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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning MAY 1, 2009, and ending APRIL 30, 2010

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 <u>MOUNT MASSIVE LAKES, INC.</u> <u>P.O. BOX 27</u> <u>LEADVILLE, CO. 80461-0027</u>	D Employer identification number <u>84-0272920</u>
		E Telephone number <u>719-486-1075</u>
		F Group Exemption Number
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____

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

I Website: mountmassivelakes.org

J Tax-exempt status (check only one) - 501(c) (7) (insert no) 4947(a)(1) or 527

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

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 366,842

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

REVENUE	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	<u>362,345</u>
	4 Investment income	4	<u>1,223</u>
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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	<u>3,274</u>	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>366,842</u>	
EXPENSES	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	<u>186,184</u>
	13 Professional fees and other payments to independent contractors	13	<u>3,490</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>36,800</u>
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe <u>SEE SCHEDULE</u>)	16	<u>183,918</u>
17 Total expenses. Add lines 10 through 16	17	<u>410,392</u>	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u><43,550></u>	
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	<u>671,167</u>	
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	<u>627,617</u>	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>60,369</u>	<u>54,613</u>
23 Land and buildings	<u>65,738</u>	<u>67,945</u>
24 Other assets (describe <u>SEE SCHEDULE</u>)	<u>545,060</u>	<u>505,059</u>
25 Total assets	<u>671,167</u>	<u>627,617</u>
26 Total liabilities (describe _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>671,167</u>	<u>627,617</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED SEP 14 2010

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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 section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
28	WE PROVIDE FISHING IN 22 LAKES FOR THE BENEFIT OF 150 MEMBERS AND THEIR GUESTS. WE PURCHASE OR RAISE FROM EGGS ALL FISH CAUGHT. (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) <input type="checkbox"/>	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
COLIN PERRY 710 CASTLE RD COLO. SPRINGS, CO. 80904	DIRECTOR/ PRESIDENT - 5	0	0	0
STEPHEN B. SMITH 1151 COUNTRY RD. 7 #133 LEADVILLE, CO. 80461	DIRECTOR/ VICE-PRES. - 2	0	0	0
SHAWN MULLIGAN 5925 ZINNIA CT. ARVADA CO. 80004	DIRECTOR - 1	0	0	0
RICHARD CANNON 7843 TEMPLETON RD. PENSACOLA, FL. 32506	DIRECTOR/ SECRETARY - 2	0	0	0
JIM PATTERSON 3652 N. 26 TH ST. BOULDER CO. 80304	DIRECTOR - 1	0	0	0
GREGG ANDERSON 85 WILLOWLEAF DR. LITTLETON, CO. 80127	DIRECTOR - 1	0	0	0
BILL WALTERS 19520 INDIAN SUMMER LANE MONUMENT, CO. 80132	DIRECTOR - 1	0	0	0
CHARLES BAGGS 2337 N. CIRCLE DR. COLO. SPRINGS, CO. 80909	TREASURER - 5	0	0	0
GREG BRUNJAK P.O. BOX 27 LEADVILLE, CO. 80461	MANAGER - 40	78,361	2,000	0
JESS BUBLE 325 MT. PRINCETON DR. LEADVILLE, CO. 80461	ASSISTANT MANAGER - 40	48,200	1,229	0

Part V Other Information (Note the statement requirements in the instrs for Part 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? If 'Yes,' attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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	37a	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 outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9	39a	3,000
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
40e	e 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 organization's books are in care of ▶ CHARLES H. BAGGS Telephone no. ▶ 719 635-5727
 Located at ▶ 2337 N. CIRCLE DA, COLORADO SPRINGS, CO ZIP + 4 ▶ 80909

		Yes	No
42b	b 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	c 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

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. N/A

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political activities, lobbying, school status, and transfers to exempt organizations.

Table for line 50: Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization.

f Total number of other employees paid over \$100,000

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

Table for line 51: Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization.

d Total number of other independent contractors each receiving over \$100,000

Sign Here: 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. Signature of officer: Charles H. Baggs, Date: 8/10/10, 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 (or yours if self-employed), address, and ZIP + 4, 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
4-30-10

PART I - LINE 8 - OTHER INCOME

INSURANCE DIVIDENDS + REFUNDS	2,432	
MISCELLANEOUS	842	
TO LINE 8		<u>3,274</u>

PART I - LINE 16 - OTHER EXPENSES

PAYROLL TAXES	12,656	
EMPLOYEE EDUCATION	1,632	
INSURANCE	10,788	
OFFICE EXPENSES	2,745	
PROPERTY TAXES	11,282	
FISH FOOD	34,192	
FISH HEALTH & EGG PURCHASES	6,749	
TRUCK EXPENSES	9,197	
DUMPSTERS	8,479	
WEED CONTROL	8,043	
ROAD MAINTENANCE	7,973	
OPERATING SUPPLIES	5,588	
WATER SETTLEMENT	6,999	
MISCELLANEOUS	491	
DEPRECIATION	57,104	
		<u>183,918</u>

MOUNT MASSIVE LAKES, INC.
LEADVILLE, CO.

84-0272920
4-30-10

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	247,560	207,559
WATER RIGHTS PURCHASED	<u>297,500</u>	<u>297,500</u>
TO LINE 24	<u>545,060</u>	<u>505,059</u>