#### 990

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Intern	al Revenu	ue Service	► Go to	www.irs.gov/Form990 for instruc	ctions and th	ne latest info	mation.		Inspection
A I	or the	2020 calenda	r year, or tax year begir	nning	07-01 ,2	2020, and end	ling	06	-30 , <b>20</b> 21
В	Check if a	pplicable:	C Name of organizationES	TES PARK NONPROFIT RES	SOURCE CE	ENTER INC		Emplo	yer identification number
	ddress c	hange	Doing business as						85-0486591
_	lame cha		Number and street (or P	O. box if mail is not delivered to street addres	ss)	Room/s	uite E	Teleph	none number
_	nitial retur		PO BOX 4221		,				(970)480-7805
=		n/terminated		ovince, country, and ZIP or foreign postal code	<u> </u>	l I	1,	Gross	
=	mended		ESTES PARK, CO		,		l'	\$	168,755
=				incipal officer: Cato Kraft			11/6) 1: 11 1:		
	кррпсацог	n pending	· ·	,			H(a) Is this a gro		
		🔽	Same as C abov	. –	П		H(b) Are all su		
	ax-exem		501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527		-		t. See instructions
	Vebsite:		EPNONPROFIT.ORG				H(c) Group ex		
				sociation Other ►	L Year o	of formation: 20	04 M St	ate of lega	al domicile: CO
Pa		Summary							
	1	Briefly describ	pe the organization's miss	sion or most significant activities:	TO SUPPO	ORT, CONN	ECT, AND	INSP	IRE COMMUNITY
ø		NONPROFIT	'S.						
Governance									
r na									
o Ve				n discontinued its operations or disp				<b>3.</b>	
Ŏ	3	Number of vo	ting members of the gove	erning body (Part VI, line 1a)				3	9
დ დ	4	Number of inc	dependent voting member	rs of the governing body (Part VI, li	ne 1b)	<b>.</b>		4	9_
iţie	5	Total number	of individuals employed in	n calendar year 2020 (Part V, line 2	2a)			5	3
Activities	6	Total number	of volunteers (estimate if	necessary)			7	6	
ď	7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12				7a	0
	b	Net unrelated	business taxable income	e from Form 990-T, Part I, line 11.		J		7b	0
							Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line	1h)			83	,018	159,322
<u>o</u>				e 2g)					0
Revenue		•	•	A), lines 3, 4, and 7d)					
ě				nes 5, 6d, 8c, 9c, 10c, and 11e)			3.4	,081	6,223
œ			, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A), lii			117		
							11/	,099	165,545
				IX, column (A), lines 1-3)					
			to or for members (Part I						0
S				e benefits (Part IX, column (A), line			94,	,036	94,502
Expenses				column (A), line 11e)					0
<u>p</u>			ing expenses (Part IX, co			0			
ш			es (Part IX, column (A), li			• • • •		,941	125,573
				t equal Part IX, column (A), line 25)				977	220,075
	19	Revenue less	expenses. Subtract line	18 from line 12			(74)	,878)	(54,530)
5	}						inning of Currer	t Year	End of Year
Net Assets or	20	,					409	415	368,951
ASS	21	Total liabilities	s (Part X, line 26)				8 ,	,298	840
_		Net assets or	fund balances. Subtract	line 21 from line 20			401	,117	368,111
	rt II	Signatur							
				urn, including accompanying schedules and st ficer) is based on all information of which prep			owledge and belie	f, it is	
	0011001, 0	and complete. Been	aration of proparor (other than or	incer) is baced on an information of which prop	arer riae arry kno	, wiedge.			
		Cato	Kraft						
Sig	n	Signature	of officer					Dat	е
Her	е	Cato	Kraft, Executive	Director					
			rint name and title						
		Print/Type prep	parer's name	Preparer's signature	Date		Check	<b>X</b> if	PTIN
Pai	d	Harold Y	Yandik	Harold Yandik	11-0	06-2021	self-empl		P01904772
	parer			ent Accounting Consult		· · · - = <b>-</b>	Firm's EIN ▶		
	Only			es Street			Phone no.		
		3 ddd1033	Denver (					303-9	354-9914
May	the IRS	S discuss this r		nown above? (see instructions)				202-6	705 X No

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Part IV

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## Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . . . . . . Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e 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 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 13 Х 14a Х 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

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Form 990 (2020) ESTES PARK NONPROFIT RESOUR
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		х
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		х
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		х
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		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	აა		X
J-7	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O.	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

## Part 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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		х
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		х
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		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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	1		
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions. 

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any 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			
	supervision of officers, directors, or 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 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a 	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	77	
12a	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	x	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by		Λ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	-	х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Cato Kraft (970)480-7805, PO BOX 4221, ESTES PARK, CO 80517

Section A.

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

Check if Schedule O contains a response or note to any line in this Part VII 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

	ieu organizai	IOIT CO	inpensai	ieu a	iny Cum	CIII	officer, director, or	ilusiee.	
				(C)					
(A)	(B)			sition			(D)	(E)	(F)
Name and title	Average		not check r unless pe				Reportable	Reportable	Estimated amount
	hours		er and a d				compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	or In	lng C	2 6	en H	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	Institut	y en	ploy	Former	(W-2/1099-WISC)	,	related organizations
	organizations	otor	ona	Key employee	e t co				
	below	or director	Institutional trust	/ee	npei				
	dotted line)	Ď	tee	4	Highest compensated employee				
					g				
(1) Laurie Dale Marshall	40.00								
Executive Director			х				62,000	0	0
(2) Ryan Bross	1.00								
Director		х					0	0	0
(3) Denise Moore	1.00								
Director		х					0	0	0
(4) Alice Burkholder	1.00								
Director		х					0	0	0
(5) Courtney Carroll	1.00								
Director		х					0	0	0
(6) Susan Taylor	1.00								
Director		х					0	0	0
(7) Miguel Bernal	1.00								
Director		х					0	0	0
(8) Laurie Verhoeff	1.00								
Director		х					0	0	0
(9) Chuck Levine	1.00								
Director		х					0	0	0
(10)Lori Bucci	1.00								
Director		х					0	0	0
(11)Julie Klett	1.00								
Director		х					0	0	0
(12)Amy Hamrick	1.00								
Past President		х					0	0	0
(13)Kirby Nelson-Hazelton	1.00								
President		x	x				0	0	0
(14)Belle Morris	1.00								
Vice President		х	х				0	0	0

EEA Form 990 (2020)

85-0486591

Part VII Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar			est Co	mp	ensated Employe	es (continue	ed)			
					(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)			(F)	
Name and title	Average hours	1				s both ar		Reportable compensation	Reportable compensation			ated ame	
	per week	OTTIC	er and	a a aii	director/trustee)			from the	from relate			npensati	
	(list any	9 5		o		Ф д	ת	organization	organizatio			om the	
	hours for	dire divic	stitu	Officer	Key employee	nplo	-ormei	(W-2/1099-MISC)	(W-2/1099-MI	50)	-	nization : I organiz	
	related organizations	ctor	tiona		nplo	st co yee	-						
	below	Individual trustee or director	nstitutional trus		yee	mpe							
	dotted line)	Ď	tee			Highest compensated employee							
						۵							
(15)Jason Damweber	1.00												
Treasurer		X		х				0		0			0
(16)Cato Kraft	1.00	,						•					•
Executive Director (17)				Х				0		0			0
(1)													
(18)													
(19)													
(20)													
(21)							7						
(22)													
					-								
(23)					,								
(24)													
(25)													
1b Subtotal							· •						
c Total from continuation sheets to Part VII, Sec	tion A .						. •						
d Total (add lines 1b and 1c)										0			0
2 Total number of individuals (including but not lim		isted a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of				
reportable compensation from the organization												V	<b></b>
3 Did the organization list any former officer, dire	ctor tructoo	kov on	anlas	<b>,</b> 00	or h	iahost	con	nnoncatod				Yes	No
employee on line 1a? If "Yes," complete Sched	*	-				-					3		х
4 For any individual listed on line 1a, is the sum of										• • •			Λ
organization and related organizations greater t													
individual											4		x
5 Did any person listed on line 1a receive or accru			-			_		ation or individual					
for services rendered to the organization? If "Ye	es," complete	Sched	lule .	J for	suc	h pers	on				5		х
Section B. Independent Contractors					. 41				204				
<ol> <li>Complete this table for your five highest compens compensation from the organization. Report com</li> </ol>										vear			
(A)	perisation for	inc cai	CHUC	ai ye	ai c	, naing	VVICII	(B)	TIIZALIOTTS LAX	ycar.	(C)		
Name and business addre	ess							Description of service	ces	(	Compens	ation	
2 Total number of independent contractors (including	ng but not lim	ited to	thos	e lis	ted a	above)	) wh	0					
received more than \$100,000 of compensation fi	-					-,							

Part VIII

Statement of Revenue

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512–514
	b	Membership dues	1b					
nts nts	C	Fundraising events	1c	26,395				
Gra	d	Related organizations	1d	20,393				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e					
اةٍ ق	f	All other contributions, gifts, grants,	16					
Sim	'	and similar amounts not included above	16	122 027				
e Ei	_	Noncash contributions included in	1f	132,927				
불물	g		4 ~	•				
and		lines 1a-1f	1g		150 200			
	n	Total. Add lines 1a-1f	• • •		159,322			
	20			Business Code				
ø	2a							
ē Š	b							
Program Service Revenue	C							
ran Sev	d							
<u> </u>	e	All d						
₫.		All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte						
	١.	other similar amounts)						
		Income from investment of tax-exempt bond	•					
	5	Royalties	• • •					
		(i) Real		(ii) Personal				
		Gross rents 6a	_					
		Less: rental expenses 6b	$\rightarrow$					
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	s	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
e		and sales expenses 7b						
Other Revenue		Gain or (loss) 7c						
<b>Re</b>	d	Net gain or (loss)		<b>▶</b>				
Jer	8a	Gross income from fundraising						
₹		events (not including \$ 26,395						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	8,183				
	b	Less: direct expenses	8b	3,210				
	С	Net income or (loss) from fundraising events	· _ •	▶	4,973			4,973
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory						
				Business Code				
S L	11a	SPONSORSHIPS		900099	1,250	1,250		
ano Jue	b							
elle elle	С							
Miscellanous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d			1,250			
	12	Total revenue. See instructions			165,545	1,250	0	4,973

Part IX

**Statement of Functional Expenses** 

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must con	nlete column (A)
	organizations must complete all columns	. Ali oli loi oi gariizalions masi com	ipicio coluititi (A).

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Compensation of current officers, directors, 62,000 62,000 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 25,786 25,786 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 6,716 6,716 11 Fees for services (nonemployees): Legal...... b Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 4,578 4,578 12 Advertising and promotion . . . . . . . . . . . . 2 2 Office expenses ..... 13 1,359 1,288 71 14 Information technology . . . . . 5,963 5,963 15 Royalties . . . . . . . . . 16 3,600 3,600 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates . . . . . 21 22 Depreciation, depletion, and amortization 23 205 1,992 1,787 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) EDUCATIONAL PROGRAM EXPENSE 5,364 5,364 EVL PROGRAM EXPENSE 81,109 81,109 c COVID RELIEF 18,500 18,500 d NATIONAL PHILANTHROPY DAY 12 12 **e** All other expenses 3,094 2,516 578 Total functional expenses. Add lines 1 through 24e. . 25 220,075 213,061 7,014 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 

if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	409,415	1	368,951
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 878			
	b	Less: accumulated depreciation 10b 878		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	409,415	16	368,951
	17	Accounts payable and accrued expenses	8,298	17	840
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,298	26	840
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
200	27	Net assets without donor restrictions	391,579	27	260,131
3ala	28	Net assets with donor restrictions	9,538	28	107,980
<u>Б</u>		Organizations that do not follow FASB ASC 958, check here  ▶ □			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	401,117	32	368,111
	33	Total liabilities and net assets/fund balances	409,415	33	368,951

Earm	$\alpha\alpha\alpha$	(2020)

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85-	04	86	2 A T	

Page 12

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)		165,	545
2	Total expenses (must equal Part IX, column (A), line 25)		220,	075
3	Revenue less expenses. Subtract line 2 from line 1		(54,	530)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		401,	117
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)		21,	524
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		368,	111
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Cash  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (	2020)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

EST	ES	PARK NONPROFIT RESOURCE	CENTER INC				85-0486593	L
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must c	omplete	this part	.) See instructions	S.
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.	)		
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital s	operative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state:						
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in <b>section</b>	170(b)(1)	(A)(v).		
7	X	An organization that normally receives	s a substantial part	of its support from a gov	ernmental/	unit or fron	n the general public	
		described in section 170(b)(1)(A)(vi	. (Complete Part II	l.)				
8		A community trust described in section	on 170(b)(1)(A)(vi	). (Complete Part II.)				
9	Ш	An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction v	vith a land-grant colleg	e
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	y, and state	of the college or	
	_	university:						
10	Ш	An organization that normally receives	. ,	• • • • • • • • • • • • • • • • • • • •				
		receipts from activities related to its e	•	•				
		support from gross investment income					om businesses	
		acquired by the organization after Jun						
11	님	An organization organized and opera	•					
12	Ш	An organization organized and operat of one or more publicly supported organized	•					
		Check the box in lines 12a through 12		1111				•
	а	Type I. A supporting organization				•		•
	u	the supported organization(s) the				•		9
		supporting organization. <b>You mu</b>			, 5	001010 0.		
	b	Type II. A supporting organizatio			ith its supp	orted orga	nization(s), by having	
		control or management of the sup				•		
		organization(s). You must comp					3 11	
	С	Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fun	ctionally integrated wi	th,
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	s A, D, and	d E.	
	d	☐ Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	on with its	supported organization	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution ı	equirement	t and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization				a Type I, T	ype II, Type III	
		functionally integrated, or Type III		tegrated supporting orga	anization.			
	f	Enter the number of supported organi						
	g	Provide the following information about						
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
					163	140		
(A)								
(B)								
·								
(C)								
(D)								
(D)								
(E)								
\ <b>-</b> /								
Tota	I							

Part II

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

85-0486591 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

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	112,553	207,378	472,598	83,018	159,322	1,034,869
2	Tax revenues levied for the						
	organization'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	112,553	207,378	472,598	83,018	159,322	1,034,869
5	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)						412,284
6	Public support. Subtract line 5 from line 4						622,585
Sed	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	112,553	207,378	472,598	83,018	159,322	1,034,869
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from		1				
	similar sources						
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.)					1,250	1,250
	<b>Total support.</b> Add lines 7 through 10		•				1,036,119
12	Gross receipts from related activities, etc. (se	ee instructions)			[	12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c					14	60.09 %
	Public support percentage from 2019 Sched					15	66.91 %
16a	33 1/3% support test - 2020. If the organization						
	box and <b>stop here.</b> The organization qualified						
b	33 1/3% support test - 2019. If the organiza						
	this box and <b>stop here.</b> The organization qu	· · · · · · · · · · · · · · · · · · ·		-			
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets t				•	•	
	Part VI how the organization meets the facts			-	·		
	organization						_
b	10%-facts-and-circumstances test - 2019.	•					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac	cts-and-circums	stances test. Th	ne organizatior	n qualifies as a	publicly suppo	rted
	organization						▶ □
18	<b>Private foundation.</b> If the organization did n						_
	instructions						· · · · · · · · · · · · · · · · · · ·

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Sed	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(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 performed, or facilities fumished 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 business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support				1		
	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	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						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
12	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.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
11	First 5 years. If the Form 990 is for the orga	nization's first	second third	fourth or fifth	tay yaar as a s	ection 501(c)(	(3)
	organization, check this box and <b>stop here</b>						
Sec	etion C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f))		15	%
	Public support percentage from 2019 Sched					16	<u> </u>
	ction D. Computation of Investment In						70
	Investment income percentage for 2020 (line			ine 13. column	(f))	17	%
	Investment income percentage from <b>2019</b> Se					18	<u>%</u>
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did r	-	-	-			-

85-0486591

#### 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**

- 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")? *If* "Yes," and if you checked 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- 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 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
TID		
4c		
5a		
5b		
5c		
6		
J		
-		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		
TUD		

ESTES PARK NONPROFIT RESOURCE CENTER INC

Pai	t IV Supporting Organizations (continued)		1			
			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and					
	11c below, the governing body of a supported organization?	11a				
	A family member of a person described in line 11a above?	11b				
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
<u></u>	detail in Part VI. tion B. Type I Supporting Organizations	11c				
Sec	tion B. Type i Supporting Organizations		Yes	No		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140		
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,					
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)					
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported					
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	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? <i>If "Yes," explain in Part</i>					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Sec	tion C. Type II Supporting Organizations					
			Yes	No		
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				
Sec	tion 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? <i>If "No," explain in Part VI how</i>					
	the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2				
	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				
Sec	tion E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	tions)	١.		
а	☐ The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in				
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
а	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 <b>Part VI identify</b>					
	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.	2a				
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za				
D	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.	2b				
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	_~				
а	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 <b>Part VI.</b>	3a				
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 <b>Part VI</b> the role played by the organization in this regard.	3b				

chec	lule A (Form 990 or 990-EZ) 2020 ESTES PARK NONPROFIT RESOURCE CENTER IN	ď	85-04865	5 <b>91</b> Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			. ugo
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization			
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

1 2

3

4

5

6

EEA

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Enter 0.85 of line 1.

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

**Current Year** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exem	pt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in <b>Part VI</b> )		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	organization is respons	sive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
	Excess distributions carryover, if any, to 2020							
	From 2015							
	From 2016							
	From 2017							
	From 2018							
	From 2019							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
<u> </u>	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from							
	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
Э	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI</b> . See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
′	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
	Breakdown of line 7:							
	Excess from 2016 Excess from 2017							
	Evenes from 2010							
	Evenes from 2010							
u	Excess from 2019							

e Excess from 2020

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B

(Form 990, 990-EZ, or 990-PF) **Schedule of Contributors** 

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

ESTES PARK NONPROFIT RESOURCE CENTER INC

Employer identification number 85-0486591

Organization type (cneck one):					
Filers of:		Section:			
Form 990	or 990-EZ	▼ 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 990	-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check if y	our organization is cove	red by the <b>General Rule</b> or a <b>Special Rule</b> .			
Note: On instruction	•	), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General F	Rule				
x	For an organization filing	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000			
	or more (in money or pro contributor's total contribu	perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.			
Special R	tules				
	For an organization descr	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the			
	-	ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line			
	13, 16a, or 16b, and that	received from any one contributor, during the year, total contributions of the greater of (1)			
;	\$5,000; or <b>(2)</b> 2% of the	amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
	<b>-</b>	(ib.dia.a.via.504(a)(7) (0) a.a.(40) (ii.a.5.a.a.000 a.000 F7 (b.d.a.a.a.i.a.d.(a.a.a.a.a.a.			
		ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one			
		ear, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering			
		ad of the contributor name and address), II, and III.			
	For an organization descr	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one			
	contributor, during the ye	ear, contributions exclusively for religious, charitable, etc., purposes, but no such			
	contributions totaled more	e than \$1,000. If this box is checked, enter here the total contributions that were received			
	• ,	clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the			
		this organization because it received nonexclusively religious, charitable, etc., contributions			
1	otaling \$5,000 or more d	uring the year			
Caution	· An organization that in-	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,			
	•	answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its			

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ESTES PARK NONPROFIT RESOURCE CENTER INC

Employer identification number 85-0486591

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	BARBARA MARSHALL  PO BOX 2712  ESTES PARK CO 80517	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KRUMME FAMILY FUND  4745 WHEATON DR STE 100  ESTES PARK CO 80517	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Safeway Albertsons Foundation  6900 S Yosemite Street  Englewood CO 80112-1412	\$ 100,000	Person 🕱 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions  \$13,500	
No.	Name, address, and ZIP + 4  Crossroads Ministry  851 Dry Gulch Rd	Total contributions	Person Rayroll Noncash (Complete Part II for
No4	Name, address, and ZIP + 4  Crossroads Ministry  851 Dry Gulch Rd  Estes Park CO 80517	\$13,500	Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  Crossroads Ministry  851 Dry Gulch Rd  Estes Park CO 80517  (b)  Name, address, and ZIP + 4  Healing Waters Foundation  1632 Big Thompson Ave	\$13,500  (c) Total contributions	Person

#### **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 Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

EST	ES PARK NONPROFIT RESOURCE CENTER INC	85-0486591
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	unts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
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 at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a certified historic structure
	Preservation of open space	a dolumed filateria du datare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in the contrib	nservation
-	easement on the last day of the tax year.	
а	Total number of conservation easements	Held at the End of the Tax Year . 2a
h	Total acreage restricted by conservation easements	. 2b
	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	. 20
u		24
•	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization.	. 2d
3		anization during the
	tax year •	
4	Number of states where property subject to conservation easement is located   Described a regarization have a written policy regarding the policy regarding	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	
6		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	accompanie during the year
′	Amount of expenses incurred in mornioring, inspecting, mandling of violations, and emorcing conservation ex	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	\/D\/;\
0		
^	and section 170(h)(4)(B)(ii)?	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	at describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ther offinial Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	plance shoot works
ıa	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	ance of public
<b>h</b>	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	as about works of
b		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ce of public service,
	provide the following amounts relating to these items:	▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	i, provide trie
_	following amounts required to be reported under FASB ASC 958 relating to these items:	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a   Public exhibition   d   Loan or exchange programs   c   Other   c   Perservation for future generations   d   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?	Pa	t III Organizations Maintaining Col	lections of Art, His	torical Treasures	, or Other Similar <i>I</i>	Assets (continued)
a   Public exhibition   d   Loan or exchange programs   b   Scholarly research   e   Other   C   Preservation for future generations   4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization's collection?.   Yes   No   Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance   1d   □ Beginning of year balance   1d   □ Beginning of year balance   (a) Current year   (b) Proryear.   (c) Troyears back   (d) Triyee years back   (e) Four years back   □ Contributions   1d   □ Beginning of year balance   1d   □ Beginning of year balance   1d   □ Beginning of year balance   1d   □ Contributions   1d   □ Beginning of year balance   1d   □ Contributions   1d	3	Using the organization's acquisition, accession, and	d other records, check any	of the following that ma	ake significant use of its	
b   Scholarly research   e   Other		collection items (check all that apply):				
b   Scholarly research   e   Other	а	Public exhibition	d	Loan or exchange	programs	
c   Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization stolic or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	b	Scholarly research	е			
4 Provide a description of the organization's collections and exptain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?.	С					
XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.    Yes   No   No   Part IV   Escrow and Custodial Arrangements.	4		ns and explain how they t	urther the organization's	s exempt purpose in Part	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to fraise funds rather than to be maintained as part of the organization's collection?.   Yes   No    Part IV   Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No    b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance   1c   Amount    c Beginning balance   1c   Amount    d Additions during the year   1d    e Distributions during the year   1d    E Inding balance   1f   Ending balance   1f    2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?   Yes   No    b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII    Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current year   (b) Prior year   (c) I volveus back   (d) Triee years back   (e) Four years back    b Contributions   (a) Current year   (b) Prior year   (c) I volveus back   (d) Triee years back   (e) Four years back    c Net investment earnings, gains, and losses   (a) Current year   (b) Prior year   (c) I volveus back   (d) Triee years back   (e) Four years back    c Net investment earnings, gains, and losses   (a) Current year   (b) Prior year   (e) I volveus back   (e) Four years bac	-					
Part IV   Escrow and Custodial Arrangements.	5		ve donations of art histori	cal treasures or other s	imilar	
Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   No   If "Yes," explain the arrangement in Part XIII and complete the following table:						☐ Yes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			rgarii Zatiorro concottorri.		100 _ 110
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c				990 Part IV line	9 or reported an ar	mount on Form
1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   No   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:			100 0111 0111	1 000, 1 411 17, 11110	o, or roportod arr ar	nount on r onn
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  if "es," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	12		ther intermediary for cont	ihutions or other assets	not	
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	ıa		· ·			□ Ves □ No
Beginning balance 1c	h					
c Beginning balance d Additions during the year e Distributions during the year 1 tel 1 fending balance 2 in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	ii res, explain the arrangement in Fart Ain and co	omplete the following table	<b>5.</b>		\ mount
d Additions during the year    Distributions during the year   1e   1e   1e   1e   1e   1e   1e   1	•	Reginning halance				Amount
e Distributions during the year f Ending balance 12a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		5 5			A .	
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V		•				□ Vaa □ Na
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contribution in the organization answered "Yes" on Form 990, Part IV, line 10.    Contribution in the passes back (b) Four years back (c) Two years back (c) T		S .				_ =
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered   Complete   Co			k nere if the explanation r	ias been provided on Pa	art XIII	
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	Pa		uarad "Vaa" on Farm	000 Port IV line	10	
Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.						
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Term endowment f The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.	4-		Current year (b) Pr	or year (c) I wo years	s back (d) Three years back	ck (e) Four years back
c Net investment earnings, gains, and losses	_					
losses						
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment  %  c Term endowment   %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.	С				<b>Y</b>	
e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b Permanent endowment  c Term endowment  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.						
programs	d	· —				
f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  Permanent endowment  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.	е					
g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  Bear designated o		programs				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  %  Permanent endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	f	Administrative expenses				
Board designated or quasi-endowment    b Permanent endowment    c Term endowment    math to percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations    (ii) Related organizations    math to percentages on lines 2a, 2b, and 2c should equal 100%.  Yes No  (i) Unrelated organizations    math to percentages on lines 2a, 2b, and 2c should equal 100%.  Yes No  (ii) Unrelated organizations    math to percentages on lines 2a, 2b, and 2c should equal 100%.  Yes No  (iii) Related organizations    math to percentages on lines 2a, 2b, and 2c should equal 100%.  Sa(ii)    math to percentages on lines 2a, 2b, and 2c should equal 100%.  Yes No  Ag(ii)    math to percentages on lines 2a, 2b, and 2c should equal 100%.  Sa(ii)    math to percentages on lines 2a, 2b, and 2c should equal 100%.  Yes No  Math to percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds and initiation of the organization should equal 100%.  Are there endowment funds and initiation of the organization should equal 100%.  Are there endowment funds and initiation of the organization should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%.  Are there endowment funds and initiation should equal 100%	g					
b Permanent endowment	2		ar end balance (line 1g, co	olumn (a)) held as:		
c Term endowment	а	Board designated or quasi-endowment	%			
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	b	Permanent endowment ► %				
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Residence organizations (iiii) Residence organizations (iiiii) Residence organizations (iiii) Residence organizations (iiiii) Residence organizations (iiiii) Residence organizations (iiiii) Residence organizations (iiiii) Residence organizations (iiiiii) Residence organizations (iiiiiii) Residence organizations (iiiiii) Residence organizations (iiiiiii) Residence organizations (iiiiii) Residence organizations (iiiiiii) Residence organizations (iiiiiii) Residence organizations (iiiiiiii) Residence organizations (iiiiiii) Residence organizations (iiiiiiiii) Residence organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Term endowment				
organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iiii) Related organizations  (iiiii) Related organizations  (iiiiii) Related organizations  (iiiii) Related organizations  (iiiiii) Related organizations  (iiiii) Related organizations  (iiiii) Related organizations  (iiiii) Related organizations  (iiiii) Related organizations  (iiiiii) Related organizations  (iiiii) Related organizations  (iiiiii) Related organizations  (iiiiii) Related organizations  (iiiiiii) Related organizations  (iiiiiii) Related organizations  (iiiiii) Related organizations  (iiiiii) Related organizations  (iiiiiiii) Related organizations  (iiiiiii) Related organizations  (iiiiiiii) Related organizations  (iiiiiii) Related organizations  (iiiiiii) Related organizations  (iiiiiiii) Related organizations  (iiiiiiiiii) Related organizations  (iiiiiiiii) Related organizations  (iiiiiiiii) Related organizations  (iiiiiiiiiiiiii) Related organizations  (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		The percentages on lines 2a, 2b, and 2c should equ	ual 100%.			
(i) Unrelated organizations	3a	Are there endowment funds not in the possession	of the organization that ar	e held and administered	for the	
(ii) Related organizations		organization by:				Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations				3a(i)
Describe in Part XIII the intended uses of the organization's endowment funds.      Part VI Land, Buildings, and Equipment.		(ii) Related organizations				3a(ii)
Part VI Land, Buildings, and Equipment.	b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Sch	edule R?		3b
	4	Describe in Part XIII the intended uses of the organ	nization's endowment fun-	ds.		
	Pa	t VI Land, Buildings, and Equipmen	nt.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line	11a. See Form 990	, Part X, line 10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value		Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
(investment) (other) depreciation			(investment)	(other)	depreciation	
1a Land	1a	Land				
<b>b</b> Buildings	_					
c Leasehold improvements		5				
d Equipment	_			878	878	
e Other		0.1		0.0	2,0	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	_		l Form 990, Part X. colun	nn (B), line 10c.)		

Schedule D (Form	,	CE CENTER INC	85-0486591 Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 11b	o. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments - Program Related.  Complete if the organization answered "Yes" on For	rm 000 Part IV line 11e	Soo Form 000 Part V line 12
	Complete if the organization answered Tes On For	Till 990, Fall IV, lille Til	2. See 1 01111 990, Fait X, IIIIe 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Cost of end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)	n (h) must oqual Form 000. Part V col (P) line 12.)		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.)		
rait ix	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 11d	d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 11e	e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability (b) Book	value	
(1) Federal i	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶		
	uncertain tax positions. In Part XIII, provide the text of the footnote t	to the organization's financial s	statements that reports the
-	liability for uncertain tax positions under FASB ASC 740. Check her	-	

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.		
	ide 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; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2020

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number ESTES PARK NONPROFIT RESOURCE CENTER INC 85-0486591 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants b Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events ANNUAL EVENT (add col. (a) through None col. (c)) (event type) (total number) (event type) Revenue Gross receipts . . . . . . . . . 1 Less: Contributions . . . . . . Gross income (line 1 minus Cash prizes . . . . . . . . . . . 5 Noncash prizes Rent/facility costs . . . . . . . . Direct Expenses Food and beverages . . . . . . 8 Entertainment ..... Other direct expenses . . . . . Direct expense summary. Add lines 4 through 9 in column (d) . . . . Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 6 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . . . ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ESTES PARK NONPROFIT RESOURCE CENTER INC 85-0486591 01. Form 990 governing body review (Part VI, line 11) THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND REPORTS TO THE FULL BOARD. 02. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION HAS EACH BOARD MEMBER SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. 03. CEO, executive director, top management comp (Part VI, line 15a) A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS EMPLOYMENT COMPENSATION AND CONTEMPORANEOUS DATA IN THEIR DECISIONS. 04. Form 990 availability to public (Part VI, line 18) UPON REQUEST 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES FORMS AVAILABLE UPON REQUEST 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) PPP Loan forgiveness in the amount of \$21,524.

#### 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

Do not send to the IRS. Keep for your records.

2020

Taxpayer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

▶ Go to www.irs.gov/Form8879EO for the latest information.

ESTES PARK NONPROFIT RESOURCE CENTER INC 85-0486591 Name and title of officer or person subject to tax Cato Kraft, Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . . 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► **b** Total tax (Form 4720, Part III, line 1)...... Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) and that I have examined a copy , (EIN) . of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN lauthorize Transparent Accounting Cons 52789 as my signature ERO firm name Enter five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 10-30-2021 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 844163 10666 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ▶ Harold Yandik Date ▶ 11-06-2021 **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

990 Overflow Statement	<b>2020</b> Page 1
Name(s) as shown on return	FEIN
ESTES PARK NONPROFIT RESOURCE CENTER INC	85-0486591

Description		Amount		
POSTAGE	\$	1,387		
PHONE		479		
PAYROLL SERVICE FEES		<u> 154</u>		
STAFF DEVELOPMENT		65		
BOARD DEVELOPMENT		55		
MEALS AND ENTERTAINMENT		41		
LICENSES AND FEES		10		
MEMBERSHIPS		325		
Total:	\$	2,516		

Description		Amount
PAYROLL SERVICE FEE		\$ 469
BANK FEES		89
LICENSES AND PERMITS		20
	Total:	\$ 578

Form 990	
Worksheet	

# Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2020 Tax ID Number

Name(s) as shown on return

ESTES PARK NONPROFIT RESOURCE CENTER INC

85-0486591

20,722

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2016	2017	2018	2019	2020	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
BARBARA MARSHALL			16,250	18,200	10,000	44,450	23,728
CYNTHIA KRUMME			5,750			5,750	
KRUMME FAMILY FUND			325,000		5,000	330,000	309,278
LUMINA FOUNDATION FOR EDUCATION INC			7,500			7,500	
Sally and Wayne Park				3,000		3,000	
Don Houlihan				5,102		5,102	
Safeway Albertsons Foundation					100,000	100,000	79,278
Crossroads Ministry					13,500	13,500	
Healing Waters Foundation					5,000	5,000	

\_\_\_\_\_\_112,284