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Short Form  
Return of Organization Exempt From Income Tax

**2008**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning MAY 1, 2008, and ending APRIL 30, 2009

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Termination
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Please use IRS label or print or type. See Specific Instructions.

**MOUNT MASSIVE LAKES, INC.**  
**P.O. BOX 27**  
**LEADVILLE, CO. 80461-0027**

**D** Employer identification number 84-0272920

**E** Telephone number 719-486-1075

**F** Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify)

**I** Website: mountmassivelakes.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one) -  501(c) (7) (insert no) 7 4947(a)(1) or 527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 369,858

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	355,895
4	Investment income	4	1,963
5a	Gross amount from sale of assets other than inventory	5a	8,500
5b	Less: cost or other basis and sales expenses	5b	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch.)	5c	8,500
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe <u>SEE SCHEDULE</u> )	8	3,500
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	369,858
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	190,739
13	Professional fees and other payments to independent contractors	13	654
14	Occupancy, rent, utilities, and maintenance	14	25,430
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe <u>SEE SCHEDULE</u> )	16	176,820
17	<b>Total expenses</b> (add lines 10 through 16)	17	393,643
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<23,785>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	694,952
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	671,167

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(A) Beginning of year	(B) End of year
22	68,482	60,369
23	48,698	65,738
24	577,772	545,060
25	694,952	671,167
26	0	0
27	694,952	671,167

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>A PRIVATE FISHING CLUB</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>WE PROVIDE FISHING IN 22 LAKES FOR THE BENEFIT OF 150 MEMBERS AND THEIR GUESTS. WE PURCHASE OR RAISE FROM EGGS ALL FISH CAUGHT</u>	
	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule)	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>COLIN PERRY</u> <u>710 CASTLE RD.</u> <u>COLO. SPRINGS, CO 80904</u>	<u>DIRECTOR /</u> <u>PRESIDENT - 5</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>STEPHEN R. SMITH</u> <u>1151 COUNTY ROAD 7</u> <u>LEADVILLE, CO. 80461</u>	<u>DIRECTOR /</u> <u>VICE-PRES. - 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>SHAUN MULLIGAN</u> <u>5925 ZINNIA CT.</u> <u>ARVADA, CO. 80004</u>	<u>DIRECTOR - 1</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>RICHARD CANNON</u> <u>7843 TEMPLETON RD.</u> <u>PENSACOLA, FL. 32506</u>	<u>DIRECTOR /</u> <u>SECRETARY - 2</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>JIM PATTERSON</u> <u>3852 N. 26<sup>th</sup> ST.</u> <u>BOULDER, CO. 80304</u>	<u>DIRECTOR - 1</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>THOM TURNER</u> <u>2346 E. STRATFORD WAY</u> <u>HIGHLANDS RANCH CO. 80126</u>	<u>DIRECTOR - 1</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>BILL WALTERS</u> <u>19520 INDIAN SUMMER LANE</u> <u>MONUMENT, CO. 80132</u>	<u>DIRECTOR - 1</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>CHARLES BAGGS</u> <u>2337 NO. CIRCLE DR.</u> <u>COLO. SPRINGS, CO. 80909</u>	<u>TREASURER - 5</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>GREG BRUNJAK</u> <u>P.O. BOX 27</u> <u>LEADVILLE, CO. 80461</u>	<u>MANAGER - 40</u>	<u>77,363</u>	<u>2,000</u>	<u>0</u>
<u>JESS RUBLE</u> <u>325 MT. PRINCETON DR.</u> <u>LEADVILLE, CO. 80461</u>	<u>ASSISTANT</u> <u>MANAGER - 40</u>	<u>47,693</u>	<u>1,233</u>	<u>0</u>

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. <1>	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9		7,200
39b	Gross receipts, included on line 9, for public use of club facilities		0
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > _____; section 4912 > _____, section 4955 > _____		
40b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter amount of tax on line 40c reimbursed by the organization		0
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed > NONE		

42a The books are in care of > CHARLES H. BAGGS Telephone no. > 719 635-5727  
 Located at > 2337 N. CIRCLE DR, COLO. SPRINGS, CO. ZIP + 4 > 80909

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: > _____		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: > _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here >   
 and enter the amount of tax-exempt interest received or accrued during the tax year > 43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

<1> REGARDING LINE 34 - SEE ONE BY-LAW CHANGE ATTACHED.

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. N/A

Table with 3 columns: Question (46-49), Yes, No. Questions cover political campaign activities, lobbying, school operation, and transfers to exempt organizations.

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account and other allowances.

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Charles H. Baggs), Date (12/1/09), Type or print name and title (CHARLES H. BAGGS, TREASURER).

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's Identifying Number, Firm's name, EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. [ ] Yes [ ] No

MOUNT MASSIVE LAKES, INC.  
LEADVILLE, COLORADO

84-0272920  
4-30-09

PART I - LINE 5A - SALES OF ASSETS

SALE PRICE - 2004 FORD RANGER WORK TRUCK	8,500
PURCHASED 4-30-04	20,823
ACCUMULATED DEPRECIATION	<u>20,823</u>
BASIS	<u>0</u>
GAIN ON SALE TO LINE 5(C)	<u>8,500</u>

PART I - LINE 8 - OTHER INCOME

INSURANCE DIVIDENDS + REFUNDS	1,094
EXPENSE REIMBURSEMENT	1,471
MISCELLANEOUS	<u>935</u>
TO LINE 8	<u>3,500</u>

PART I - LINE 16 - OTHER EXPENSES

PAYROLL TAXES	12,098
EMPLOYEE EDUCATION	1,495
INSURANCE	12,678
OFFICE EXPENSES	3,630
PROPERTY TAXES	11,437
FISH FOOD	31,143
FISH HEALTH + EGG PURCHASES	6,271
TRUCK EXPENSES	11,635
DUMPSTERS	7,870
WEED CONTROL	8,700
ROAD MAINTENANCE	8,352
OPERATING SUPPLIES	5,913
MISCELLANEOUS	1,269
DEPRECIATION	<u>54,329</u>
TO LINE 16	<u>176,820</u>

MOUNT MASSIVE LAKES, INC.  
LEADVILLE, COLORADO

84-0272920  
4-30-09

PART II - LINE 24 - OTHER ASSETS

	<u>BEGINNING</u> <u>OF YEAR</u>	<u>END</u> <u>OF YEAR</u>
NET BOOK VALUE OF ASSETS BESIDES LAND AND BUILDINGS ON LINE 23 - EQUIPMENT AND IMPROVEMENTS TO LAKES AND PONDS	280,272	247,560
WATER RIGHTS PURCHASED	<u>297,500</u>	<u>297,500</u>
TO LINE 24	<u>577,772</u>	<u>545,060</u>