Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions. | | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015 | | | | |
| b From 2016 | | | | |
| c From 2017 | | | | |
| d From 2018 | | | | |
| e From 2019 | | | | |
| f Total of lines 3a through e | | | | |
| Applied to underdistributions of prior years Applied to 2020 distributable amount | | | | |
| i Carryover from 2015 not applied (see instructions) | | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 Distributions for 2020 from Section D, line 7: | | | | |
| a Applied to underdistributions of prior years | | | | |
| b Applied to 2020 distributable amount | | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | | |
| 8 Breakdown of line 7: | | | | |
| a Excess from 2016 | | | | |
| b Excess from 2017 | | | | |
| c Excess from 2018 | | | | |
| d Excess from 2019 | | | | |
| e Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12: Part IV. Part VI 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). **Facts And Circumstances Test** Return Reference Explanation PART III, LINE 12 178.945 SUPPLEMENTAL INFORMATION SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME SPECIAL FR EVENT REVENUE 2017 AMOUNT: 33.650 2018 AMOUNT: 39.623 2019 AMOUNT: 55.840 2020 AMOUNT: 26.035 OTHER INCOME 2016 AMOUNT: 7,413 2017 AMOUNT: 8,240 2018 AMOUNT: 7,160 2019 AMOUNT: 984 SCHEDULE A, PART III: THE ORGANIZATION IS A PUBLIC CHARITY UNDER SECTION 509(A)(2) AND COMPLETES SCHEDULE A (FORM 990), PART III. THE ORGANIZATION HAS ANALYZED SCHEDULE A (FORM 990, PART II AND ESTABLISHED THAT IT MEETS THE 33 1/3% PUBLIC SUPPORT REQUIREMENTS UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI), THUS IT QUALIFIES TO USE THE FIRST LISTED SPECIAL RULE FOR SCHEDULE B (FORM 990) REPORTING. Schedule A (Form 990 or 990-EZ) 2020 efile GRAPHIC print

SCHEDULE D

(Form 990)

Submission Date - 2022-08-02

DLN: 93493214011372

OMB No. 1545-0047

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

| Name of the or |
|------------------|
| Service |
| Internal Revenue |
| rreasury |

Department of the

| Na | ame of the organization E COLORADO MOUNTAIN CLUB | | Em | ployer identification | number |
|------|---|---|------------------------------------|---|-----------------|
| 1111 | E COLORADO MOUNTAIN CLOB | | 84-0 | 0410760 | |
| Pa | Organizations Maintaining Donor Advi Complete if the organization answered "Ye | | Funds or Ac | counts. | |
| | complete if the organization answered he | (a) Donor advised funds | | (b) Funds and othe | r accounts |
| L | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| ı | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex | | | _ | Yes No |
| 5 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | or donor advisor, or for any other | purpose conferr | | Yes No |
| Pa | Conservation Easements. Complete if the organization answered "Ye | s" on Form 990, Part IV, line 7. | | | |
| L | Purpose(s) of conservation easements held by the organ | nization (check all that apply). | | | |
| | Preservation of land for public use (e.g., recreation | or education) Preserva | tion of an histor | rically important land | area |
| | Protection of natural habitat | ☐ Preserva | tion of a certifie | ed historic structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year. | qualified conservation contribution | in the form of a | a conservation Held at the End | of the Year |
| а | Total number of conservation easements | | 2a | Heid at the Elid | or the real |
| b | Total acreage restricted by conservation easements | | | | |
| c | Number of conservation easements on a certified histori | | | | |
| d | Number of conservation easements included in (c) acqu structure listed in the National Register | ired after 7/25/06, and not on a his | toric 2d | | |
| 3 | Number of conservation easements modified, transferre tax year | ed, released, extinguished, or termi | nated by the or | ganization during the | |
| ı | Number of states where property subject to conservation | n easement is located 🕨 | | | |
| 5 | Does the organization have a written policy regarding the enforcement of the conservation easements it holds? . | | handling of viol | ations, and | □ No |
| 5 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations, and en | forcing conserv | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, \$ \\$ | handling of violations, and enforcing | ng conservation | easements during th | e year |
| 3 | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)? | | | 4)(B)(i) | □ No |
| • | In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer | footnote to the organization's final | | tement, and | |
| Pa | rt III Organizations Maintaining Collections | of Art, Historical Treasures | s, or Other S | imilar Assets. | |
| | Complete if the organization answered "Ye | | | | |
| la | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial stateme | ic exhibition, education, or research | | | |
| b | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publical following amounts relating to these items: | C 958, to report in its revenue state ic exhibition, education, or research | ement and bala h in furtherance | nce sheet works of ar e of public service, pro | t, ovide the |
| | (i) Revenue included on Form 990, Part VIII, line $1 \ldots \ldots$ | | 1 | > \$ | |
| (| ii) Assets included in Form 990, Part X | | | ▶ \$ | |
| 2 | If the organization received or held works of art, historic following amounts required to be reported under FASB A | | s for financial ga | ain, provide the | <u></u> |
| а | Revenue included on Form 990, Part VIII, line $1\ \dots\ \dots$ | | | > \$ | |

| FGI | Organizations Maintaining C | onections of Art, n | istorica | ii ireas | sures, or Other Sin | illar ASS | ets (con | tinuea) | ' |
|-----|--|---------------------------|--------------------|-----------|---------------------------|--------------|------------------|----------|---------|
| 3 | Using the organization's acquisition, accessing items (check all that apply): | on, and other records, ch | neck any | of the fo | llowing that are a signif | ficant use o | of its colle | ection | |
| а | Public exhibition | | d [| Loan | or exchange programs | | | | |
| b | ☐ Scholarly research | | e [| Othe | r | | | ··· | |
| c | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain ho | w they fu | rther the | e organization's exemp | t purpose ir | n | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | Yes | ✓ N | 0 |
| Pa | rt IV Escrow and Custodial Arrang | ements. | | | | | , | | |
| | Complete if the organization ans | wered "Yes" on Form | 990, Pa | t IV, lin | e 9, or reported an a | mount or | Form 9 | 990, Pa | art X, |
| 1a | line 21. Is the organization an agent, trustee, custod | ian or other intermediar | , for cont | ribution | s or other assets not | | | | |
| Ia | included on Form 990, Part X? | | | | | | Yes | □ N | • |
| | | | | | | | , 163 | | Ū |
| b | If "Yes," explain the arrangement in Part XIII | and complete the follow | ing table | : | | Amo | unt | | _ |
| c | Beginning balance | | | | 1c | | | | |
| d | Additions during the year | | | | 1d | | | | _ |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | | _ |
| 2- | | | | | <u> </u> | |) | | _ |
| 2a | Did the organization include an amount on F | | | | • | | Yes | U N | 0 |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the explar | nation ha | s been p | rovided in Part XIII | U | | | |
| Pa | rt V Endowment Funds. Complete if the organization ans | wered "Yes" on Form | 000 Pai | + IV lin | ۵10 | | | | |
| | Complete if the organization ans | (a) Current year | (b) Prior | | | hree years b | ack (e) [| our yea | rs back |
| 1a | Beginning of year balance | 721,559 | | 713,302 | 741,153 | 606, | | | 473,976 |
| b | Contributions | 133,898 | | 100,000 | 92,927 | 91, | 885 | | 103,250 |
| c | Net investment earnings, gains, and losses | 121,001 | | 22,689 | 19,531 | 62, | 638 | | 68,773 |
| | Grants or scholarships | | | | | | | | 2,450 |
| | Other expenditures for facilities | | | | | | | | |
| Ū | and programs | 172,364 | | 114,432 | 140,309 | 20, | 000 | | 31,600 |
| f | Administrative expenses | | | | | | | | 5,319 |
| g | End of year balance | 804,094 | | 721,559 | 713,302 | 741, | 153 | | 606,630 |
| 2 | Provide the estimated percentage of the curr | rent vear end balance (li | ne 1a. cc | lumn (a) |)) held as: | | | | |
| а | Board designated or quasi-endowment | ,, | 3, 11 | , | , | | | | |
| b | Permanent endowment | | | | | | | | |
| c | Term endowment | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organization | that are | held and | d administered for the | | | | |
| | organization by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | Yes | |
| | (ii) Related organizations | | | | | | 3a(ii) | | No |
| b | If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the | | | | | | 3b | | |
| 4 | | - | ent iunas | • | | | | | |
| Pa | rt VI Land, Buildings, and Equipme Complete if the organization ans | | 990 Pai | t IV lin | e 11a See Form 990 |) Part X I | ine 10 | | |
| | Description of property (a) Cost or of | ther basis (b) Cost or | | | (c) Accumulated deprec | | | ook valu | e |
| | (investr | nent) | | | | | | | |
| 12 | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | | | | | | | | | |
| | Leasehold improvements | | | 301,221 | 20 | 96,214 | | | 5,007 |
| | Equipment | | | 110.295 | | 74.338 | | | 35.957 |
| • | 1 11 11 H | | | 110.450 | i e | , T.JJU | | | ונפ.כנ |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

40,964

| Part VII | Investments—Other Securities. Complete if the organization answered "Yes" on Fo | rm 990 Part IV line | 11h See Form 990 I | Part X line 12 |
|----------------------------|--|-------------------------|----------------------------|--|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Me | thod of valuation: -of-year market value |
| (1) Financia | I derivatives | | Cost or end | -oi-year market value |
| (2) Closely-l (3) Other | held equity interests | | | |
| (A) ASSETS | HELD BY CMC FOUNDATION | 804,094 | | F |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (1) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | 804,094 | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Fo | rm 990. Part IV. line | : 11c. See Form 990. | Part X. line 13. |
| | (a) Description of investment | ,, | (b) Book value | (c) Method of valuation: |
| (1)INVESTM | ENT IN AMC, LLC | | 2,406,613 | Cost or end-of-year market value C |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| | (1) | | | |
| Part IX | on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. | - | 2,406,613 | |
| | Complete if the organization answered 'Yes' on For (a) Description | m 990, Part IV, line | 11d. See Form 990, Par | t X, line 15. (b) Book value |
| | UCTION IN PROGRESS | | | 451,125 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col.(B) line 15.) | | | ▶ 451,125 |
| Part X | Other Liabilities. Complete if the organization answered 'Yes' on For | rm 000 Part IV lino | 110 or 11f Soo Form | 000 Part Y line 25 |
| 1. | (a) Description | | 116 01 111.566 101111 | (b) Book value |
| (1) Federal | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| | | | | |
| (9) | 4) | | | |
| | in (b) must equal Form 990, Part X, col.(B) line 25.) for uncertain tax positions. In Part XIII, provide the text of th | ne footnote to the orga | nization's financial state | ments that reports the |
| _ | b's liability for uncertain tax positions under FIN 48 (ASC 74) | _ | | |

| Scried | Jule D (Form 990) 2020 | | | | Page |
|----------|---|--|-------------------------------|------------|---------------------------|
| Pa | Return. | evenue per Audited Financial Statemization answered 'Yes' on Form 990, Part | · | | |
| 1 | | upport per audited financial statements | • | 1 | 2,382,833 |
| 2 | Amounts included on line 1 but n | | | _ | 2,362,633 |
| a | Net unrealized gains (losses) on i | | 2a | | |
| b | • | ities | 2b | | |
| c | | | 2c | | |
| d | | | 2d 273,460 | | |
| e | Add lines 2a through 2d | | 213,400 | 2e | 273,460 |
| 3 | • | | | 3 | 2,109,373 |
| 4 | | Part VIII. line 12. but not on line 1: | | 3 | 2,109,373 |
| | | d on Form 990, Part VIII, line 7b | 4a | | |
| a b | Other (Describe in Part XIII.) | | 4a 4b | | |
| | , | | L | 4.0 | |
| C E | | . (This must equal Form 990, Part I, line 12.) | | 4c | 2,109,373 |
| 5 Par | | penses per Audited Financial Stater | | 1 ~ 1 | 2,109,373 |
| | Complete if the organ | ization answered 'Yes' on Form 990, Part | IV, line 12a. | | |
| 1 | · | dited financial statements | | 1 | 2,281,435 |
| 2 | Amounts included on line 1 but n | · | | | |
| а | Donated services and use of facil | ities | 2a | | |
| b | Prior year adjustments | | 2b | | |
| c | Other losses | | 2c | | |
| d | Other (Describe in Part XIII.) . | | 2d 273,460 | | |
| e | Add lines 2a through 2d | | | 2e | 273,460 |
| 3 | Subtract line 2e from line 1 . | | | 3 | 2,007,975 |
| 4 | Amounts included on Form 990, F | Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not include | d on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) . | | 4b | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4 | c. (This must equal Form 990, Part I, line 18.) | | 5 | 2,007,975 |
| Pa | rt XIII Supplemental Info | ormation | | | |
| | | art II, lines 3, 5, and 9; Part III, lines 1a and 4; b. Also complete this part to provide any addit | | ne 4; Part | X, line 2; Part XI, lines |
| | Return Reference | | Explanation | | |
| SCHE | DULE D, PAGE 1, PART III, LINE 1A | COLORADO MOUNTAIN CLUB'S COLLECTIONS, | | | |
| | | CONTRIBUTIONS SINCE THE CLUB'S INCEPTION FINANCIAL POSITION. PURCHASES OF COLLECTION OF THE PROPERTY OF THE PR | | | |
| | | NET ASSETS IN THE YEAR IN WHICH THE ITEM | | | |
| | | RESTRICTED NET ASSETS IF THE ASSETS USE PROCEEDS FROM DISPOSALS OR INSURANCE | | | |
| | | APPROPRIATE NET ASSET CLASSES. | NECOVERIES ARE REFERENCE AS | INCREAS | LS IN THE |
| SCHE | DULE D, PAGE 2, PART III, LINE 4 | COLORADO MOUNTAIN CLUB'S COLLECTIONS | | | |
| | | HISTORICAL BOOKS PERIODICALS, JOURNALS, CORRESPONDENCE, LOGBOOKS AND RESEAR | | | |
| | | OF THESE COLLECTIONS ARE HELD FOR EDUC | CATIONAL AND RESEARCH PURPO | SES. EACH | H OF THESE |
| | | COLLECTION ITEMS IS CATALOGED, PRESERVI EXISTENCE AND ASSESSING THEIR CONDITIO | | | |
| | | POLICY THAT REQUIRES PROCEEDS FROM THI | | | |
| SCHE | DULE D, PAGE 2, PART V, LINE 4 | THE ECKART RODER DENVER GROUP EDUCAT ESTABLISHED TO PROVIDE SUPPORT FOR THE | | | |
| | | THE MARY STOCKDILL EDUCATION SCHOLARS | | | |
| | | ESTABLISHED TO PROVIDE FINANCIAL SUPPORTION CMC EDUCATIONAL PROGRAMS THAT | | | |
| | | COMPONENTS. THE WILLIAM D. PIETY PERPET | | | |
| | | RESTRICTED ENDOWMENT) WAS ESTABLISHE PROGRAMS OF THE CMC'S CONSERVATION DE | | | |
| | | PROTECTING WILD LANDS AND ENGAGING CN | | | |
| | | THROUGHOUT COLORADO. SCIENTIFIC RESEA OF BIOLOGICALLY RICH AND RARE LANDS FOR | | | |
| | | PIETY PERPETUAL CONSERVATION ENDOWME | | | |
| | | ESTABLISHED TO PROVIDE FUNDING IN IMPROCLUB OPERATION. SECONDARY FOCUS IS TO I | | | |
| | | DEVELOPMENT. THE BOARD DESIGNATED END | | | |
| | | FUTURE OPERATIONS. FORM 990, SCHEDULE OF FASB ASU 2016-14 (ASC 958), THE ORGAN | | | |
| | | AUDITED FINANCIAL STATEMENTS FOR THE PI | ERIOD ENDED 9/30/2020. TO DAT | E SCHEDU | JLE D HAS NOT BEEN |
| | | UPDATED TO REFLECT CHANGES MADE BY TH ASSET CATEGORIES FROM THE AUDITED FINA | | | |
| | | PART V, LINES 2A-2C: LINES 2A-2C: LINE 2A - | | | |
| CCLI | DILLED DAGE 4 DARTY LINESE | RESTRICTIONS | | | |
| | DULE D, PAGE 4, PART XI, LINE 2D DULE D, PAGE 4, PART XII, LINE | COST OF GOODS SOLD 273,460 COST OF GOODS SOLD 273,460 | | | |
| 2D | DOLL D, LAGE T, FART All, LINE | 273,400 | | | |
| SCHE | DULE D, PAGE 4, PART XIII | COLORADO MOUNTAIN CLUB'S COLLECTIONS | | | |
| | | HISTORICAL BOOKS PERIODICALS, JOURNALS, CORRESPONDENCE, LOG BOOKS AND RESEAR | | | |
| | | OF THESE COLLECTIONS ARE HELD FOR EDUC | CATIONAL AND RESEARCH PURPO | SES, EACI | H OF THESE |
| | | COLLECTION ITEMS IS CATALOGED, PRESERVE EXISTENCE AND ASSESSING THEIR CONDITIO | • | | |
| | | POLICY THAT REQUIRES PROCEEDS FROM THI | | | |

efile GRAPHIC print Submission Date - 2022-08-02 DLN: 93493214011372 OMB No. 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-**Fundraising or Gaming Activities** 2020 EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Attach to Form 990 or Form 990-EZ. Inspection Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** THE COLORADO MOUNTAIN CLUB 84-0410760 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 🗌 Yes 🗌 No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 1 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2020

| Pa | rt | Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5 | vent contributions and | | | |
|-------------------|--------------------------------------|---|--|---|--|---|
| | | gross receipts greater than \$5 | (a)Event #1 GALA | (b) Event #2 | (c)Other events | (d) Total events (add col. (a) through col. (c)) |
| | | | (event type) | (event type) | (total number) | Con (C)/ |
| | | | | | | |
| d) | | | | | | |
| Revenue | | | | | | |
| Rev | | | | | | |
| | | | | | | |
| | 1 | Gross receipts | 26,035 | | | 26,035 |
| | | Less: Contributions | 20,033 | | | 20,033 |
| | 3 | Gross income (line 1 minus line 2) | 26,035 | | | 26,035 |
| | 4 | Cash prizes | 20,033 | | | 20,033 |
| | 5 | Noncash prizes | | | | |
| uses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| ŭ | 8 | Entertainment | | | | |
| ä | 9 | Other direct expenses | 25,948 | | | 25,948 |
| | 10 | Direct expense summary. Add lines 4 th | nrough 9 in column (d) | | | 25,948 |
| | | Net income summary. Subtract line 10 | | | | 87 |
| Pa | rτ | III Gaming. Complete if the orga | anization answered "Ye | s" on Form 990. Part IV | 7. line 19. or reported | |
| | | on Form 990-EZ, line 6a. | | | ., | |
| venue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col.(c)) |
| Revenue | 1 | | | (b) Pull tabs/Instant | · | (d) Total gaming (add col. |
| | | on Form 990-EZ, line 6a. Gross revenue | | (b) Pull tabs/Instant | · | (d) Total gaming (add col. |
| | 2 | on Form 990-EZ, line 6a. Gross revenue | | (b) Pull tabs/Instant | · | (d) Total gaming (add col. |
| Expenses | 2 | On Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes | | (b) Pull tabs/Instant | · | (d) Total gaming (add col. |
| Expenses | 2 3 4 | On Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs | | (b) Pull tabs/Instant | · | (d) Total gaming (add col. |
| | 2 3 4 | On Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. |
| Expenses | 2 3 4 5 | On Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo Yes % | (c) Other gaming | (d) Total gaming (add col. |
| Expenses | 2 3 4 5 | On Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | (a) Bingo Yes% No | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. |
| Expenses | 2 3 4 5 | On Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | (a) Bingo Yes% No | (b) Pull tabs/Instant bingo/progressive bingo Yes % | (c) Other gaming | (d) Total gaming (add col. |
| Expenses | 2 3 4 5 | On Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | (a) Bingo Yes% No nrough 5 in column (d) | (b) Pull tabs/Instant bingo/progressive bingo Yes% No | (c) Other gaming Yes % No | (d) Total gaming (add col. |
| Expenses | 2 3 4 5 6 7 8 | on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 the state (s) in which the organization of the state (s) in which the organization is summary. | (a) Bingo Yes % No Prough 5 in column (d) Fine 7 from line 1, column on conducts gaming activities | (b) Pull tabs/Instant bingo/progressive bingo Yes % No (d) | (c) Other gaming Yes % No | (d) Total gaming (add col. (a) through col.(c)) |
| Direct Expenses | 2 3 4 5 7 8 | on Form 990-EZ, line 6a. Gross revenue | (a) Bingo Yes % No Prough 5 in column (d) line 7 from line 1, column on conducts gaming activities in each of | (b) Pull tabs/Instant bingo/progressive bingo Yes | (c) Other gaming Yes% No | (d) Total gaming (add col. (a) through col.(c)) |
| a Direct Expenses | 2 3 4 5 6 7 8 | on Form 990-EZ, line 6a. Gross revenue | (a) Bingo Yes % No Prough 5 in column (d) Fine 7 from line 1, column on conducts gaming activities in each of | (b) Pull tabs/Instant bingo/progressive bingo Yes | (c) Other gaming Yes% No | (d) Total gaming (add col. (a) through col.(c)) |
| a Direct Expenses | 2 3 4 5 6 7 8 E | on Form 990-EZ, line 6a. Gross revenue | (a) Bingo Yes % No Prough 5 in column (d) I line 7 from line 1, column on conducts gaming activition aming activities in each of enses revoked, suspended | (b) Pull tabs/Instant bingo/progressive bingo Yes % No (d) | (c) Other gaming Yes % No tax year? | (d) Total gaming (add col. (a) through col.(c)) Yes No |
| 9 a b | 2 3 4 5 6 7 8 E | on Form 990-EZ, line 6a. Gross revenue | (a) Bingo Yes% No nrough 5 in column (d) line 7 from line 1, column on conducts gaming activities in each of the column ac | (b) Pull tabs/Instant bingo/progressive bingo Yes% No (d) | (c) Other gaming Yes % No tax year? | (d) Total gaming (add col. (a) through col.(c)) Yes No |

| Sche | dule G (Form 990 or 990-EZ) 2020 | | | | | Page 3 |
|------|---|-----------------------------------|---|---|-----------|--------|
| 11 | Does the organization conduct gar | ning activities with nonmembers | ? | · · · · · · · · · · · · · · · · · · · | □ No | |
| 12 | Is the organization a grantor, bene formed to administer charitable ga | | nember of a partnership or other entity | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | □No | |
| 13 | Indicate the percentage of gaming | activity conducted in: | | | _ 110 | |
| а | The organization's facility | | | 13a | | % |
| b | An outside facility | | | 13b | | % |
| 14 | Enter the name and address of the | e person who prepares the organi | zation's gaming/special events books and re | ecords: | | |
| | Name • | | | | | |
| | Address | | | | | |
| 15a | Does the organization have a cont revenue? | ract with a third party from whon | n the organization receives gaming | · □ Yes | □No | |
| b | If "Yes," enter the amount of gamin amount of gaming revenue retained | | nization 🕨 \$ and th | e | | |
| С | If "Yes," enter name and address o | f the third party: | | | | |
| | Name | | | | | |
| | Address | | | | | |
| 16 | Gaming manager information: | | | | | |
| | Name • | | | | | |
| | Gaming manager compensation | [,] \$ | | | | |
| | Description of services provided | , | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | |
| 17 | Mandatory distributions: | | | | | |
| а | • | | ributions from the gaming proceeds to | · · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | □No | |
| b | Enter the amount of distributions r | equired under state law distribut | ed to other exempt organizations or spent | ∪ res | ∪ NO | |
| | in the organization's own exempt a | | | | | |
| Pai | | | ons required by Part I, line 2b, columns e. Also provide any additional informat | | | , |
| | Return Reference | | Explanation | | | |
| | | | Scheo | dule G (Form 990 o | r 990-EZ) | 2020 |

efile GRAPHIC print Submission Date - 2022-08-02 DLN: 93493214011372 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Inspection Treasury Internal Revenue Service Name of the organization **Employer identification number** THE COLORADO MOUNTAIN CLUB 84-0410760 Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining noncash contribution amounts applicable items contributed amounts reported on Form 990, Part VIII, line 1g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles . 7 Boats and planes . . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution-Other . . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . **18** Collectibles . . . 19 Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (___ 27 Other ▶ (_____ 28 Other ▶ (__ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes 30a No b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . 32a No **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227 Schedule M (Form 990) (2020)

| Schedule M (Form 990) (2020) | | | | | |
|---|-----------|--|--|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organizat is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | | | | | |
| Return Reference Explanation | | | | | |
| SCHEDULE M, PAGE 2, PART II SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF ITEMS DONATED. | | | | | |
| Schedule M (Form 99 | 0) (2020) | | | | |

efile GRAPHIC print

Submission Date - 2022-08-02

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

DLN: 93493214011372 OMB No. 1545-0047

Open to Public Inspection

Department of the

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.

SCHEDULE 0

(Form 990 or

990-EZ)

| Vameuof the organizat เพละเองโดเลของเพลา | ion CUP | Employer identification number |
|---|--|--|
| Service | CLOB | 84-0410760 |
| Return Reference | Explanation | |
| FORM 990 - ORGANIZATION'S MISSION | THE CMC IS ORGANIZED TO: UNITE THE ENERGY, INTEREST AND KNO EXPLORERS, AND LOVERS OF THE MOUNTAINS OF COLORADO; COLLI INFORMATION REGARDING THE ROCKY MOUNTAINS ON BEHALF OF SO RECREATION; STIMULATE THE PUBLIC INTEREST IN OUR MOUNTAIN AI PRESERVATION OF FOREST FLOWERS FAUNA, AND NATURAL SCENERY ACCESSIBLE THE ALPINE ATTRACTIONS OF THIS REGION. | ECT AND DISSEMINATE CIENCE LITERATURE, ART, AND REAS; ENCOURAGE THE |
| FORM 990, PAGE 2, PART III, LINE 4D | TUITION FROM SCHOOLS ADULT EDUCATION PROGRAMMING CONDUCTION PROVIDES CLASSES GEARED TOWARDS THE GOAL OF SAFE AND REST COLORADO MOUNTAINS. CLASSES VARY FROM INTRODUCTION LEVEL ALTITUDE MOUNTAINEERING. CLASSES ARE OFFERED THROUGHOUT TREQUIRES MEMBERSHIP. | PONSIBLE RECREATION OF TO ADVANCED TECHNICAL HIGH- |
| FORM 990, PAGE 6, PART VI | THE EXECUTIVE COMMITTEE IS COMPOSED OF THE PRESIDENT, VICE SECRETARY AND EXECUTIVE DIRECTOR. IT CAN ACT ON ANY ACTION MAKES DECISIONS, IT RECEIVES AUTHORIZATION FROM THE FULL BOA | THAT IS TIME SENSITIVE. WHEN IT |
| FORM 990, PAGE 6, PART VI, LINE 6 | THE COLORADO MOUNTAIN CLUB IS GOVERNED BY THE STATE BOARI OF LONG TIME MEMBERS OF THE CLUB AND FIVE LOCAL GROUP CHAI BOARD MEMBERS OF THE CLUB. BOARD MEMBERS GENERALLY SERVI SERVE UP TO TWO CONSECUTIVE TERMS. | RS. THE BOARD SELF-ELECTS THE |
| FORM 990, PAGE 6, PART VI, LINE 7A | SEE THE EXPLANATION ABOVE FOR FORM 990 PART VI, SECTION A, L | INE 6. |
| FORM 990, PAGE 6, PART VI, LINE 7B | IN ACCORDANCE WITH THE CLUB'S CONSTITUTION, ANY PROPOSED A CONSTITUTION MUST FIRST BE APPROVED BY THE AFFIRMATIVE VOTE ALL MEMBERS OF THE BOARD OF DIRECTORS AND THEN BE RATIFIED ACROSS THE STATE (BOTH TOTALING IN NUMBER AT LEAST TWO-THIF ORGANIZED AND HAVING A TOTAL COMBINED MEMBERSHIP OF AT LECLUBE MEMBERSHIP) BEFORE SUCH AMENDMENT(S) BECOMES EFFECT | E OF AT LEAST TWO-THIRDS OF BY THE CLUB'S VARIOUS GROUPS RDS OF THE GROUPS THEN AST TWO-THIRDS OF THE TOTAL |
| FORM 990, PAGE 6, PART VI, LINE 11B | FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND IS REVIED OF OPERATIONS AND FINANCE AND THE EXCUTIVE DIRECTOR. THE RIBOARD TREASURER, AFTER WHICH IT IS PROVIDED TO ALL BOARD MADERICAL PRIOR TO BEING FILED WITH THE IRS. | ETURN IS THEN REVIEWED BY THE |
| FORM 990, PAGE 6, PART VI, LINE 12C | BOARD MEMBERS, OFFICERS, AND KEY STAFF MEMBERS ARE REQUIRINTEREST POLICY EACH YEAR. PARTICIPATION AND MEMBERSHIP ON TEMPLOYMENT OF KEY STAFF MEMBERS, IS CONTINGENT ON COMPLIAN BOARD PRESIDENT DISTRIBUTES THE CONFLICT OF INTEREST POLICY SECRETARY ACCOUNT FOR AND REVIEW ALL COPIES OF THE SIGNED A CONFLICT OF INTEREST IS DETERMINED TO EXIST, INTERESTED PARTHEMSELVES FROM THE DELIBERATIONS AND ANY SUBSEQUENT BOA | THE BOARD, AS WELL AS NCE WIHT THIS POLICY. THE AND THE PRESIDENT AND CONFLICT OF INTEREST POLICY. IF NTES ARE REQUIRED TO EXCUSE |
| FORM 990, PAGE 6, PART VI, LINE 15A | THE CMC EXECUTIVE COMMITTEE, MADE UP OF INDEPENDENT BOARD SURVEYS/STUDIES AND OTHER SIMILAR ORGANIZATIONS' FORM 990 TO COMPENSATION OF THE EXECUTIVE DIRECTOR. COMPARABILITY DATA AS NEEDED, WHEN THE POSITION IS FILLED, OR THERE IS A NOTABLE BENEFITS OFFERED. COMPARABILITY DATA IS NOT REFERENCED IN YED DOES NOT CHANGE, OR ONLY A SMALL COST OF LIVING INCREASE IS COMMITTEE DOCUMENTS ALL COMPENSATION RELATED DISCUSSIONS REACHED IN THE MEETING MINUTES. LINE 15B - NO OTHER OFFICERS ORGANIZATION. THEREFORE, THIS QUESTION HAS BEEN MARKED "NO INSTRUCTIONS. | TO DETERMINE THE APPROPRIATE A IS REFERENCED PERIODICALLY, CHANGE IN COMPENSATION OR EARS WHERE COMPENSATION GIVEN. THE EXCECUTIVE , DELIBERATIONS, AND DECISIONS ARE COMPENSATED BY THE |
| FORM 990, PAGE 6, PART VI, LINE 19 | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AVAILABLE ON THE WEBSITE AND UPON REQUEST. | FINANCIAL STATEMENTS ARE |
| FORM 990, PART IX, LINE 11G | CONTRACTUAL SERVICES 178,399 46,147 13,259 | |
| FORM 990, PART XI, LINE 9 | COST OF GOODS SOLD 273,460 COST OF GOODS SOLD -273,460 | |
| or Paperwork Reduct | ion Act Notice, see the Instructions for Form 990 or Cat. No. 51056K | Schedule O (Form 990 or 990-EZ) |