Form <b>990</b>
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Department of the Treasury

# 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.



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

intern	ai nevei				mepeetien		
AF	or the	e 2021 calendar year, or tax year beginning $ { m JUL}1$ , $2021$ and e	ending J	UN 30, 2022			
<b>B</b> C a	heck if oplicable	C Name of organization D Employer identification number					
	Addre: chang	e   Mountain Resource Center					
	Name chang	e Doing business as	84-117869	99			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/	P.O. Box 425		303-838-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,634,451.		
	Ameno	Configer, CO 80433		H(a) Is this a group re			
	Applic tion pendir	F Name and address of principal officer: Salali KIIIZEL		for subordinates			
	-	same as C above		H(b) Are all subordinates in			
		empt status: $X = 501(c)(3) = 501(c)( ) = (insert no.) = 4947(a)(1) or (a)(1) = 1000 cm s^{-1}$	r 527		list. See instructions		
_				H(c) Group exemption			
	orm of I <b>rt I</b>	organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year of	of formation: 1990 N	State of legal domicile: CO		
10		Briefly describe the organization's mission or most significant activities: We st	renat	hen our comm	unity with		
e		services that empower people.	.i eng ci		unity with		
Jan		Check this box F if the organization discontinued its operations or dispose	ad of more	than 25% of its not ass	ete		
veri					10		
ĝ		Number of independent voting members of the governing body (Part VI, line 1a)			10		
s S		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		·····	32		
itie		Total number of volunteers (estimate if necessary)			245		
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		751,592.	1,515,984.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8.	301.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,361.	83,271.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		759,961.	1,599,556.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		251,074. 0.	409,960.		
		Benefits paid to or for members (Part IX, column (A), line 4)		434,161.	1,041,822.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	1,041,022.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)    48,67	5	••	• •		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		189,618.	400,970.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		874,853.	1,852,752.		
		Revenue less expenses. Subtract line 18 from line 12		-114,892.	-253,196.		
or es				ginning of Current Year	End of Year		
Assets or Balances	20	Total assets (Part X, line 16)		2,330,555.	1,853,830.		
Ass J Ba		Total liabilities (Part X, line 26)		426,784.	204,908.		
-Net Fund		Net assets or fund balances. Subtract line 21 from line 20		1,903,771.	1,648,922.		
Pa	rt II	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.

				·	·		· · · · ·		-		
Sign		Signature of	officer					Date			
Here		Sarah	Kinzer,	CEO							
		Type or prin	t name and title								
	Prin	it/Type prepar	er's name		Preparer's signati	ure	Date		Check	PTIN	
Paid	Jai	mes D.	Hinkle		James D.	Hinkle	01/05	/23	ii self-employed	P005325	58
Preparer	Firm	n's name 🕒	Hinkle 8	& Company	, PC			Firm's	EIN ▶ 27	-1494012	2
Use Only	Firm	n's address 🕨	5028 Eas	st 101st	Street						
		-		ОК 74137				Phone	no. (918	)492-338	38
May the II	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

	990 (2021) Mountain Resource Center t III Statement of Program Service Accomplishments	84-1178699 Pa	age <b>2</b>
Fai	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: We strengthen our community with services that empower		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X	
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.		_ No
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	hers, the total expenses, and	
4a	(Code:)(Expenses \$1,645,513. including grants of \$409,960.) (Re The organization is a single point of entry, non-profit human service agency that services 65,000 residents liv 1,000 square mile radius of the Front Range. The organi services include: advocacy, basic needs assistance, wor public benefits application assistance, two-generation education, parents as teachers home visitation, healthy programs, financial literacy, veterans support and food these basics, Mountain Resource Center works to deliver solutions that foster independence and encourage self-s	health and ing within a zation's kforce services family living pantry. Beyond long-term	,
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	)
	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	)
	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue \$	)	
	Total program service expenses       1,645,513.         2 12-09-21       3	Form <b>990</b>	(2021)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	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		_X_
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	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 Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
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			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	Х	
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? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		X
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		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
D		05h		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
00		38	х	
Pa		1 00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

					100	110
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	68			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	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?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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			
	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 11a			
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		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
_	If "Yes," complete Form 6069.			
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#### Mountain Resource Center

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

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		10			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
	Did the organization become aware during the year of a significant diversion of the organization's asse			1	5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	-			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
~	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10		
		2	0		8a	х	
	The governing body?				oa 8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				30	47	
9					9		x
Sect	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				э		
	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue (	Code.)			<b>V</b>	
~				ſ	40	Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the t	form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	on Schedule O how this was done				12c		X
13	Did the organization have a written whistleblower policy?				13	Х	
	Did the organization have a written document retention and destruction policy?				14		X
	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-				
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a				
	taxable entity during the year?				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				100		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-				
					16b		
ect	exempt status with respect to such arrangements?		<u></u>		100		1
		d 000	T (pootion )	501/2)/2)-	only	ovoila	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ia 990-	i (section :	SO I (C)(S)S	oniy) i	availal	Jie
	for public inspection. Indicate how you made these available. Check all that apply.	_					
	Own website Another's website X Upon request Other (explain		,	- 11	<b>c</b>		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	t interest p	olicy, and	tinano	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	▶			
	<u>The Organization - 303-838-7552</u> P.O. Box 425, Conifer, CO 80433						
	P.O. Box 425, Conifer, CO 80433						

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 year.
 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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 the 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com		1099-INEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Sarah Kinzer	40.00		-		-					
CEO		1		x						
(2) Christine Fabian	40.00									
CFO				Х						
(3) Peter Brettell	4.00									
President		Х		Х						
(4) Christy Seabourne	4.00									
Vice President		Х		Х						
(5) James Walpole, Ph.D.	4.00									
Treasurer		Х		Х						
(6) Christy Stricker	4.00									
Secretary		Х		Х						
(7) Addie Nicholson	2.00									
Director		Х								
(8) Marilyn Saltzman	2.00									
Director		Х								
(9) Richard Levine	2.00									
Director		Х								
(10) Jess Walker	2.00									
Director		Х								
(11) Tracy Hofeditz, M.D.	2.00									
Director		Х								
(12) Beth Lincoln	2.00									
Director		Х								
		L								
132007 12-09-21										Form <b>990</b> (2021)

8

132007 12-09-21

Form 990 (2021)

	<u>990 (2021)</u> Mountain	Resourc	e	Ce	nt	er	•			84-11'	<u>78699</u>	Pa	ge <b>8</b>
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C				(D)	(E)		(F)	
	Name and title	Average			Posi	ition			Reportable	Reportable	Fs	timated	4
	Name and the	hours per		not ch , unles					compensation	compensation		nount o	
		week		cer and					from	from related		other	
		(list any	tor						the	organizations		pensati	ion
		hours for	direc				_		organization	(W-2/1099-MISC		om the	
		related	ndividual trustee or director	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		anizatio	
		organizations	ruste	l trus		,ee	mper		1099-NEC)	1000 1120)		d relate	
		below	dual t	Ition	_	(old n	st col	-				nizatio	
		line)	ndivid	Institutional trustee	Officer	Key employee	mplo	Former			0.94		
					0	¥	<u> </u>	ш					
							-						
				$ \vdash $									
				$\vdash$	_						<del></del>		
1b	Subtotal												
с	Total from continuation sheets to Part VI	, Section A											
d	Total (add lines 1b and 1c)												
2	Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportable			
_	compensation from the organization						,						
												Yes	No
~	Dist the second state list and for the second state						_					100	
3	Did the organization list any former officer,				•	-		Ŭ	• • •				37
	line 1a? If "Yes," complete Schedule J for st										. 3		<u>X</u>
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from the	ne organization			
	and related organizations greater than \$150	,000? If "Yes,	" со	mple	te S	Sche	dule	Jf	or such individual				Х
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com												х
Sec	ion B. Independent Contractors		- 0 /	JI SU		10/3	011 .						
	•								• • • • • • • • • • • • • • • • • • •	100 000 of commo			
1	Complete this table for your five highest con	-								· · · · ·	nsation fro	orn	
	the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wi	thin		ear.			
	(A)								(B)		(C		
	Name and business	address	NC	ONE					Description of s	ervices	Comper	nsation	
-													
								-					
								Ţ					
2	Total number of independent contractors (ir	cluding but p	nt lin	nited	to t	thos	e lie	ted	above) who received me	re than			
-	\$100,000 of compensation from the organiz		. m	mou		C							
	orou,000 or compensation from the organiz						,				- (	000 /-	004
											⊦orm ₹	<b>990</b> (2)	u21)

132008 12-09-21

			2021) Mountain Resource Ce	enter		84-1178	699 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue				
			Check if Schedule O contains a response or note to any	line in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ខេត	1	а	Federated campaigns 1a				
rant	_		Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c 72,489	9.			
àifts ar A			Related organizations 1d				
s, G Bili			Government grants (contributions) 1e 310,145	5.			
r Si		f	All other contributions, gifts, grants, and				
but			similar amounts not included above If 1,133,350				
d O		g	Noncash contributions included in lines 1a-1f 1g \$ 71,582				
<u> </u>		h		▶ 1,515,984.			
			Business Co	de			
Ce	2	а					
ervi		b					
u S		С					
Jrar Rev		d					
Program Service Revenue		e					
			All other program service revenue	•			
	3	g	Total. Add lines 2a-2f Investment income (including dividends, interest, and				
	3			301.			301.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	-		(i) Real (ii) Persona	al			
	6	а	Gross rents 6a 3,085.				
		b	Less: rental expenses 6b 0.				
			Rental income or (loss) 6c 3,085.				
		d	Net rental income or (loss)	▶ 3,085.			3,085.
	7	а	Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory <b>7a</b>				
		b	Less: cost or other basis				
venue			and sales expenses 7b	_			
			Gain or (loss)				
ŗŘ			Net gain or (loss)	►			
Other Re	8	а	Gross income from fundraising events (not including \$ 72,489. of				
0			contributions reported on line 1c). See				
			Part IV, line 18	7.			
		b	Less: direct expenses 8b 15,043				
			Net income or (loss) from fundraising events	-5,786.			-5,786.
			Gross income from gaming activities. See				
			Part IV, line 19 9a				
		b	Less: direct expenses 9b				
			Net income or (loss) from gaming activities	►			
	10	а	Gross sales of inventory, less returns				
			and allowances <b>10a105,824</b>				
			Less: cost of goods sold 10b 19,852				
		С	Net income or (loss) from sales of inventory	▶ <u>85,972</u> .	85,972.		
sn	44	~	Business Co				
Miscellaneous Revenue	11						
∳llar ven		b c					
Be			All other revenue		1		
Σ			Total. Add lines 11a-11d	•			
	12			1,599,556.	85,972.	0.	-2,400.
13200	9 12-	09-	•				Form <b>990</b> (2021)

### 14460105 151129 MOU5100

10

Mountain Resource Center Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	his Part IX ( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	409,960.	409,960.		
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,	016 410	105 500	11 500	0.016
_	trustees, and key employees	216,418.	195,799.	11,703.	8,916.
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	671,574.	607,593.	36,316.	27,665.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,246.	8,365.	500.	381.
9	Other employee benefits	80,531.	72,858.	500. 4,355.	381. 3,318. 2,639.
10	Payroll taxes	64,053.	57,950.	3,464.	2,639.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	7,375.		7,375.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		20 210	F 400	06 010	
	column (A), amount, list line 11g expenses on Sch 0.)	32,318.	<u>5,400.</u> 954.	26,918.	E 00E
12	Advertising and promotion	8,236. 14,623.	954.9,566.	<u>2,187.</u> 5,057.	5,095.
13	Office expenses	14,023.	9,000.	5,057.	
14	Information technology				
15	Royalties	115,774.	108,174.	7,600.	
16 17		14,574.	13,949.	625.	
17	Travel Payments of travel or entertainment expenses	14,3/4.	13,949.	025.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	15,449.	12,284.	3,165.	
20	Payments to affiliates		,	- , - • • •	
22	Depreciation, depletion, and amortization	46,895.	39,392.	7,503.	
23	Insurance	27,665.	20,936.	6,729.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
9	amount, list line 24e expenses on Schedule 0.) Repairs & Maintenance	36,600.	32,554.	4,046.	
b		22,054.	20,387.	1,667.	
c	Other Expenses	21,781.	5,985.	15,135.	661.
d		20,488.	6,269.	14,219.	
е	All other expenses	17,138.	17,138.	-	
25	Total functional expenses. Add lines 1 through 24e	1,852,752.	1,645,513.	158,564.	48,675.
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 Figure if following SOP 98-2 (ASC 958-720)				

2021.05010 MOUNTAIN RESOURCE CENTER MOU51001

14460105 151129 MOU5100

33

Total liabilities and net assets/fund balances

2,330,555.

33

1,853,830. Form **990** (2021)

Mountain Reso	urce Center
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Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or note	to any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			459,633.	1	59,464.
	2	Savings and temporary cash investments			513,806.	2	312,017.
	3	Pledges and grants receivable, net			163,843.	3	223,099.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie	-				
		under section 4958(f)(1)), and persons described i	-			6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			49,310.	8	32,418.
As	9				11,335.	9	21,498.
		Land, buildings, and equipment: cost or other	I			Ŭ	
	100	basis. Complete Part VI of Schedule D	10a	2,333,299.			
	h	Less: accumulated depreciation		1,138,330.	1,132,628.	10c	1,194,969.
	11				1/102/0200	11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	13					14	
	14	Intangible assets			0.	14	10,365.
	16	Other assets. See Part IV, line 11			2,330,555.	16	1,853,830.
	17	Accounts payable and accrued expenses			18,114.	17	42,209.
	18	Grants payable			10,111	18	12/2051
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
	22	Loans and other payables to any current or forme				21	
Liabilities		trustee, key employee, creator or founder, substa					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate			403,282.	23	162,589.
	24	Unsecured notes and loans payable to unrelated			100,1010	24	
	25	Other liabilities (including federal income tax, paya	-				
		parties, and other liabilities not included on lines					
		of Schedule D			5,388.	25	110.
	26	Total liabilities. Add lines 17 through 25			426,784.		204,908.
		Organizations that follow FASB ASC 958, chec	k here	X			
es		and complete lines 27, 28, 32, and 33.					
jn c	27				1,727,431.	27	1,472,582.
3ala	28	Net assets with donor restrictions			176,340.	28	176,340.
Β		Organizations that do not follow FASB ASC 95					
μu		and complete lines 29 through 33.	e, oneon i				
ç	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco	-			31	
let /	32				1,903,771.	32	1,648,922.
z		Tatal lisk little and sate south (such b)	tal net assets or fund balances				1 953 930

Form 990 (2021)

Part X Balance Sheet

	1990 (2021) Mountain Resource Center	84-11	78699	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,599		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,852	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-253		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,903		
5	Net unrealized gains (losses) on investments	5	-1	L,6	53.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,648	3,9	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a			<b>2</b> a		X
	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			37	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	~	
0.5	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			x
	Act and OMB Circular A-133?		. <u>3a</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	

**Open to Public** 

. Inspection

Name of	the organization	<u>.</u>						identification number
_	Moun	tain Resou	rce Center					4-1178699
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	nization is not a private found							
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative							
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (C							
6	A federal, state, or local gov							
7 X	•		ntial part of its support fr	rom a gove	ernmental	unit or from th	e general j	oublic described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9	An agricultural research org							
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
40	university:	1	11					d anna a chaite far an
10	An organization that norma							
	activities related to its exer							
	income and unrelated busin		(less section 511 tax) no	in pusines	ses acqui	led by the org	anization a	anter Julie 30, 1975.
11	See section 509(a)(2). (Con An organization organized a		ively to test for public sat	fotu Soo	section 50	)Q(a)(4)		
12	An organization organized a	-	•	•			rv out the	nurnoses of one or
12	more publicly supported or							
	lines 12a through 12d that							
а	Type I. A supporting orga	• •					-	aivina
	the supported organization	-			-			
	organization. You must c							
b	Type II. A supporting org	-		ion with it:	s supporte	d organization	n(s), by hav	ving
	control or management o	-				-		•
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functional	y integrate	ed with,
	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
	requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
<b>g</b> Pro	vide the following information			(iv) Is the ora:	anization listed	(a) Amonumb of		(iii) Amount of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No		3110010113/	
								i

Part II

Mountain Resource Center

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1417392.	1576220.	2415217.	751,592.	1515984.	7676405.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1417392.	1576220.	2415217.	751,592.	1515984.	7676405.
	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)						1964870.
~							5711535.
	Public support. Subtract line 5 from line 4.						<u> </u>
	ndar year (or fiscal year beginning in)	(-) 0017	(1-) 2019	(-) 2010	(4) 2020	(a) 2021	
		(a) 2017 1417392.	(b)2018 1576220.	(c) 2019 2415217.	(d) 2020 751,592.	(e) 2021 1515984.	(f) Total 7676405
	Amounts from line 4	141/392.	1370220.	2413217.	151,592.	19199040	70704037
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	12 040	10 000	0 011		2.01	00.004
	and income from similar sources	13,842.	12,922.	2,911.	8.	301.	29,984.
9	Net income from unrelated business						
	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.)	2,979.	17,043.	324.	378.		20,724.
11	Total support. Add lines 7 through 10						7727113.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	633,029.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	here					🕨
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.92 9
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	71.71 9
	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	x and
	<b>33 1/3 // Support test - 2021.</b> If the t						►X
	stop here. The organization qualifies	as a publicly supp	orted organization				
16a							is box
16a	stop here. The organization qualifies 33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
16a b	stop here. The organization qualifies	organization did no ifies as a publicly s	t check a box on li supported organiza	ne 13 or 16a, and tion	line 15 is 33 1/3%	or more, check th	►
16a b	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2020.</b> If the c and <b>stop here.</b> The organization quali	organization did no ifies as a publicly s - <b>2021.</b> If the org	t check a box on li supported organiza anization did not c	ne 13 or 16a, and tion heck a box on line	line 15 is 33 1/3% 13, 16a, or 16b, a	or more, check the	or more,
16a b	<ul> <li>stop here. The organization qualifies</li> <li>33 1/3% support test - 2020. If the organization qualifies</li> <li>and stop here. The organization qualifies</li> <li>10% -facts-and-circumstances test</li> </ul>	organization did no ifies as a publicly s - <b>2021.</b> If the org s-and-circumstance	t check a box on li supported organiza anization did not c es test, check this	ne 13 or 16a, and ttion heck a box on line box and <b>stop he</b>	line 15 is 33 1/3% 13, 16a, or 16b, a r <b>e.</b> Explain in Part	or more, check thi and line 14 is 10% ( VI how the organiz	or more,
16a b 17a	<ul> <li>stop here. The organization qualifies</li> <li>33 1/3% support test - 2020. If the organization qualifies</li> <li>and stop here. The organization qualifies</li> <li>10% -facts-and-circumstances test</li> <li>and if the organization meets the facts</li> <li>meets the facts-and-circumstances test</li> </ul>	organization did no ifies as a publicly s - <b>2021.</b> If the org s-and-circumstance st. The organizatio	t check a box on li supported organiza anization did not c es test, check this n qualifies as a pu	ine 13 or 16a, and ation	line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization	or more, check thi and line 14 is 10% o VI how the organiz	or more, ration
16a b 17a	<ul> <li>stop here. The organization qualifies</li> <li>33 1/3% support test - 2020. If the organization qualities</li> <li>and stop here. The organization qualities</li> <li>10% -facts-and-circumstances test</li> <li>and if the organization meets the facts-</li> <li>meets the facts-and-circumstances test</li> <li>10% -facts-and-circumstances test</li> </ul>	organization did no ifies as a publicly s - <b>2021.</b> If the org s-and-circumstance st. The organizatio - <b>2020.</b> If the org	t check a box on li supported organiza anization did not c es test, check this n qualifies as a pu anization did not c	ine 13 or 16a, and ition heck a box on line box and <b>stop he</b> blicly supported of heck a box on line	line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part rganization 13, 16a, 16b, or 1	or more, check th and line 14 is 10% o VI how the organiz	or more, ration
16a b 17a	<ul> <li>stop here. The organization qualifies</li> <li>33 1/3% support test - 2020. If the organization qualifies</li> <li>and stop here. The organization qualifies</li> <li>10% -facts-and-circumstances test</li> <li>and if the organization meets the facts</li> <li>meets the facts-and-circumstances test</li> </ul>	organization did no ifies as a publicly s - <b>2021.</b> If the org s-and-circumstance st. The organizatio - <b>2020.</b> If the org ne facts-and-circum	t check a box on li supported organiza anization did not c es test, check this n qualifies as a pu anization did not c nstances test, chec	ine 13 or 16a, and ition heck a box on line box and <b>stop he</b> blicly supported of heck a box on line ck this box and <b>st</b>	line 15 is 33 1/3% a 13, 16a, or 16b, a re. Explain in Part rganization a 13, 16a, 16b, or 1 cop here. Explain in	or more, check thi and line 14 is 10% ( VI how the organiz 7a, and line 15 is n Part VI how the	or more, ration

132022 01-04-22

Schedule A				Resource		
Part III	Support	Schedule fo	or Organization	ns Described i	n Section	509(a)(2)

Mountain Resource Center

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		-		-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	incon under contion E10						
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	check this box and stop here	<u></u>					<b>&gt;</b>
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	, Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did				33 1/3%, and lii	ne 17 is not
	more than 33 1/3%, check this box an	-					►
b	33 1/3% support tests - 2020. If the	-	•				%, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	<u>n did not chec</u> k a	<u>, box on line 14,</u> 19	<u>a, or 19b, chec</u> k t	his box and see ins	structions	
13202	23 01-04-22					Schedu	ule A (Form 990) 2021

14460105 151129 MOU5100

<sup>16</sup> 

132024 01-04-21

### 14460105 151129 MOU5100

10b

10a

1

2

3a

Yes No

#### Schedule A (Form 990) 2021 Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** 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 amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on 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.
- 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.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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2021.05010 MOUNTAIN RESOURCE CENTER

Schedule A (Form 990) 2021

MOU51001

lle A (Form 990) 2021	Mountain	Resource	Center

Sched

2

No

		Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		100	
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the appointing body members of the appointing body officers acting in their official capacity or membership of one or			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, 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	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Part IV Supporting Organizations (continued)

			Yes	I
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	. I	

#### Section 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?	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 maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 (	Check the box next to the method that the	organization used to sati	isfy the Integral Part Te	est during the year	(see instructions).
-----	---	---------------------------	---------------------------	---------------------	---------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b	The organization	is the parent of	each of its supported	organizations.	Complete line 3 be	low.
---	------------------	------------------	-----------------------	----------------	--------------------	------

с	The organization	supported a	a governmental entity	· Describe i	n Part VI h	ow you supported	d a governmental enti	ty (see instruction <u>s)</u>	)
---	------------------	-------------	-----------------------	--------------	-------------	------------------	-----------------------	-------------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Schedule A (Form 990) 2021

Yes No

132025 01-04-22

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Schedule A	(Form 990)	) 202
Part V	Type III	No

(Form 990) 2021 Mountain Resource Center Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

r Year (B) Current Year (Optional)			A - Adjusted Net Income
r Year (B) Current Year (Optional)		1	short-term capital gain
		2	coveries of prior-year distributions
		3	er gross income (see instructions)
		4	d lines 1 through 3.
		5	preciation and depletion
			tion of operating expenses paid or incurred for production or
			ection of gross income or for management, conservation, or
		6	intenance of property held for production of income (see instructions)
		7	er expenses (see instructions)
		8	iusted Net Income (subtract lines 5, 6, and 7 from line 4)
	(A) Pri		3 - Minimum Asset Amount
			gregate fair market value of all non-exempt-use assets (see
			ructions for short tax year or assets held for part of year):
		1a	erage monthly value of securities
		1b	erage monthly cash balances
		1c	r market value of other non-exempt-use assets
		1d	al (add lines 1a, 1b, and 1c)
			count claimed for blockage or other factors
			olain in detail in <b>Part VI</b> ):
		2	uisition indebtedness applicable to non-exempt-use assets
		3	otract line 2 from line 1d.
			sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,
		4	instructions).
		5	value of non-exempt-use assets (subtract line 4 from line 3)
		6	Itiply line 5 by 0.035.
		7	coveries of prior-year distributions
		8	nimum Asset Amount (add line 7 to line 6)
Current Year			C - Distributable Amount
		1	usted net income for prior year (from Section A, line 8, column A)
		2	er 0.85 of line 1.
		3	imum asset amount for prior year (from Section B, line 8, column A)
			er greater of line 2 or line 3.
		4	
		4 5	ome tax imposed in prior year
			ome tax imposed in prior year <b>tributable Amount.</b> Subtract line 5 from line 4, unless subject to
oporting organizatio			

instructions)

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

2

3

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a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

**10** Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

#### Part V Type III Non tions (continued) Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Mountain	Resource	Center	
-Functionally Integrat	ted 509(a)(3) S	upporting	Organiza

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8 9 **Current Year** 

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	Mountain	Resource	Center		84-1178699 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	the explanations 5a, 6, 9a, 9b, 9c, V, Section E, line	required by Part II, lin 11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3	3b; Part V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	· · · · ·					
132028 01-04-2	2			0.1		Schedule A (Form 990) 2021

SCHEDULE D	)
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(Form 990)	
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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.



Department of the Treasury Internal Revenue Service

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

Name	e of the organization Mountain Resource (	Center	E	mployer identific $84-11'$		
Par			r Acco			
	organization answered "Yes" on Form 990, Part IV, lin			emplet		
	<b>3</b>	(a) Donor advised funds	(b) F	unds and other a	ccounts	
1	Total number at end of year		(~)			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value of grants non (during year)					
5	Did the organization inform all donors and donor advisors in v	writing that the assets hold in deper advised	funde			
5	are the organization's property, subject to the organization's	5		Ye		No
6	Did the organization inform all grantees, donors, and donor a				5	NU
0	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		•	Ye	e.	No
Par		anization answered "Yes" on Form 990. Pa	rt IV line		5	NU
1	Purpose(s) of conservation easements held by the organization		are iv, inc			
	Preservation of land for public use (for example, recreation		historic		aroa	
	Protection of natural habitat			historic structure		
	Preservation of open space		Certified			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	2 00000	vation easement	on the las	et
2	day of the tax year.			Held at the End		
а	Total number of conservation easements		2			
b						
	Number of conservation easements on a certified historic stru		···· —			
	Number of conservation easements included in (c) acquired a					
u	listed in the National Register	-	2	ч		
3	Number of conservation easements modified, transferred, rele		····			
Ū	year		gainzati	on daning the tax		
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the per					
•	violations, and enforcement of the conservation easements it			Ye	s	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
-	►	5		5	,	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easem	ents during the ve	ear	
	► \$	5 , 5		5 ,		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •		Ye	s	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	C C				
Par		Art, Historical Treasures, or Othe	er Sim	lar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance	e sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance	of public		
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sh	eet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of	public service,		
	provide the following amounts relating to these items:			-		
	(i) Revenue included on Form 990, Part VIII, line 1			► \$		
				► \$		
2	If the organization received or held works of art, historical trea			ride		
	the following amounts required to be reported under FASB A		•			
а	Bevenue included on Form 990 Part VIII line 1	-		► \$		

132051 10-28-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021
132051 10-28-21	

14460105 151129 MOU5100

28			
2021.05010	MOUNTAIN	RESOURCE	CENTER

\$

MOU51001

Sche		n Resource					84	1-11	7869	Э Р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tre	easures, o	r Other S	Similar A	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the t	following that	t make sigr	nificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	d		] Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how t	hey further th	ne organizatio	on's exemp	t purpose	in Part 2	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if th	e organizatio	n answered	"Yes" on F	orm 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other as	sets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liability	?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	if the organization an	swered	d "Yes" on Fo	1						
		(a) Current year	(b)	Prior year	(c) Two yea	rs back <b>(c</b>	<b>i)</b> Three year	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	lg, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	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 organiza	ation th	at are held ar	nd administer	ed for the	organizatio	on	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o		• • •	t or other		cumulated		( <b>d)</b> Boo	k valu	le
		basis (investr	nent)		(other)	depr	eciation		2.0	<u> </u>	1 4
	Land				6,714.	1 0		-			$\frac{14.}{20}$
	Buildings			1,83	6,714.	I,U.	10,785	•	82	s,9	29.
	Leasehold improvements			1 1 0	0 0 7 1					<u> </u>	20
	Equipment			T8	9,871.	I :	27,545	•	6.	4,3	26.
	Other							_	1 1 0	<u> </u>	<u> </u>
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colu</u>	<u>mn (B), line 1</u>	0c.)	<u></u>			1,19		
							Sc	nedule	D (Forn	n 990)	) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
<ul> <li>2) Closely held equity interests</li> </ul>			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)			,
(1)			
(3)			
(4)		1	
(5)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		•
			_
		11e or 11f. See Form 990, Part X, line 2	
Complete if the organization answered "Yes" of	on Form 990, Fait IV, line		
(a) Description of liability	orronn 990, Fait IV, line		(b) Book value
(a) Description of liability (1) Federal income taxes	50, Fait IV, ille		
(a) Description of liability (1) Federal income taxes (2) Deferred Revenue	, Faitiv, ine		
(a) Description of liability         (1) Federal income taxes         (2) Deferred Revenue         (3)	, r onn 990, r art iv, ine		
(a) Description of liability         (1) Federal income taxes         (2) Deferred Revenue         (3)         (4)			
(a) Description of liability       (1) Federal income taxes       (2) Deferred Revenue       (3)       (4)       (5)			
(a) Description of liability         (1) Federal income taxes         (2) Deferred Revenue         (3)         (4)         (5)         (6)			
(a) Description of liability (1) Federal income taxes (2) Deferred Revenue (3) (4) (5) (6) (7)			
(a) Description of liability         (1) Federal income taxes         (2) Deferred Revenue         (3)         (4)         (5)         (6)			
(a) Description of liability         (1) Federal income taxes         (2) Deferred Revenue         (3)         (4)         (5)         (6)         (7)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... 🚺

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 Mountain Resource Center			84-2	1178699	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With F	Revenue per Re	eturn.		G
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,597	,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-1,653.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-1	,653.
3	Subtract line 2e from line 1			3	1,599	,556.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,599	,556.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per l	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,852	,752.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,852	<u>,752.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,852	,752.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X, Line 2:

Mountain Resource Center follows FASB ASC 740 Income Taxes, which requires							
entities to determine whether a tax position is more likely than not to be							
sustained upon examination by the applicable taxing authority. The Center							
has evaluated tax positions taken related to its tax-exempt status, and							
none are considered to be uncertain; therefore, no amounts have been							
recognized as of June 30, 2022.							

132054 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ities	OMB No. 1545-0047				
(Form 990)	or if the	2021								
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection		
Name of the organization		n Resource Center					Employer id	entification number 3699		
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	ities. (	Check all that apply.					
a Mail solicitat	tions	e Solicitat	tion of	non-g	overnment grants					
b Internet and	email solicitations									
c Phone solici	tations	g Special	fundra	ising	events					
d In-person so	d In-person solicitations									
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or			
key employees list	ed in Form 990, P	art VII) or entity in connection with p	ofessi	onal fi	undraising services?		Ye	s No		
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreei	nents under which th	ne fur	ndraiser is to b	De		
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of		(iv) Gross receipts to (or retain from activity fund		Amount paid or retained by) fundraiser	(vi) Amount paid to (or retained by) organization		
			contributions?			lis	ted in col. (i)			
Tatal		L		<b></b>						
3 List all states in wh		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from r	egistration		
or licensing.										
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedu	le G (Form 990) 2021		

132081 10-21-21

84-1178699 Page 2

 Schedule G (Form 990) 2021
 Mountain
 Resource
 Center
 84-1178699
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

ss receipts	72,489. 9,257. 9,465. 5,578.	(b) Event #2 (event type)	None (total number)	(d) Total events (add col. (a) through col. (c)) 81,746 72,489 9,257
s: Contributions	(event type) 81,746. 72,489. 9,257. 9,465. 5,578. sh 9 in column (d)		(total number)	81,746 72,489 9,257
s: Contributions	72,489. 9,257. 9,465. 5,578.			72,489 9,257
ss income (line 1 minus line 2) h prizes icash prizes t/facility costs d and beverages ertainment er direct expenses ict expense summary. Add lines 4 throug income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	9,257. 9,465. 5,578.			9,257
h prizes icash prizes t/facility costs d and beverages ertainment er direct expenses ict expense summary. Add lines 4 throug income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	9,465. 5,578. h 9 in column (d)			
t/facility costs d and beverages ertainment er direct expenses ect expense summary. Add lines 4 throug income summary. Subtract line 10 from Gaming. Complete if the organization	9,465. 5,578. h 9 in column (d)			9,465
t/facility costs d and beverages ertainment er direct expenses ect expense summary. Add lines 4 throug income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	9,465. 5,578. h 9 in column (d)			9,465
d and beverages ertainment er direct expenses ect expense summary. Add lines 4 throug income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	9,465. 5,578. h 9 in column (d)			9,465
ertainment er direct expenses ct expense summary. Add lines 4 throug income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	5,578. h 9 in column (d)			9,465
er direct expenses ct expense summary. Add lines 4 throug income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	5,578. h 9 in column (d)			
ct expense summary. Add lines 4 throug income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	h 9 in column (d)			
income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization				5,578
Gaming. Complete if the organization	line 2 column (d)		►	15,043
				-5,786
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
ss revenue				
h prizes				
icash prizes				
t/facility costs				
er direct expenses	No.	Noo 04	No. 0/	
unteer labor	Yes % No	Yes % No	Yes % No	
ct expense summary. Add lines 2 throug	yh 5 in column (d)		►	
gaming income summary. Subtract line	7 from line 1, column (d)			
e state(s) in which the organization cond	ucts gaming activities:			
				Yes No
explain:				
			ear?	Yes No
	ct expense summary. Add lines 2 throug gaming income summary. Subtract line e state(s) in which the organization cond ganization licensed to conduct gaming a explain: y of the organization's gaming licenses r	No         ct expense summary. Add lines 2 through 5 in column (d)         gaming income summary. Subtract line 7 from line 1, column (d)         e state(s) in which the organization conducts gaming activities:         ganization licensed to conduct gaming activities in each of these sexplain:         y of the organization's gaming licenses revoked, suspended, or term	No       No         ct expense summary. Add lines 2 through 5 in column (d)	No       No       No         ct expense summary. Add lines 2 through 5 in column (d)          gaming income summary. Subtract line 7 from line 1, column (d)          e state(s) in which the organization conducts gaming activities:

Sch	edule G (Form 990) 2021	Mountain	Resource	e Center	84-1	178699	Page 3
11	Does the organization conduct ga	aming activities with	h nonmembers?			Yes	No
12	Is the organization a grantor, ben				•		
	to administer charitable gaming?					Yes	No
	Indicate the percentage of gamin					I I	
	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of the	ie person who prep	ares the organiza	ation's gaming/special ev	ents dooks and records:		
	Name 🕨						
	Address 🕨						
15a	Does the organization have a cor	tract with a third pa	arty from whom t	he organization receives	gaming revenue?	Yes	No
k	If "Yes," enter the amount of gam	ning revenue receivo	ed by the organiz	zation 🕨 \$	and the amount		
	of gaming revenue retained by th						
c	If "Yes," enter name and address						
	Name 🕨						
	Address ►						
16							
10	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	▶ \$					
	Description of services provided	•					
	Description of services provided						
	Director/officer	Employee	I	ndependent contractor			
17	Mandatory distributions:						
	Is the organization required unde	r state law to make	charitable distrib	outions from the gaming p	proceeds to		
	retain the state gaming license?					Yes	No
k	Enter the amount of distributions						
	organization's own exempt activity						
Pa					b, columns (iii) and (v); and Par	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also p	rovide any additi	onal information. See ins	tructions.		
1320	33 10-21-21				Sched	ule G (Form	990) 2021

Part IV	Supplemental Informatio	n (continued)		
132084 11-18-2	21			Schedule G (Form 990)

14460105 151129 MOU5100

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service			_	Attach to For rs.gov/Form990 for	m 990.			Open to Public Inspection		
Name of the organiza	tion Mountain	Resource	·	5				Employer identification number 84-1178699		
Part I General I	Information on Grants a	nd Assistance								
criteria used to	criteria used to award the grants or assistance?									
Part II Grants a	nd Other Assistance to I that received more than \$	Domestic Organiz	ations and Domestic	<b>Governments.</b> (	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any		
	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
3 Enter total num	ber of section 501(c)(3) a ber of other organizations	s listed in the line 1	I table							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Mountain	Resource	Center
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Rent/mortgage, food, transportation, medical/mental health, education and utility assistance	2319	0.	409.960	Fair market value	Food, actual bills paid
	2313		105,500.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Food pantry recipients are screened prior to distribution of food items.

Direct assistance payments are made to the vendor on behalf of qualified

individuals for actual bills presented for payment, not to the individual.

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

2021
Open to Public Inspection

Employer identification number

Name of the	organization
-------------	--------------

	Mountain Resource Center 84-								
Pa	rt I Types of Property		•						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	non	(d) Method of de cash contribu		•	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests				-				
4	Books and publications	X				Market			
5	Clothing and household goods	X		6,564.	Fair	Market	Va	lue	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other $\ldots$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	219	37,025.	Fair	Market	Val	Lue	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts				<u> </u>			_	
25 26	Other ► ( <u>Miscellaneous</u> ) Other ► ()	<u> </u>	59	67,317.	Fair	Market	Va	Lue	
27	Other ( )								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	y contributic	n any property rep	orted in Part I, lines 1 throu	gh 28, tha	ıt it			
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be u	ised for				
	exempt purposes for the entire holding period?	?					30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribu	itions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
							32a		<u> </u>
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is che	cked,				
	describe in Part II.					<b></b>			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).		Schedule M	l (Forn	n 990)	2021

132141 11-17-21

	(Form 990) 2021			
Part II	Supplemental	Information.	Provide the inform	nation required by Part I,

84-1178699 Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization 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.

132142 11-17-21	Schedule M (Form 990) 2021

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	90) of the Treasury Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.			
Name of the organization			Inspection identification number 178699	
Form 990, Pa	rt VI, Section B, line 11b:			
<u>A draft of t</u>	he 990 is reviewed by members of the finance c	ommitt	ee, and	
then made ava	ailable to all board members prior to filing.			
Form 990, Pa:	rt VI, Section B, Line 15a:			
Executive con	mmittee members obtained information from Empl	oyers	Council	
regarding co	mpensation of the executive director for simil	ar siz	e agencies.	
<u>Compensation</u>	of the executive director was adjusted to fit	into	this range	
of salaries.				
<u>Form 990, Pa</u>	rt VI, Section C, Line 19:			
The organiza	tion makes its governing documents, financial	statem	ents, and	
Form 990 ava	ilable upon request.			
Form 990, Pa:	rt XII, Line 2c			
<u>The organiza</u>	tion has not changed its oversight or selectio	n proc	ess	
during the y	ear.			
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021	

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)						
print	Mountain Resource Center				84-1178699			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 425							
return. See instructions	urn. see							
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1		
Application		Return	Application		1			
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Form 99	0-T (corporation) The Organizati	07						
<ul> <li>If the</li> <li>If this box</li> <li>1 I return the</li> </ul>	<ul> <li>hone No. ▶ <u>303-838-7552</u></li> <li>organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶</li> <li>equest an automatic 6-month extension of time until _</li> <li>e organization named above. The extension is for the organization are above. The extension are above. T</li></ul>	Group Exe and atta <u>May</u> ganization's	mption Number (GEN) I uch a list with the names and TINs of y 15, 2023, to file return for: id ending _JUN 30, 2022	f this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this		
<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				3a	\$	0.		
b lft								
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by								
using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.			
instructio				453-TE and				
LHA I	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		⊦orm <b>8</b>	868 (Rev. 1-2022)		

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