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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

Form **990** (2009)

<u>A</u>	For the	2009 calendar year, or tax year beginning DEC 1, 2009 and ending	NOV 30, 2010			
В	Check if applicable	Please C Name of organization	D Employer identifi	cation number		
	Addres	s label or poorest Morning TN NAMIDE ACCOCTANTON				
Ē	Name change	type	84-0472090			
	Initial return Termin-	See Number and street (or P.O. box if mail is not delivered to street address) Room/si		r)586-0108		
늗	Jated]Amend	Institute INOCKI MIN NATIONAL TAKK, PO BOX 510		3,918,855.		
늗	lreturn]Applica	City or town, state or country, and ZIP + 4	G Gross receipts \$			
L	tion pendin	ESIES FARK, CO 0031/	H(a) Is this a group re	eturn Yes X No		
		48 ALPINE CR, ESTES PARK, CO 80517	for affiliates?			
-			H(b) Are all affiliates inc			
		mpt status:	H(c) Group exemption	list (see instructions)		
				A State of legal domicile: CO		
		Summary	car or formation. 1991	a diate of legal dofficie.		
_	1 4 6	Briefly describe the organization's mission or most significant activities. THE CORP	ORATION IS OR	GANIZED		
Governance	'	SOLELY FOR PUBLIC, CHARITABLE, AND EDUCATION	AL PURPOSES.	INCLUDING		
ā	2	Check this box if the organization discontinued its operations or disposed of n				
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	14		
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	14		
Activities &	5 1	Fotal number of employees (Part V, line 2a)	5	49		
Żŧį	6 7	Total number of volunteers (estimate if necessary)	6	30		
Ę	7a 7	Total gross unrelated business revenue from Part VIII, Column Chaine 12	7a	0.		
٩	1 d	Total gross unrelated business revenue from Part VIII, Column 107 line 12 Net unrelated business taxable income from Form 990-7 line 34	7b	0.		
		76	Prior Year	Current Year		
Revenue	8 (Contributions and grants (Part VIII, Inject) APR 1 8 2011	2,079,330.	969,110.		
	9 F	Program service revenue (Part VIII, line 2g)				
ě	10 1	nvestment income (Part VIII, column (A), lines 25,4-and (d) 105	100,268.	324,767.		
	111 (Other revenue (Part VIII, column (A), lines 5 and 100 and 11 e)	1,166,423.	1,250,592.		
	12 1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,346,021.	2,544,469.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
		Benefits paid to or for members (Part IX, column (A), line 4)	7 001 501	1 000 000		
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,221,591.	1,026,368.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				
X	b 1	Total fundraising expenses (Part IX, column (D), line 25) 159, 551.	1 160 520	1 245 401		
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,168,529. 2,390,120.	1,245,491. 2,271,859.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	955,901.	272,610.		
<u> v</u>	19 F	Revenue less expenses. Subtract line 18 from line 12				
Net Assets or	(a	Fatal assats (Dart V. line 4C)	Beginning of Current Year 9,317,821.	End of Year 9,811,922.		
Asse Rais	20 7	Total assets (Part X, line 16)	762,868.	895,574.		
let	22	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	8,554,953.	8,916,348.		
P	art II	Signature Block	0,331,3331	0,010,0401		
<u> </u>	$\overline{}$	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowled	ge and belief, it is true, correct,		
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge			
Sig	ın İ	· CIWSuld with	8 F	tpa, 2011		
He		Signature of officer	Date			
		C.W. BUCHHOLTZ, EXECUTIVE DIRECTOR				
	ı	Type or print name and title	 			
_		Preparer's Date,		er's identifying number structions)		
Pai	a .	signature Part & Parndi CPA 2/25/11	JUI	00291146		
		Firm's name (or BONDI & CO. LLC yours if	EIN ▶			
USE	, 0,	self-employed). 44 INVERNESS DRIVE EAST				
		address, and ZIP + 4 ENGLEWOOD, CO 80112	Phone no. ► 3	03-799-6826		
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	AUL (2005) AUL (2005) Fage.	_
Pa	rt III Statement of Program Service Accomplishments	_
1	Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION	
	ROCKY MOUNTAIN NATURE ASSOCIATION PROMOTES THE UNDERSTANDING OF ROCKY	_
	MOUNTAIN NATIONAL PARK AND SIMILAR PUBLIC LANDS THROUGH INTERPRETIVE	
	OR EDUCATIONAL PUBLICATIONS AND PROGRAMS; ADVANCES STEWARDSHIP THROUGH	
	PHILANTHROPY FOR ROCKY MOUNTAIN NATIONAL PARK AND SIMILAR PUBLIC	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?)
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
	ansolations to entirely the total expenses, and totalist, if any, to each program of the portion	
	(Code:) (Expenses \$ 1,690,662. including grants of \$) (Revenue \$	7
,_	ROCKY MOUNTAIN NATURE ASSOCIATION TAKES PRIDE IN ITS SERVICE TO PUBLIC	,
	LANDS, AND PARTICULARLY ROCKY MOUNTAIN NATIONAL PARK, IN A WIDE VARIETY	_
	OF WAYS, INCLUDING: A) PROVIDING INFORMATION TO MILLIONS OF PARK AND	_
	FOREST VISITORS BY STAFFING VISITOR CENTERS, PROVIDING PUBLICATIONS,	_
	GIVING DIRECTIONS TRAVEL ASSISTANCE, AND ADVISING ABOUT SAFETY; B)	-
	ADVANCING EDUCATIONAL PROGRAMS AND SPECIFICALLY MAKING MAJOR PROGRAM	_
		_
	IMPROVEMENTS AFFECTING APPROXIMATELY 10,000 CHILDREN AND YOUNG ADULTS	_
	ANNUALLY, WITH INNOVATIVE PROGRAMS SUCH AS THE AMERICAN CONSERVATION	_
	CORPS AND THE NEXT GENERATION FUND; C) AQUIRING PARCELS OF SIGNIFICANT	_
	LAND TO BE ADDED TO THE PARK AND NEARBY FORESTS; D) CONDUCTING MAJOR	_
	IMPROVEMENT PROJECTS, SPECIFICALLY IN THE CONSTRUCTION OF TRAILS AND	
	THE RESTORATION OF HISTORIC STRUCTURES.	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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		_
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		-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
40	(Code.) (Expenses 4 including grants of 4) (Nevertue 5	,
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		_
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶\$ 1,690,662.	_

			Yes	No
			+	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	İ		
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1	[
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	1		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X]
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	1		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			Ì
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			ļ
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		i	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional]		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	i	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	2009)

Form 990 (2009) ROCKY MOUNTAIN NATURE ASSOCIATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	'	ŀ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ł		i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		х
	Schedule K If "No", go to line 25	24a		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
U	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2-14		-
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? 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	ŀ		
	Instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
Ĭ	an officer, director, trustee, or direct or indirect owner? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		
33	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_~		
J J	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 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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(2009) ROCKY MOUNTAIN NATURE ASSOCIATION
Statements Regarding Other IRS Filings and Tax Compliance

a 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 10a 10b				Yes	No
b Enter the number of forms W2G included in inen 1a. Enter 0-th not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining with more provided in the complex of the complex withholding rules for reportable payments to vendors and reportable gamining with or within the year covered by this return. File of for the calendary year ending with or within the year covered by this return. File a center of year and a center of the provided or the payment to the payment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, your may be required to e-fife this return. (see in enstructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c If Yes, 'has not field a Form 990 T for this year? If 'No, 'provide an explanation in Schedule 0. 3c If Yes, 'has not field a Form 990 T for this year? If 'No, 'provide an explanation on Schedule 0. 3d If Yes, 'has not field a Form 990 T for this year? If 'No, 'provide an explanation on Schedule 0. 3d If 'Yes, 'has not field a Form 990 T for this year? 5d Was the organization a party to a prohibited tax shaller transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shaller transaction at any time during the tax year? 5d Was the organization of year organization that if was or is a party to a prohibited tax shelter transaction? 6d Does the organization and year organization that fives or is a party to a prohibited tax shelter transaction? 6d Does the organization and year organization that was or is a party to a prohibited tax shelter transaction? 6d Does the organization will be organization that the year of the year or tax deductible? 6d Did the organization will be donor of the value of the goods or services provided? 7d Did the organization will be donor of the value of the goods or services provided? 8d Provided to the payor? 7d Did the organization will be year, pay pre	1a				
Country in the company of the ackup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withings? 2 Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return. (see instructions) 3 Did the organization have unrelated business greater size in the part of the first return. (see instructions) 3 Did the organization have unrelated business greater size in the part of the first return of the first part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of t		U.S. Information Returns Enter -0- if not applicable			
gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3 If I all least one is reported on line 2a, dot the organization file all required federal employment tax returns? 3 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return, feels enstructions. 3 If I was a sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. See instructions of the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. See instructions of the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. See instructions for some of \$1,000 or more during the year covered by this return? 4 If Yes, "I was it filed a Form 990 of Tor this year," If "No, "provide an explanation in Schedule 0 5 If "Yes," enter the name of the foreign country, be seen that a such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country, be seen the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax sheller transaction? 5 Was the organization a party to a prohibited fax sheller transaction? 6 Did any taxable party nority the organization that it was or is a party to a prohibited tax sheller transaction? 6 Does the organization and was annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diff we organization that may receive deductible contributions under section 170(c). 9 Diff we organization that may receive deductible contributions under section 170(c). 9 Diff we organization with the party of the organization file form	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year enoing with or within the year covered by this return. If the control of the calendar year enoing with or within the year covered by this return. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife this return. (see instructions) 3a Did the organization have unnelated blusness organization file all of 1,000 or more during the year covered by this return? 3b If "Yea," has it field a Form 990.1 for this year? If "No." provide an explanation in Schedule O 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) and the foreign country. 5a H**(Yea," inter the name of the foreign country. 5b If "Yea," in the first inter the name of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yea," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yea," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yea," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yea," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yea," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yea," to line 5a or 5b, did the organization that may receive that a enomally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If the organizations that may receive deductible contributions under section 170(c). 7c If yea," did the organization have not tax deductible? 7c If yea," did the organization have not	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			Ì
held for the calendary year ending with or within the year covered by this return? b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yea," shar it the a form 990 F1 for this year," If "No," provide an explanation in Schedule 0 b If "Yea," shar it the a farm 990 F1 for this year," If "No," provide an explanation in Schedule 0 the Note of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the foreign country. Important of the granization as party to a prohibited tax shelter transaction? b If "Yes," to line 5a or 5b, did the organization that fix was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization that fix was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5a or 5b, did the organization that were not tax deductable? b If "Yes," did the organization under wear of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the count		(gambling) winnings to prize winners?	1c	Х	<u> </u>
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3	2 a]
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 49			1
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
b If 'Yes, 'has it field a Form 990.T for this year? If 'No, ' provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5b If 'Yes,' return the name of the foreign country, ▶ 5ce the instructions for exceptions and filing requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c 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? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Diff the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If 'Yes,' indicate the number of Forms 8282 filed during the year 9d Diff the organization notify the donor of the value of the goods or services provided? 10 Did the organization on during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f X 7g X 7g X 7g Sponsoring organizations					
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a 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 10 Section 501(c)(12) organizations. Enter a 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) 11a 11b 12a 12a 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			В		ĺ
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter a 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 10b 5 Section 501(c)(12) organizations. Enter a 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) 11a 5 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 12b	9				
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 10b Section 501(c)(12) organizations. Enter a 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 12b	а	Did the organization make any taxable distributions under section 4966?	9a		ĺ
a 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 10b Section 501(c)(12) organizations. Enter a 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) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a	Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a 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 12b	10	Section 501(c)(7) organizations. Enter			
a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Initiation fees and capital contributions included on Part VIII, line 12			İ
a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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	11	Section 501(c)(12) organizations. Enter			
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		h			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b 12a	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					l
		· · · · · · · · · · · · · · · · · · ·	12a		
	b	It "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		0000:

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

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	14	Į		
b	Enter the number of voting members that are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?		<u> </u> -	2	_X_	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision	ļ			77
	of officers, directors or trustees, or key employees to a management company or other person?		F	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		F	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?	-	5		X
6	Does the organization have members or stockholders?		 	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more more more more to a time.	embers of the	ŀ,	.		x
	governing body?	-aana?		7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe		-	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken by the following.	during the year				
9	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?		-	8b	$\frac{\pi}{X}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the	-	<u> </u>	-=-	
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	iones at the	ļ	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		F	l0a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,	Г			
	and branches to ensure their operations are consistent with those of the organization?		_1	юь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	ling the form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			2a	_X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise	1	ľ		
	to conflicts?		<u> </u>	2b	_X_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe		ŀ	η,	
	In Schedule O how this is done			2c	X	
13	Does the organization have a written whistleblower policy?		· -	13	X	
14	Does the organization have a written document retention and destruction policy?	.	F	14		
15	Did the process for determining compensation of the following persons include a review and approv	ai by independent		1		
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		١,		х	
a b	Other officers or key employees of the organization			5a 5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		- <u>'</u>	-		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment with a				
	taxable entity during the year?			6a	1	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate its participation		-		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	·	Ì		I	
	exempt status with respect to such arrangements?			6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CO					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(501(c)(3)s only) avail	lable fo	r	_	_
	public inspection. Indicate how you make these available. Check all that apply					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of interest poli	cy, and	fınaı	ncial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the orga	anızatıo	n 🕨		
	THE ORGANIZATION - (970)586-0108	00 00517				
	ROCKY MTN NATIONAL PARK, PO BOX 3100, ESTES PARK,	CO 80517				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- 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. 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

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

Check this box if the organization did no (A)	(B)	1			C)	,	-	(D)	(E)	(F)
Name and Title	Average	l		Pos		1		Reportable	Reportable	Estimated
	hours	(c	heck	c all	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
FRANK KUGELER								_		
PRESIDENT	2.00	X		Х		<u> </u>	匚	0.	0.	0.
BILL TINDALL		l				ļ			_	_
VICE PRESIDENT	2.00	X	<u> </u>	X	<u> </u>	L	Ļ	0.	0.	0.
RICHARD COE	0.00				1					•
SECRETARY	2.00	X	_	Х	<u> </u>	┡	<u> </u>	0.	0.	0.
MARVIN WOOLF	1 2 00	Į.		х				0.	0	0
TREASURER DON CHELEY	2.00	Х		_	<u> </u>		<u> </u>	0.	0.	0.
MEMBER	2.00	x						0.	0.	0.
ELIZABETH GRANT	2.00	^				-		- 0.	0.	
MEMBER	2.00	х						0.	0.	0.
PETER GRANT	1 2000					\vdash	_			
MEMBER	2.00	x						0.	0.	0.
JULIE HARRINGTON										
MEMBER	2.00	Х						0.	0.	0.
TARU HAYS										
MEMBER	2.00	X						_ 0.	0.	0.
DR. RICHARD HOFFMAN			}						_	
MEMBER	2.00	X						0.	0.	0.
MARLYS POLSON										
MEMBER	2.00	X						0.	0.	0.
BILL SWEET	1 2 20	,,								•
MEMBER	2.00	X				<u> </u>		0.	0.	0.
W.S. DURYEA MEMBER	2 00	х						0.	0.	0
DOUGLAS CAMPBELL	2.00	Δ	\vdash	-		\vdash	_	0.	U •	0.
MEMBER	2.00	v						0.	0.	0.
C.W. BUCHHOLTZ	2.00	^		\vdash		H	_	0.		
EXECUTIVE DIRECTOR	40.00					x		118,988.	0.	0.
			\vdash			╒	_	120,2001		
	- [[
									-	

Forr	1 990 (2009) ROCKY MO	UNTAIN	NA!	rui	RE	A	SS	OC:	IATION	84-0	472	090	P	age 8
Pa	rt VII Section A. Officers, Directors, Tr		mple	oyee	_		High	est			— т			
	(A) Name and title	(B) Average hours	(cl		Pos all			ıly)	(D) Reportable compensation	(E) Reportable compensation	on		(F) stimat mount	of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		f org an	other npensa rom th ganiza id rela anizat	ation ne tion ted
_			<u> </u>		-	_		_						
_						-								
			ļ			_					\dashv			
			1	_		_	_				-			
								<u> </u>					<u>.</u>	
_1b	Total Total number of individuals (including but r	not limited to the	2056	lieta	ad al	hove)	30 r	118,988.	000 in reportable	0.			0.
_	compensation from the organization													1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	olqr	yee,	or h	nighest compensated ei	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab 0,000? If "Yes,	le co	mple	ete S	Sche	edule	J f	or such individual	-		4		х
5 Sec	Did any person listed on line 1a receive or the organization? If "Yes," complete Schedition B. Independent Contractors				rom	any	unr	elate	ed organization for serv	ices rendered to		5		х
1	Complete this table for your five highest countries the organization NONE	empensated in	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensa	ation	from	
_	(A) Name and business	address							(B) Description of s	services	Co	(C ompe	C) nsatio	n
								\downarrow						
			-					\dashv						
								+			_			
												-		
2	Total number of independent contractors (i \$100,000 in compensation from the organi	-	ot lir	nite	d to	tho:		sted	above) who received n	nore than			000	

ROCKY MOUNTAIN NATURE ASSOCIATION

Form 990 (2009)

84-0472090

Form **990** (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	825,951.	580,749.	156,788.	00 414
7	Other salaries and wages	043,931.	580,749.	130,788.	88,414.
8	Pension plan contributions (include section 401(k)	27 501	10 600	10 770	E 204
	and section 403(b) employer contributions)	37,591.	19,608.	12,779.	5,204.
9	Other employee benefits	99,120.	68,193.	22,796.	8,131.
10	Payroll taxes	63,706.	34,798.	19,086.	9,822.
11	Fees for services (non-employees)	İ			
а	Management	4 CFA	4,020.		FAC
b	Legal	4,652.	4,020.	92.	540.
	Accounting	24,108.		24,108.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	40 150	40 150		
f	Investment management fees	48,152.	48,152.	4 122	
g		4,132.	1 777	4,132.	C 002
12	Advertising and promotion	13,447.	1,777.	5,577.	6,093.
13	Office expenses	159,499. 44,631.	116,119. 13,645.	13,042.	30,338. 3,791.
14	Information technology	311.	311.	27,195.	3,/91.
15	Royalties	18,361.	16,870.	1,491.	
16	Occupancy	23,162.	18,020.	1,960.	3,182.
17	Travel	23,102.	10,020.	1,300.	3,104.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,185.	1,350.	685.	150.
19	Conferences, conventions, and meetings	14,656.	9.	14,647.	130.
20	Interest	14,030.	J.	14,04/.	
21	Payments to affiliates	70,384.		70,384.	
22	Depreciation, depletion, and amortization	28,243.	16,488.	11,755.	
23	Insurance	20,243.	10,400.	11,755.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	AID EXPENSES	237,079.	237,079.		
d L	STIPENDS	180,447.	180,447.		
ם	PROJECT LABOR	163,476.	163,476.		
ن	CREDIT CARD FEES	55,030.	54,684.	346.	
ū	TAXES AND LICENSES	23,454.	17,379.	5,815.	260.
f	All other expenses	130,082.	97,488.	28,968.	3,626.
25	Total functional expenses. Add lines 1 through 24f	2,271,859.	1,690,662.	421,646.	159,551.
26	Joint costs. Check here J If following		2,000,002.		
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	occomming ourspanger and rendraiging sometation				- 000

Form 990 (2009)
Part X | Balance Sheet

	(A) Beginning of year		(B) End of year			
	448,583.	1	430,130.			
		2				
	38,500. 112,829.	3	151,032. 116,641.			
Accounts receivable, net						
, directors, trustees, key						
oyees. Complete Part II		ì				
		5				
(as defined under section						
4958(c)(3)(B) Complete		- 1				
		6				
		7	175,000.			
	566,525.	8	571,436.			
	6,685.	9	1,492.			
er		ļ				
10a 1,372,244		1	4 005 445			
10b 347,129	1,057,888.	10c	1,025,115.			
	7,086,811.	11	7,341,076.			
Investments - other securities See Part IV, line 11						
Investments · program-related. See Part IV, line 11						
Intangible assets Other assets. See Part IV, line 11						
	0 217 021	15	0 011 022			
equal line 34)	9,317,821.	16	9,811,922. 703,427.			
	022,213.	17	103,421.			
		18	65,832.			
		19	03,032.			
ata Bart IV of Cabadula D	<u></u>	20				
ete Part IV of Schedule D ctors, trustees, key employees,		21				
alified persons Complete Part II	1	Ì				
amed persons Complete Fart II		22				
related third parties		23				
ated third parties		24				
e D	140,655.	25	126,315.			
· -	762,868.	26	895,574.			
here X and complete	1					
•						
	6,013,680.	27	6,520,798.			
Unrestricted net assets Temporarily restricted net assets						
Permanently restricted net assets						
, check here ▶ ☐ and						
complete lines 30 through 34. Capital stock or trust principal, or current funds						
Paid-in or capital surplus, or land, building, or equipment fund						
d income, or other funds		32				
	8,554,953.	33	8,916,348.			
	9,317,821.	34	9,811,922.			
_						

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 in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3h

SCHEDULE A (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

84-0472090 ROCKY MOUNTAIN NATURE ASSOCIATION Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated a Type I b Type II d X Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col. in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total

	edule A (Form 990 or 990-EZ) 2009					······································	Page 2
Pa	art II Support Schedule for	_			0(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)			
_	ction A. Public Support		 	,			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")				ļ		
2	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3				1		<u> </u>
5	The portion of total contributions						
	by each person (other than a		ŀ	İ	1		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		1	ì	Ì	j	}
	amount shown on line 11,				1		
	column (f)						<u> </u>
	Public support. Subtract line 5 from line 4		<u> </u>				
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest,						
	dividends, payments received on				•		
	securities loans, rents, royalties		1		1	1	
	and income from similar sources				ļ		
9	Net income from unrelated business						
	activities, whether or not the		ļ				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital				}		
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>		
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2009 (I		•	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009.If the or	-			14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			
b	33 1/3% support test - 2008.If the or	rganization did no	t check a box on I	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiz	zation			
17a	10% -facts-and-circumstances test						· ·
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	this box and stop I	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances test	t - 2008.If the orga	anızatıon dıd not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ie "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explan	n in Part IV how the	-
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa. 16b. 17a. or 17	b. check this box	and see instruction	s 🕨

Schedule	A (Form	990 or	· 990·EZ)	2009

Page 3

Section A. Public Support	gamzations	Described III	Occion ocola	(Complete only	i you checked the or	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(6) 2000	(6) 2001	(4) 2008	(ej 2005	(i) iotai
membership fees received (Do not						
include any "unusual grants ")						
' ' F		-		 		
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		ļ		ļ	ļ	
3 Gross receipts from activities that			ļ	ļ	İ	
are not an unrelated trade or bus-		İ	1		1	
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			1	1	ì	
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1	i			
6 Total. Add lines 1 through 5	-					
7a Amounts included on lines 1, 2, and		1			-	
3 received from disqualified persons]	i			
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		1		1	1	
c Add lines 7a and 7b		 		 	 	
▶		<u> </u>		 	 	
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	,			
Calendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(4) 2009	(a) 2000	(f) Total
· · · · · · · · · · · · · · · · · · ·	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest,					 	
dividends, payments received on			ļ			
securities loans, rents, royalties						
and income from similar sources		·	ļ	ļ	<u> </u>	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						•
acquired after June 30, 1975						
c Add lines 10a and 10b				l		
11 Net income from unrelated business		l				
activities not included in line 10b, whether or not the business is		ļ				
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, this	d. fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here	organization	oo., oooo,,a,	a, 10aran, or mark	an your as a sooth	511 00 1 (0)(0) 01 gui 112	.ao,
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lin			column (fl)		15	
16 Public support percentage from 2008 S	, , , , , ,	, ,	, o, a, , , ,		16	
Section D. Computation of Invest					1	
			20 12 column (f)		147	
17 Investment income percentage for 200	,	•	ie 13, column (i))		17	
18 Investment income percentage from 20				. 45	18	7
19a 33 1/3% support tests - 2009. If the o	•				•	/ is not
more than 33 1/3%, check this box and	•	•				▶∟
b 33 1/3% support tests - 2008. If the o	-			•		and
line 18 is not more than 33 1/3%, chec						▶ <u> </u> _
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u> </u>

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN NATURE ASSOCIATION

Employer identification number 84-0472090

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin	e 6					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate 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 advis	sed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	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?		Yes No				
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)					
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	storically important land area				
	Protection of natural habitat	Preservation of a cert	ified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
þ	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax				
	year -						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the per		гт., гт.,				
_	violations, and enforcement of the conservation easements		└ Yes				
	 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► 						
7		_					
8	B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes						
9		ion eacoments in its revenue and expense					
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
	conservation easements	tion's financial statements that describes	the organization's accounting for				
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or O	ther Similar Assets.				
	Complete if the organization answered "Yes" to Form						
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and ba	alance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed	•	-				
	the footnote to its financial statements that describes these		,,,				
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan-	ce sheet works of art, historical treasures.				
	or other similar assets held for public exhibition, education, of						
	these items	·	3				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	I gain, provide				
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1	-	> \$				
b	Assets included in Form 990, Part X		▶ \$				

		OUNTAIN NA								Page 2
Pa	rt III Organizations Maintaining C	Collections of Ar	t, His	torical Tr	easures,	or Other	r Simila	ar Asse	ts (contir	nued)
3	Using the organization's acquisition, access	on, and other record	ls, chec	k any of the	following th	at are a sig	ınıfıcant ı	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	d		Loan or exc	hange progr	rams				
b	Scholarly research	е		Other			_			
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how t	hey further t	he organizat	ion's exem	npt purpo	se in Par	rt XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if or	ganization at	nswered "Ye	s" to Form	990, Pa	rt IV, line	9. or	
	reported an amount on Form 990, Pa		·	•			,		·	
1a	Is the organization an agent, trustee, custod	lian or other intermed	lary for	contribution	ns or other a	ssets not II	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowina	table.						
		•	J						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	form 990. Part X. line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV								00	
Pa			swered	"Yes" to Fo	rm 990, Parl	IV, line 10)			
		(a) Current year		Prior year	(c) Two year		1) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	5577509.		09761.	1-7		, ,		147	
b	Contributions	85,868.		80700.						
-	Net investment earnings, gains, and losses	361,281.		8,419.					l	
d	Grants or scholarships	-							 	
e	Other expenditures for facilities				<u> </u>				 	
Ŭ	and programs	344,963.	8	1,371.						
f	Administrative expenses									
g	End of year balance	5679695.	55	77509.						
2	Provide the estimated percentage of the year				<u> </u>				· .	
a	Board designated or quasi-endowment	100.00	%							
b	Permanent endowment	%	- ′°							
c										
	Are there endowment funds not in the posse		ation th	at are held a	nd administr	ared for the	organiz	ation		
Ja	by:	333011 Of the organize		at ale lield a	na aanninsi	sieu ioi liik	organiz	ation	l.	res No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	$\frac{1}{X}$
h	If "Yes" to 3a(ii), are the related organizations	s listed as required of	n Scho	dulo P2					3b	
4	Describe in Part XIV the intended uses of the								30	
_	t VI Investments - Land, Building				Part X line	10				
	Description of investment	(a) Cost or ot		(b) Cost			umulate	a T	(d) Pook	
	pescription of investment	basis (investr		basis (eciation	"	(d) Book	value
4	Land	24310 (111703111		1	1,700.	асрі	- Journal		251	,700.
	Land				3,448.	1	05,00	13		,445.
	Buildings			 	J, 440.		05,00	′ - 	0.50	<u>, = = J •</u>
	Leasehold improvements	 		26	7,466.	- 1	67,53	12	00	,934.
	Equipment				9,630.		74,59			,036.
	Other	aval Form 000, D1	V 001:-			L	, = , 33		$\frac{15}{1,025}$	
ıotal	. Add lines 1a through 1e (Column (d) must e	quai roiiii 990, Pan .	A, COIUI	ип (в), шne 1	U(C))			┍┸	, U)	, <u> </u>

	TAIN NATURE ASS	SOCIATION	84-	0472090	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuation of valuatio		
Financial derivatives					
Closely-held equity interests					
Other					
INVESTMENTS	6,385,476.	END-OF-YEAR			
LAND HELD FOR SALE	955,600.	END-OF-YEAR	K MARKET	VALUE	
					
					
	- - - - - - - - - - - - - -				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)					
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	·			
(a) Description of investment type	(b) Book value		Method of valuation		
		Cost or	end-of-year marke	et value	
			·		
					
					
					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, II					
	a) Description			(b) Book valu	10
	uj Becomption		·	(b) Book valo	
					
				_ 	
			_		
	 				
Total. (Column (b) must equal Form 990, Part X, col (B)	ino 16 l				
Part X Other Liabilities. See Form 990, Part	X line 25			·-·-	
1 (a) Description of liability		(b) Amount			
Federal income taxes					
ESCROW FUNDS HELD FOR OTHERS		126,315.			
	1	1			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

126,315.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	dule D (Form 990) 2009 ROCKY MOUNTAIN NATURE ASS				04/2090	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited	Financial S	tatemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,544	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,271	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,610.
4	Net unrealized gains (losses) on investments		4		88	,785.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7		_	
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			,785.
10 Pai	Excess or (deficit) for the year per audited financial statements Combine lines 3 rt XII Reconciliation of Revenue per Audited Financial Staten		10 Revenue p	er Returr		,395.
1	Total revenue, gains, and other support per audited financial statements			1	2,845	.524.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-		, , , , , ,
a	Net unrealized gains on investments	2a	88,78	85.ll		
ь	Donated services and use of facilities	2b	212,2			
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d				301	,055.
3	Subtract line 2e from line 1			3	2,544	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
c	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,544	,469.
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments With	Expenses	per Retu	m	
1	Total expenses and losses per audited financial statements			1	2,484	,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				- · · · · · ·	
а	Donated services and use of facilities	2a	212,27	70.		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		,270.
3	Subtract line 2e from line 1			3	2,271,	859.
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 XIV.)	4b				
c	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,271,	859.
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	t III, lines 1a an	id 4; Part IV, Iir	nes 1b and 2	2b, Part V, line	4, Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also cor	nplete this par	t to provide an	y additional	information	
COS	ST OF GOODS SOLD INCLUDED IN REVENUES IS	\$1,374,	386			
					. .	
						

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN NATURE ASSOCIATION

Employer identification number

84-0472090 Part Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art · Works of art 2 Art - Historical treasures Art - Fractional interests 3 4 Books and publications Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 211,760. COMPARED TO MARKET X 52 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 1,760. SUPPLIES X Other 25 LEGAL SERVICE) X 510. 26 Other Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1.28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II

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

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

LHA

describe in Part II.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No 1545-0047 2009 Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN NATURE ASSOCIATION

Employer identification number 84-0472090

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUCH PURPOSES AS THE MAKING OF DISTRIBUTIONS TO THE UNITED STATES
GOVERNMENT OR THE BENEFIT OF ITS NATIONAL PARKS, AND THE MAKING OF
DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LANDS; PROTECTS, RESTORES, MAINTAINS AND PRESERVES LAND AND HISTORIC
SITES IN ROCKY MOUNTAIN NATIONAL PARK AND ELSEWHERE IN THE ROCKY
MOUNTAIN REGION; AND MAY, IN FURTHERANCE OF SUCH MISSION, CONDUCT ANY
LAWFUL ACTIVITY. IT IS CURRENTLY ENGAGED IN PURCHASING SIGNIFICANT
PARCELS OF LAND FOR THE NATIONAL PARK AND FORESTS, FIXING PARK TRAILS,
AND A CAPITAL ENDOWMENT CAMPAIGN CALLED THE NEXT GENERATION FUND, TO
SUPPORT YOUTH EDUCATION PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 2: TWO BOARD MEMBERS ARE RELATED
THROUGH FAMILY RELATIONSHIP: PETER GRANT AND ELIZABETH GRANT.
FORM 990, PART VI, SECTION B, LINE 11: BOARD MEMBERS ARE PROVIDED WITH A
COPY OF THE 990 TO REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD GOES OVER THE CONFLICT
OF INTEREST POLICY ANNUALLY AT THE ANNUAL MEETING AND EACH BOARD MEMBER

PROVIDES A WRITTEN STATEMENT REGARDING ANY POSSIBLE CONFLICTS.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization 84-0472090 ROCKY MOUNTAIN NATURE ASSOCIATION FOR THE EXECUTIVE DIRECTOR AND COMPARES HIS SALARY WITH THE SALARIES OF EXECUTIVE DIRECTORS AT COMPARABLE ORGANIZATIONS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. THERE WERE NO CHANGES IN THE IN THE OVERSIGHT OR SELECTION PROCESS FROM THE PRIOR YEAR.