| Form 990 |
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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 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 | | G 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 rt I | organization: X Corporation Trust Association Other ► Summary | L 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 2 |
|-----|---|--|--------------|
| 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 990 | (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 |
| 132003 | 12-09-21 | Form | 990 (| (2021) |

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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> Section 501(c)(3) organizations. 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 | | |
| 132004 | 12-09-21 | | | Form | 990 | (2021) |

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| Form | 990 (2021) Mountain Resource Center 84-1178 | 699 | Р | age 5 |
|--------|---|------|-----|--------------|
| 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. | | | |
| 132005 | 12-09-21 6 | Form | 990 | (2021) |

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2021.05010 MOUNTAIN RESOURCE CENTER MOUSI001

| Form 990 | (2021) |
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Mountain Resource Center

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

84-1178699 Page **6**

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 | 1 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.) | | | V | |
| ~ | | | | 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 | c | | |
| 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 | | | | | | | | |
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| 132007 12-09-21 | | | | | | | | | | Form 990 (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 8 |
|-----|---|----------------|-------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------------|-------------------|--------------|----------------|-------------|
| 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 | | | | | |
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| | | | | | | | | | | | | | |
| 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 | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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 ₹ | 990 (2) | u21) |

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| | | | 2021) Mountain Resource Ce | enter | | 84-1178 | 699 Page 9 |
|---|-------|--------|---|-----------------------------|--|--------------------------------------|--|
| Pa | rt V | /111 | Statement of Revenue | | | | |
| | | | Check if Schedule O contains a response or note to any | line in this Part VIII | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) 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 7a | | | | |
| | | 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 10a105,824 | | | | |
| | | | 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 990 (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. | (A) Total expenses | his Part IX (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|--|------------------------------|---|--|---------------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 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 |
|---------------|-------------|
|---------------|-------------|

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 | | | |
|-----------------------------|-----|---|---------------------------------|------------------|---------------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (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 | _{ge} 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 | | | 2 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? | | 2 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 | | | | | | |
| g 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) 🕨 | (a) 2017 | (b) 2018 | (c) 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 ⁻ | 14 is 33 1/3% or m | ore, check this bo | x and |
| | 33 1/3 // Support test - 2021. 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 | stop here. The organization qualifies 33 1/3% support test - 2020. If the c and stop here. The organization quali | organization did no ifies as a publicly s - 2021. 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 | stop here. The organization qualifies 33 1/3% support test - 2020. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test | organization did no ifies as a publicly s - 2021. 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 stop he | line 15 is 33 1/3% 13, 16a, or 16b, a r e. Explain in Part | or more, check thi and line 14 is 10% (VI how the organiz | or more, |
| 16a b 17a | stop here. The organization qualifies 33 1/3% support test - 2020. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test | organization did no ifies as a publicly s - 2021. 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 | stop here. The organization qualifies 33 1/3% support test - 2020. If the organization qualities and stop here. The organization qualities 10% -facts-and-circumstances test and if the organization meets the facts- meets the facts-and-circumstances test 10% -facts-and-circumstances test | organization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organizatio - 2020. 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 stop he 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 | stop here. The organization qualifies 33 1/3% support test - 2020. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test | organization did no ifies as a publicly s - 2021. If the org s-and-circumstance st. The organizatio - 2020. 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 stop he blicly supported of heck a box on line ck this box and st | 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) 🕨 | (a) 2017 | (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) 🕨 | (a) 2017 | (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> | | | | | > |
| 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 | 21 (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

¹⁶

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.)

17

2021.05010 MOUNTAIN RESOURCE CENTER

Schedule A (Form 990) 2021

MOU51001

| lle A (Form 990) 2021 | Mountain | Resource | Center |
|-----------------------|----------|----------|--------|
| | | | |

Sched

2

No

| | | Yes | No |
|---|-----|-----|----|
| 11 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 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 Part VI 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

14460105 151129 MOU5100

18

| 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 Part VI): |
| | | 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 tributable Amount. 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

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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, |
| | · · · · · | | | | | |
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| 132028 01-04-2 | 2 | | | 0.1 | | Schedule A (Form 990) 2021 |

| SCHEDULE D |) |
|------------|---|
|------------|---|

| (Form 990) | |
|------------|--|
|------------|--|

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 | | |
| | 3 | (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 | |

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|------------|----------|----------|--------|
| 2021.05010 | MOUNTAIN | RESOURCE | CENTER |

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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 (c | i) 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 | | (d) 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 | | | |
| 2) Closely held equity interests | | | |
| 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 4 |
|------|--|------------|----------------|--------|---------|---------------|
| 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 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) | | | |
| | | | | | | | | | | |
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| Tatal | | L | | | | | | | | |
| 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. | | | | | | | | | | |
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| 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 Gaming. 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 Gaming. 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 Gaming. 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 Gaming. 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 Gaming. 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 Gaming. Complete if the organization | 5,578. h 9 in column (d) | | | |
| ct expense summary. Add lines 4 throug income summary. Subtract line 10 from Gaming. Complete if the organization | h 9 in column (d) | | | |
| income summary. Subtract line 10 from Gaming. 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. | | |
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| 1320 | 33 10-21-21 | | | | Sched | ule G (Form | 990) 2021 |

| Part IV | Supplemental Informatio | n (continued) | | |
|----------------|-------------------------|---------------|------|-----------------------|
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| 132084 11-18-2 | 21 | | | Schedule G (Form 990) |
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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 | Governments. (| 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 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 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 |
|----------|----------|--------|
|----------|----------|--------|

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) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) 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 | | • | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) 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. | | | | | | | | |
| 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. | | | |
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| 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 | | | | | | |
| If the If this box 1 I return the | hone No. ▶ <u>303-838-7552</u> 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 ▶ equest an automatic 6-month extension of time until _ e organization named above. The extension is for the organization are above. The extension are above. T | 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 | | |
| 3a 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 8 | 868 (Rev. 1-2022) | | |

123841 01-12-22