DLN: 93493184001077

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 private foundations)

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

► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

OMB No 1545-0047 2015

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year begin	ning 10-01-2015 , and ending 09-30-20	16					
B Ch	eck ıf a	applicable	C Name of organization THE AMERICAN ALPINE CLUB		D Emplo	yer ide	entification number			
_		change				13-16	51198	1		
_	ame ch ntial ret	_	Doing business as							
_	ınal	cum				E Teleph	one nun	nber		
	/termin	nated I return	Number and street (or P O box 710 TENTH STREET SUITE 100	(303)	(303) 384-0110					
		n pending	City or town, state or province, of GOLDEN, CO 80401	country, and ZIP or foreign postal code			·			
			GOLDEN, CO 80401			G Gross	receipts	\$ 3,746,253		
			F Name and address of prin	icipal officer	H(a) I	s this a group	returi	n for		
			JONATHAN MATTHEWS 710 10TH STREET SUITE	100	s	ubordinates? No		⊤ Yes 🗸		
			GOLDEN,CO 80401			re all subord	nates	□Yes □ No		
I la	x-exen	npt status	✓ 501(c)(3)	◀ (insert no)		ncluded? f "No " attach	. a liet	(see instructions)		
J W	ebsit	e:► WV	WW AMERICANALPINECLUB	ORG		Group exempt		,		
K For	m of or	rganızatıor	Corporation Trust Ass	ociation Other ►		of formation 19		1 State of legal domicile PA		
Pa	rt I	Sum	ımary							
				ion or most significant activities						
				Y OF COMPETENT CLIMBERS AND HEA	ALTHY CL	IMBING LAN	DSCA	PES		
Çe	-									
<u>e</u>	_									
E e	2 (Check tl	his box • 🗀 if the organization	n discontinued its operations or disposed	of more th	nan 25% of its	neta	ssets		
Governance		oneen a	ino box r in this organization		or more cr	1411 25 70 01 10	, ,,,,,,			
	3 1	Number	of voting members of the gove		3	20				
Activities &	4 1	Number	of independent voting member	s of the governing body (Part VI, line 1b)		4	20		
<u> </u>	5	Total nu	mber of individuals employed	ın calendar year 2015 (Part V, line 2a)			5	48		
ACI	6	Total nu	mber of volunteers (estimate i	fnecessary)			6	710		
				Part VIII, column (C), line 12			7a	9,000		
	b N	let unrel	ated business taxable income	from Form 990-T, line 34	<u> </u>		7b	-6,241		
	_					Prior Year	264	Current Year 877,087		
Ō.	8		ributions and grants (Part VIII		· · · · · · · · · · · · · · · · · · ·					
Ravenua	10	=	am service revenue (Part VIII	· · · · ·	412	1,577,578				
Ŗ	11		·	ent income (Part VIII, column (A), lines 3, 4, and 7d)						
	12		, , , ,	11 (must equal Part VIII, column (A), lii	ne	<u> </u>	158	215,501		
	ļ	12)				3,006,	839	2,811,120		
	13		• • •	art IX, column (A), lines 1–3)		172,	772	156,096		
	14		fits paid to or for members (Pa			0				
æ	15	Saları 5–10	ies, other compensation, empl)	1,481,	351	1,751,570				
Expenses	16a	Profe	ssional fundraising fees (Part	IX, column (A), line 11e)				0		
ä	ь	Total f	undraising expenses (Part IX, column	(D), line 25) ▶ <u>894,618</u>						
_	17	Other	r expenses (Part IX, column (A	(), lines 11a-11d, 11f-24e)		1,685,	520	1,361,611		
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,339,	643	3,269,277		
	19	Rever	nue less expenses Subtract li	ne 18 from line 12	-	-332,	804	-458,157		
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year		
alar	20	Total	assets (Part X, line 16) .			8,423,	694	8,320,816		
A As	21		liabilities (Part X, line 26)			326,		529,343		
žĒ	22			act line 21 from line 20		8,097,		7,791,473		
	rt II		nature Block		<u>'</u>					
my k	nowle	dge and		examined this return, including accompa complete Declaration of preparer (other t						
		***	** *			2017-06-12				
Sigr		Sign	ature of officer			Date				
Her			ATHAN MATTHEWS CFO							
		17	e or print name and title							
.			Print/Type preparer's name JASON D ADAMS CPA		Date 2017-06-26	Check I if	PTIN P0028	30895		
Paid		-	Firm's name POYSTI & ADAMS L		self-employed Firm's EIN ▶ 84-0524006			006		
	pare	er 📙	Firm's address > 400 S COLORADO B			Phone no (303				
USE	On	iy	DENVER, CO 8024	6						
		1								

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 9}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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	11 c	Yes	
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14 b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

OTTI	990 (2013)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
Ь	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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		Е.	arm 000	(201E)

Form	990 (2015)			Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	╌┖
4-	Fatavitha number vanastad in Day 2 of Favor 1000 Fatavi 0 of nationalizable 45 02		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 82 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 48			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country \rightarrow			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No.
d	file Form 8282?	70		110
-	The section of the management of the section of the			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		I	I
 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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	a		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	l No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 20								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	Section B. Policies (This Section B requests information about policies not required by the Internal I								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply								
19	▼ Own website ▼ Another's website ▼ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s							

▶JONATHAN MATTHEWS 710 TENTH STREET SUITE 100 GOLDEN, CO 80401 (303) 384-0110

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

	Ι									
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe offi	han ersor cer tor/t	not check one box, an and a trustee) Highest compensated employee		an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			1 1			33. e-d				
(1) MATT CULBERSON PRESIDENT	4 00	x		×				0	0	0
(2) CLARK GERHARDT VICE PRESIDE	4 00	x		x				0	0	0
(3) BRAD BROOKS DIRECTOR	2 00	х						0	0	0
(4) JOHN HEILPRIN DIRECTOR	2 00	х						0	0	0
(5) KEN EHRHART DIRECTOR	2 00	х						0	0	0
(6) CHUCK FLEISCHMAN DIRECTOR	2 00	х						0	0	0
(7) PHILIP DUFF DIRECTOR	2 00	х						0	0	0
(8) JANET WILKINSON DIRECTOR	2 00	х						0	0	0
(9) KIT DESLAURIERS DIRECTOR	2 00	х						0	0	0
(10) MARK BUTLER DIRECTOR	2 00	х						0	0	0
(11) STACY BARE DIRECTOR	2 00	х						0	0	0
(12) MIA AXON DIRECTOR	2 00	x						0	0	0
(13) LAUREN SIGMAN DIRECTOR	2 00	х						0	0	0
(14) CHAS FISHER DIRECTOR	2 00	х						0	0	0
		'	'	_		<u>'</u>				Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)		organi and re organiz	elated
(15) PETER METCALF	2 00	x						c	,	0		0
DIRECTOR (16) KEVIN DUNCAN	2 00											
DIRECTOR		×						c	1	0		0
(17) VIK SAHNEY	2 00									-		
DIRECTOR		X						C	1	0		0
(18) CAREY ROBERTS	2 00	V										
DIRECTOR		X						C		0		0
(19) PHIL LAKIN	4 00	×		×				C		0		0
TREASURER		^		Ļ								
(20) DEANNE BUCK	4 00	×		×				C	,	0		0
SECRETARY (21) PHIL POWERS	40 00			├								
	40 00			×				159,675	i	0		0
CEO (22) JONATHAN MATTHEWS	40 00									-		
CFO				×				82,042	:	0	0 0	
CIO										-		
				\vdash								
1b Sub-Total				▶								
c Total from continuation sheets to Part VII	, Section A .									<u> </u>		
d Total (add lines 1b and 1c)	<u></u>	•	•	•				41,717				
Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bov€	≘) w	ho red	ceiv	ed more than				
									_		Yes	No
3 Did the organization list any former officer,		ee, ke	ey em	plo	yee	, or hi	ghes	st compensated	employee			
on line 1a? If "Yes," complete Schedule J for			•	•	•	•	•		• •	3		No
For any individual listed on line 1a, is the s organization and related organizations grea	•								n the			
ındıvıdual		•		•		•	•		[4	Yes	
5 Did any person listed on line 1a receive or								ganızatıon or ınd	ividual for			
services rendered to the organization? If "Y	es," complete Sch	nedule	J for	suci	h pe	ers on	•		[5		No
Section B. Independent Contractors										—		
Complete this table for your five highest co- compensation from the organization Repor-											tax year	
(A) Name and business address Description of services										(C Compen)	
Harrie and busine								2 cac ipcom		士	20pell	
										\dashv		
										+		
										二		
2 Total number of independent contractors (inc \$100,000 of compensation from the organiz	_	mıted	to th	ose	list	ted ab	ove) who received n	nore than			

Part V	/ + + +	Statement o	f Revenue					
		Check if Schedu	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
tributions, Gifts, Grants Other Similar Amounts	1a b	Federated camp	paigns 1a					512-514
Gra	c	Fundraising eve	ents 1c	117,970				
fs. r A	d	Related organiz						
oji Jila	e	Government grants						
ons, Sin		_		750 117				
utic ier	f	similar amounts no	ons, gifts, grants, and 1f ot included above	759,117				
를 할	g	Noncash contribution	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		877,087			
ž	2a	MEMBERSHIP DUES	c	Business Code	1 062 002	1 062 002		
r Ver	b	OTHER	<u> </u>	711300 611710	1,062,902	1,062,902		
Program Service Revenue	c	MEETING REGISTR	ATION	611710	122,249	122,249		
-LAC	d	LODGING FEES	,	711300	92,466	92,466		
<i>ॐ</i> =	e	SPEAKER SERIES		711300	82,802	82,802		
grar	f	All other progra	am service revenue		21,092	21,092		
Ğ	g	Total. Add lines	s 2a-2f		1,577,578			
	3		ome (including dividen					50.004
	١.		ar amounts) Stment of tax-exempt bond ;	- F	69,004			69,004
	4 5			broceeds				
		Noyalties !	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental						
	_ ا	expenses Rental income						
	٦	or (loss) Net rental incoi	me or (loss)					
	"	Net rental medi	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	794,498	()				
	ь	Less cost or other basis and sales expenses	722,548					
	С	Gain or (loss)	71,950					
	d		ss)	· · · · ·	71,950	71,950		
Other Revenue	8a	Ψ	luding ,970 s reported on line 1c)					
je.			а	274,329				
Ö	b c		penses b (loss) from fundraising e	186,561 events ▶	87,768			
	l		rom gaming activities	events •	07,700			
	l		penses b (loss) from gaming activ	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo	owances .	36,876				
	Ь	less cost of a	a oods sold b					
		_	oogs sold b (loss) from sales of inve	26,024 entory >	10,852		9,000	1,852
		Miscellaneous		Business Code				
	11a	ALL OTHER		900099	217,888	217,888		
	ь	OTHER INCOM	1E		13,020			13,020
	С	AMC, LLC OPE	RATING LOSS		-114,027			-114,027
	d	All other revenu	l					
	e	Total. Add lines		•	116,881			
	12	Total revenue.	See Instructions		2,811,120	1,867,416	9,000	-30,151

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)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	105,423	105,423		
2	Grants and other assistance to domestic individuals See Part IV, line 22	50,673	50,673		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, 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)				
7	Other salaries and wages	1,738,203	1,057,322	117,134	563,747
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	13,367	8,379	1,251	3,737
10	Payroll taxes				
4.5					
11	Fees for services (non-employees)				
a	Management				
b	Legal	199	117	16	66
c	Accounting	19,453	12,193	1,821	5,439
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	17.050			
f	Investment management fees	17,853	11,190	1,671	4,992
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	207,476	48,412	18	159,046
13	Office expenses	260,435	221,109	5,769	33,557
14	Information technology	28,849	5,086	5,083	18,680
15	Royalties				
16	Occupancy	63,292	48,334	8,936	6,022
17	Travel	16,247	8,134	632	7,481
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,897	14,979	2,237	6,681
20	Interest	2,232	1,399	209	624
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	100,805	90,201	7,477	3,127
23	Insurance	53,358	35,010	4,769	13,579
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SPECIAL FR EVENTS	193,546	158,808	195	34,543
b	OTHER OPERATIONS	167,524	146,252	6,163	15,109
c	MEMBERSHIP RELATED	157,624	140,743	560	16,321
d	PUBLICATIONS	49,167	47,198	5	1,964
е	All other expenses	-346	-217	-32	-97
25	Total functional expenses. Add lines 1 through 24e	3,269,277	2,210,745	163,914	894,618
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
				Fo	orm 990 (2015)

Part X	Balance	Shoot

Par	ťΧ	Charles Schodula Coophana a manage an arts to any lan		- D+ V			_
		Check if Schedule O contains a response or note to any lin	e in thi	SPARTX	(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			154,284	1	172,290
	2	Savings and temporary cash investments			15,305	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			130,988	4	106,809
ste	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Conscient Schedule L	mplete			5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see institute of Schedule L	c)(3)(E ection	3), and 501(c)(9)		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			34,086	8	42,254
	9	Prepaid expenses and deferred charges			79,509	9	70,764
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,835,654	10,000		10,701
	Ь	Less accumulated depreciation	10b	621,264	1,253,094	10 c	1,214,390
	11	Investments—publicly traded securities		,	3,620,369	11	3,692,291
	12	Investments—other securities See Part IV, line 11 .	0,020,000	12	0,002,201		
	13	Investments—program-related See Part IV, line 11 .			3,043,069	13	2,929,042
	14	Intangible assets			3,510,666	14	2,020,012
	15	Other assets See Part IV, line 11			92,990	15	92,976
	16	Total assets.Add lines 1 through 15 (must equal line 34)			8,423,694	16	8,320,816
	17	Accounts payable and accrued expenses			185,046	17	308,226
	18	Grants payable			100,040	18	000,220
	19	Deferred revenue			96,935	19	159,144
	20	Tax-exempt bond liabilities			90,933	20	100,144
	1	•				21	
Š	21	Escrow or custodial account liability Complete Part IV o				21	
jabilities.	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and dis	qualifi	eď			
ap		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	,			23	
	24	Unsecured notes and loans payable to unrelated third pai				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
					44,551	25	61,973
	26	Total liabilities. Add lines 17 through 25			326,532	26	529,343
Ses		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ▶ [√ and complete			
a)	27	Unrestricted net assets			6,728,482	27	6,362,080
Bal	28	Temporarily restricted net assets			1,311,320	28	1,372,033
Þ	29	Permanently restricted net assets			57,360	29	57,360
Ξ		Organizations that do not follow SFAS 117 (ASC 958), ch					
Net Assets or Fund Balances	30	complete lines 30 through 34.		·		20	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building or equipment f				31	
et	32	Retained earnings, endowment, accumulated income, or o	imer fu	mus	0.007.400	32	7 704 470
Z	33	Total labilities and not people (find belonces			8,097,162	33	7,791,473
	34	Total liabilities and net assets/fund balances			8,423,694	34	8,320,816

orm	990 (2015)			F	Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2.8	311,120
2	Total expenses (must equal Part IX, column (A), line 25)				269,277
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		- 2	158,157
		4		8,0	97,162
5	Net unrealized gains (losses) on investments	5		1	52,468
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,7	791,473
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
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		3b		
			_		

Additional Data

Software ID: Software Version:

EIN: 13-1611981

Name: THE AMERICAN ALPINE CLUB

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 105,423 including grants of \$ 105,423) (Revenue \$)

COMMUNITY RESOURCES THE AAC SUPPORTS THE CLIMBING COMMUNITY THE ORGANIZATION PROVIDES GRANTS FOR CLIMBERS, HELPING MEMBERS CLIMB
BEYOND THEIR HOME AREA ALSO, THE AAC OPERATES SEVERAL CAMPGROUNDS FOR CLIMBERS, INCLUDING THE GRAND TETON CLIMBERS' RANCH IN GRAND
TETON NATIONAL PARK, WY , AS WELL AS CAMPGROUNDS IN NEW YORK, TEXAS, AND WEST VIRGINIA THE AAC ALSO SUPPORTS MEMBERS BY PROVIDING UP TO
10,000 IN RESCUE BENEFITS IN ADDITION, THE AAC HOSTS LOCAL, NATIONAL AND INTERNATIONAL EVENTS TO BUILD COMMUNITY AMONG CLIMBERS

Form 990, Part III, Line 4b

DVDS, AND OTHER RESOURCES

(Expenses \$ including grants of \$ Code THROUGH THE AMERICAN ALPINE JOURNAL. DISTRIBUTED IN HARD COPY SINCE 1929 AND NOW ALSO ON-LINE. THE AAC RECORDS NEW CLIMBS AND CLIMBING ACCOMPLISHMENTS THE AAC'S LIBRARY IN GOLDEN, COLORADO IS ONE OF THE WORLD'S LARGEST CLIMBING LIBRARIES, INCLUDING BOOKS, GUIDEBOOKS, MAPS,

(Revenue \$

Form 990, Part III, Line 4c

AMERICA

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

CONSERVATION & ADVOCACY RESOURCES. PROTECTING THE PLACES WE CLIMB HAS BEEN CENTRAL TO THE AAC AND HAS BEEN SINCE THE CLUB'S INCEPTION.

MORE THAN A CENTURY AGO AAC PROJECTS CAN BE FOUND THROUGHOUT THE UNITED STATES, INCLUDING BUT NOT LIMITED TO ALASKA, CALIFORNIA, COLORADO, NEW YORK, UTAH, WEST VIRGINIA, AND WYOMING THE AAC IS ALSO ACTIVE INTERNATIONALLY, INCLUDING INITIATIVES IN ASIA AND SOUTH

(Code) (Expenses \$ 2,105,322 including grants of \$ 50,673) (Revenue \$)

COMMUNITY RESOURCES THE AAC SUPPORTS THE CLIMBING COMMUNITY THE ORGANIZATION PROVIDES GRANTS FOR
CLIMBERS, HELPING MEMBERS CLIMB BEYOND THEIR HOME AREA ALSO, THE AAC OPERATES SEVERAL CAMPGROUNDS FOR
CLIMBERS, INCLUDING THE GRAND TETON CLIMBERS' RANCH IN GRAND TETON NATIONAL PARK, WY, AS WELL AS

CLIMBERS, INCLUDING THE GRAND TETON CLIMBERS' RANCH IN GRAND TETON NATIONAL PARK, WY, AS WELL AS CAMPGROUNDS IN NEW YORK, TEXAS, AND WEST VIRGINIA THE AAC ALSO SUPPORTS MEMBERS BY PROVIDING UP TO 10,000 IN RESCUE BENEFITS IN ADDITION. THE AAC HOSTS LOCAL AND NATIONAL EVENTS TO BUILD COMMUNITY AMONG

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

CLIMBERS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493184001077

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

Open to Public Inspection

Department of the

THE AMERICAN ALPINE CLUB

SCHEDULE A

(Form 990 or

990EZ)

Part I

2

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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 (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 13-1611981

4		A medical research or hospital's name, city,		rated in conjunction v	vith a hospital d	lescribed in se	ection 170(b)(1)(A)(iii). Enter the	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)							
6		A federal, state, or loc	-	-					
7		described in section 1	70(b)(1)(A)(v	i). (Complete Part II)	2	ental unit or from the g	eneral public	
8		A community trust des			• .	•			
9	✓	receipts from activitie from gross investmen organization after Jun	es related to it it income and i e 30, 1975 S	s exempt functions—s unrelated business tax ee section 509(a)(2).	subject to certa xable income (le (Complete Part	in exceptions ess section 5 III)	ributions, membership, , and (2) no more than 3 11 tax) from businesse	331/3% of its support	
10		An organization organ		,		•			
11		one or more publicly s	upported orga	nizations described in	section 509(a))(1) or section	nctions of, or to carry o n 509(a)(2) See sectio d complete lines 11e, 1	n 509(a)(3). Check	
а		Type I. A supporting o	organization op n(s) the power	erated, supervised, oi to regularly appoint o	r controlled by 1 r elect a majori	ts supported (organization(s), typical tors or trustees of the	ly by giving the	
b		Type II. A supporting	organization s pporting orgar	upervised or controlle lization vested in the s	d in connection		orted organization(s), b manage the supported		
С					n operated in c	onnection with	n, and functionally inted	rated with, its	
	ı	supported organization						,	
d							with its supported org		
	•						rement and an attentive	eness requirement	
_	_	(see instructions) You					ıs a Type I, Type II, T	una III funationally	
е		integrated, or Type III					is a Type I, Type II, I	ype III lunctionally	
f	Ente	r the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5				
q	2	Provide the following in							
_		•		11 3	()				
Name of		(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ Insted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)	
					Yes	No			
	-								
Tota	I								

Pa	rt II Support Schedule for (Complete only if you Part III. If the organize	checked the bo	ox on line 5, 7, o	or 8 of Part I o	r if the organiza	ition failed to	qualify under
Se	ection A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			p. 0 0 0 1 0 1 0 1 1	/
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
	fiscal year beginning in)	(a)2011	(0)2012	(0)2013	(u)2014	(e) 2013	(1)1 Otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						
Se	ection B. Total Support			1			
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
(or	fiscal year beginning in) 🟲	(a)2011	(0)2012	(0)2013	(u)2014	(e)2013	(1) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly						
	carried on						
10	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
11	Total support. Add lines 7						
12	through 10 Gross receipts from related activit	Les. etc. (see inst	tructions)			12	
13	First five years.If the Form 990 is			third fourth or i	fifth tax vear as a)(3) organization
	check this box and stop here	_			·		- -
Se	ection C. Computation of Pul	blic Support F	Percentage				
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14	
15	Public support percentage for 2014	4 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	or more, chec	k this box
b	and stop here. The organization qu. 33 1/3% support test—2014. If the				, and line 15 is 33	1/3% or more	► ☐ , check this
17a	33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.						
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza	nızatıon meets th	e "facts-and-circ	umstances" test	, check this box ar	nd stop here.	
18	supported organization Private foundation. If the organizat	ion did not check	a box on line 13,	. 16a, 16b, 17a, i	or 17b, check this	box and see	▶┌
	instructions						▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) Total
•	iscal year beginning in) ► Gifts, grants, contributions, and	. ,	. ,	` ,	. ,		
1	membership fees received (Do						
	not include any "unusual	2,711,134	1,056,925	1,127,177	1,210,364	1,064,309	7,169,909
	grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished	965,903	1,307,755	1,505,208	1,925,634	2,069,795	7,774,295
	in any activity that is related to						
	the organization's tax-exempt purpose						
3	Gross receipts from activities						
3	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without						
6	charge Total. Add lines 1 through 5	3,677,037	2,364,680	2,632,385	3,135,998	3,134,104	14,944,204
	Amounts included on lines 1,2,	3,077,037	2,304,000	2,032,303	3,133,730	3,134,104	17,577,207
74	and 3 received from disqualified	409,970	519,858	284,958			1,214,786
	persons	,	,	'			, ,
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the						
	year	400.070	540.050	204.050			1 211 706
	Add lines 7a and 7b	409,970	519,858	284,958			1,214,786
8	Public support. (Subtract line 7c from line 6)						13,729,418
Se	ection B. Total Support		L		L		
	Calendar year						
or f	iscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
9	A mounts from line 6	3,677,037	2,364,680	2,632,385	3,135,998	3,134,104	14,944,204
.0a	Gross income from interest,						
	dividends, payments received on	77,235	86,456	68,429	73,171	69,004	374,295
	securities loans, rents, royalties	77,233	80,430	00,423	/3,1/1	05,004	3/4,293
	and income from similar sources						
b	Unrolated business tayable						
	Unrelated business taxable						
	income (less section 511 taxes)						
	income (less section 511 taxes) from businesses acquired after						
_	income (less section 511 taxes) from businesses acquired after June 30, 1975	77 235	86 456	68 429	73 171	69 004	37// 295
С	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	77,235	86,456	68,429	73,171	69,004	374,295
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	77,235	86,456	68,429	73,171	69,004	374,295
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included	77,235	86,456	68,429	73,171	69,004	374,295
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	77,235	86,456	68,429	73,171	69,004	374,295
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	77,235	86,456	68,429	73,171	69,004	374,295
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		,	,	73,171	69,004	
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	77,235 -73,569	86,456 83,098	68,429 69,125	73,171	69,004	374,295 78,654
11 12	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		,	,	73,171	69,004	
11 12	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,		,	,	73,171	69,004 3,203,108	
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	-73,569 3,680,703	83,098 2,534,234	69,125 2,769,939	3,209,169	3,203,108	78,654 15,397,153
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is	-73,569 3,680,703	83,098 2,534,234	69,125 2,769,939	3,209,169	3,203,108	78,654 15,397,153 3) organization,
11 12 13	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	-73,569 3,680,703 for the organizati	83,098 2,534,234 on's first, second	69,125 2,769,939	3,209,169	3,203,108	78,654 15,397,153
11 12 13 14	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	-73,569 3,680,703 for the organizati	83,098 2,534,234 on's first, second	69,125 2,769,939 . third, fourth, or f	3,209,169	3,203,108 section 501(c)(3	78,654 15,397,153 3) organization, ▶
111 112 113 114 Se	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ection C. Computation of Pul	-73,569 3,680,703 for the organizati	83,098 2,534,234 on's first, second ercentage (f) divided by line	69,125 2,769,939 . third, fourth, or f	3,209,169	3,203,108 section 501(c)(3	78,654 15,397,153 3) organization,
111 112 113 114 Se	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	-73,569 3,680,703 for the organizati	83,098 2,534,234 on's first, second ercentage (f) divided by line	69,125 2,769,939 . third, fourth, or f	3,209,169	3,203,108 section 501(c)(3	78,654 15,397,153 3) organization, ▶
11 12 13 14 Se 15	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ection C. Computation of Pul	-73,569 3,680,703 for the organizati blic Support P 5 (line 8, column 14 Schedule A, F	83,098 2,534,234 on's first, second, ercentage (f) divided by line tart III, line 15	69,125 2,769,939 third, fourth, or f	3,209,169	3,203,108 section 501(c)(3	78,654 15,397,153 3) organization, Market State 89 170 %
111 112 113 114 See 115 116	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage for 201 Public support percentage from 20	-73,569 3,680,703 for the organizati blic Support P 5 (line 8, column 114 Schedule A, F	2,534,234 on's first, second ercentage (f) divided by line eart III, line 15 ome Percenta	69,125 2,769,939 third, fourth, or f	3,209,169 Ifth tax year as a	3,203,108 section 501(c)(3	78,654 15,397,153 3) organization,
111 112 113 114 Se 115 116 Se 117	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here extion C. Computation of Pul Public support percentage for 201 Public support percentage from 20 cettion D. Computation of Investments.	-73,569 3,680,703 for the organization of th	83,098 2,534,234 on's first, second, ercentage (f) divided by line fart III, line 15 ome Percentage olumn (f) divided	69,125 2,769,939 third, fourth, or f 13, column (f)) ge by line 13, colum	3,209,169 Ifth tax year as a	3,203,108 section 501(c)(3	78,654 15,397,153 3) organization,
111 112 113 114 Se 115 116 Se 117	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ection C. Computation of Pul Public support percentage for 201 Public support percentage from 201 Cotton D. Computation of Investment income percentage for Investment income percentage from Investment Income I	-73,569 3,680,703 for the organizati blic Support P 5 (line 8, column 14 Schedule A, P yestment Inco 2015 (line 10c, com 2014 Schedule	83,098 2,534,234 on's first, second ercentage (f) divided by line eart III, line 15 ome Percenta olumn (f) divided A, Part III, line 1	69,125 2,769,939 third, fourth, or f 13, column (f)) ge by line 13, colum	3,209,169 Ifth tax year as a	3,203,108 section 501(c)(3	78,654 15,397,153 3) organization, 89 170 % 87 100 % 2 000 % 3 000 %
11 12 13 14 Se 15 16 Se 17	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage for 201 Public support percentage from 200 Ection D. Computation of Investment income percentage from 1 Investment income percentage from 33 1/3% support tests—2015. If the	-73,569 3,680,703 for the organization of th	83,098 2,534,234 on's first, second ercentage (f) divided by line tart III, line 15 one Percenta olumn (f) divided A, Part III, line 1 Inot check the bo	69,125 2,769,939 . third, fourth, or f 13, column (f)) ge by line 13, colum 7 x on line 14, and	3,209,169 Ifth tax year as a In (f)) Inne 15 is more th	3,203,108 section 501(c)(3 15 16 17 18 an 33 1/3%, and	78,654 15,397,153 3) organization, 89 170 % 87 100 % 2 000 % 3 000 % I line 17 is not
111 112 113 114 See 115 116 See 117 118 119a	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here Ection C. Computation of Pul Public support percentage for 201 Public support percentage from 20 Ection D. Computation of Investment income percentage for Investment income percentage from 33 1/3% support tests—2015. If the more than 33 1/3%, check this box	-73,569 3,680,703 for the organization of the support P 5 (line 8, column of 14 Schedule A, P 7 estment Incompany (line 10c, company 2014 Schedule e organization did and stop here. T	83,098 2,534,234 on's first, second ercentage (f) divided by line fart III, line 15 ome Percenta olumn (f) divided A, Part III, line 1 I not check the bo he organization qu	69,125 2,769,939 third, fourth, or f 13, column (f)) ge by line 13, column 7 x on line 14, and palifies as a publi	3,209,169 Ifth tax year as a In (f)) line 15 is more the cly supported org	3,203,108 section 501(c)(3 15 16 17 18 nan 33 1/3%, and anization	78,654 15,397,153 3) organization, 89 170 % 87 100 % 2 000 % 3 000 % I line 17 is not
111 112 113 114 See 115 116 See 117 118 119a	from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pul Public support percentage for 201 Public support percentage from 200 Ection D. Computation of Investment income percentage from 1 Investment income percentage from 33 1/3% support tests—2015. If the	-73,569 3,680,703 for the organization did stop here. Te organization did stop here.	ercentage (f) divided by line rart III, line 15 ome Percentage olumn (f) divided A, Part III, line 1 inot check the bothe organization quinot check a box	69,125 2,769,939 Third, fourth, or f 13, column (f)) ge by line 13, column 7 x on line 14, and ualifies as a publion line 14 or line	3,209,169 Ifth tax year as a In (f)) line 15 is more the cly supported org 19a, and line 16	3,203,108 section 501(c)(3 15 16 17 18 nan 33 1/3%, and anization is more than 33	78,654 15,397,153 3) organization, 89 170 % 87 100 % 2 000 % 3 000 % I line 17 is not

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answei b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "" describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in Part VI how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in Part VI how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year? 5," describe in Part VI the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test-Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? 5," then in Part VI identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how the organization was responsive to those supported organizations, and how the zation determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? 5," explain in Part VI the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

CI	neck here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 See inst	ructions. All other
Τy	pe III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
)	A verage monthly cash balances	1b		
5	Fair market value of other non-exempt-use assets	1 c		
t	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	neck here if the current year is the organization's first as a non-functionally-i	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furth excess of income from activity								
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval re-	quired)							
6 Other distributions (describe in Part VI) See instru	uctions							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a								
b								
C								
d From 2013								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
\$								
Applied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
a								
c Excess from 2013								
d From 2014								
e From 2015								
		l						

and of Also complete this part for any additional information. (See instructions).
Facts And Circumstances Test
racis And officialistations feet

990 Schedule A, Supplemental Information Return Reference Explanation PART III, 78.654

LINE 12

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493184001077

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

	me of the organization E AMERICAN ALPINE CLUB			E	mployer ide	entific	cation num	ber
IHE	E AMERICAN ALPINE CLUB			1	3-161198	1		
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a s	ection 52	7 or	ganizati	on.
1	Provide a description of the or	ganization's direct and indirect po	litical campaign act	ıvıtıes ın Part	IV			
2	Political expenditures				>	\$_		11,537
3	Volunteer hours					_		
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).				
1	-	e tax incurred by the organization			>	\$_		
2	Enter the amount of any excis	e tax incurred by organization mar	nagers under section	n 4955	>	\$_		
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?				☐ Yes	✓ No
4a	Was a correction made?						Yes	√ No
b	If "Yes," describe in Part IV						•	
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(c), except	section 5	01(0	:)(3).	
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function act	ivities 🕨	\$_		
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organizations	s for section 5	27 ▶	\$_		
3	Total exempt function expend	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 1	7b ►	\$		
4	Did the filing organization file F	form 1120-POL for this year?				T -	Yes	□ No
5	organization made payments amount of political contributio	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing or to a separate	ganızatıon': political or:	s fund ganıza	s Alsoeni ation, such	ter the as a
	(a) Name	(b) Address	(c) EIN	1	nt paid from anization's ne, enter -0	d	ontribution and prom irectly deli separate	ivered to a political n If none,
						_		
2								
3								
1								
5								
6								
		1	i					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

3. Check If the filing organization checked box A and "limited control" provisions apply

3	Check 🕨 🗌 if the filing organization checked	box A and "limited control" provisions apply						
		Dying Expenditures means amounts paid or incurred.)	(a) Filing organization totals		(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public lobbying)	Total lobbying expenditures to influence public opinion (grass roots lobbying)						
b	Total lobbying expenditures to influence a legi-	slative body (direct lobbying)	5,	987				
c	Total lobbying expenditures (add lines 1a and	1b)	11,	537				
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines	1c and 1d)	11,	537				
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	2,	307				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 25% of	line 1f)		577				
h	Subtract line 1g from line 1a If zero or less, er	nter - 0 -	4,	973				
i	Subtract line 1f from line 1c If zero or less, en	ter -0-	9,	230				
_	If there is an amount other than zero on either	line 1h or line 1), did the organization file Form 4	 .720					

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Г	Y	е	s	▼ No
---	---	---	---	-------------

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) Total				
2a	Lobbying nontaxable amount				2,307	2,307				
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,461				
_с	Total lobbying expenditures				11,537	11,537				
d	Grassroots nontaxable amount				577	577				
е	Grassroots ceiling amount (150% of line 2d, column (e))					866				
f	Grassroots lobbying expenditures				5,550	5,550				

J C 111	cadic C (101111 550 01 550 EZ) 2015				Po	age 🤳
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
or o		(1	a)		(b)	
activ	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		No	Δ.	moun	t
		Yes		<u>'</u>		_
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			-		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5), (or se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	01(c No" C)(5), ()R (b)	or se Par	ection t III-	n ·A,
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	,	2a				
b	,	2b				
_C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	GENERAL LOBBYING REGARDING ENVIRONMENTAL CONSERVATION

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493184001077 TY 2015 Averaging Attachment Name: THE AMERICAN ALPINE CLUB **EIN:** 13-1611981

Explanation: NO ACTIVITY DURING THESE PERIODS.

SCHEDULE D

(Form 990)

Department of the

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047

DLN: 93493184001077

Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization THE AMERICAN ALPINE CLUB 13-1611981 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	3111	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al T	reasu	ires, or (Othe	er Simi	lar As	sets	
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other rec	ords, ch	ieck ai	ny of	the foll	owing that	are a	a signific	ant use	of its	
а	▽	Public exhibition		d		Loar	orexo	hange pro	gram	ıs			
b	~	Scholarly research		е	Γ	Othe	er						
c	√	Preservation for future generations											
4	Provi Part)	de a description of the organization's KIII	s collections and exp	olaın hov	v they	furth	er the c	organizatioi	n's e	xempt p	urpose ı	n	
5	asset	g the year, did the organization solic is to be sold to raise funds rather tha	an to be maintained a							nılar	Yes	√ No	<u> </u>
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 9	990, i	Part	IV, lın	e 9, or re	port	ed an a	mount	on Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interi	mediary	for co	ntrıbı	utions (or other as:	sets	not	┌ Yes	┌ No)
ь	If'	'Yes," explain the arrangement in Pa	art XIII and complete	e the foll	lowing	table	9				A mo	unt	
c		ginning balance	•					10	:				
d	Αd	ditions during the year						1d	ı				
e	Dis	stributions during the year						1e	:				
f		ding balance						1f					
2 a		ne organization include an amount or	n Form 990. Part X. I	ine 21. i	for esc	row o	or custo	—— Jodial accou	ınt lı	ability?			
b Pa	If"Y∈ rt V	es," explain the arrangement in Part Endowment Funds. Comple				d "Ye	es" to	Form 990	, Pa	rt IV, lıı	ne 10.		
			(a)Current year	(b) Pn	or year	_	(c) Two	years back	(d)	Three year		(e)Four ye	
1 a	_	nning of year balance	57,360		57	,360		57,360			57,360		57,360
b	Cont	ributions											
c	Net i losse	nvestment earnings, gains, and											
d	Gran	ts or scholarships											
е		r expenditures for facilities programs											
f	Adm	inistrative expenses											
g		of year balance	57,360		57	,360		57,360			57,360		57,360
2	Provi	' de the estimated percentage of the o	current year end bala	nce (lın	e 1g, d	colum	nn (a)) l	held as	•				
а	Board	d designated or quasi-endowment >											
b	Perm	anent endowment ▶											
c		orarily restricted endowment • percentages on lines 2a, 2b, and 2c s	should equal 100%										
3 a	A re t	here endowment funds not in the pos lization by	•	ızatıon t	that ar	e hel	d and a	dmınıstere	d for	the		Yes	No
	(i) ur	related organizations									3a(i)	No
		elated organizations									3a(i		No
		es" on 3a(II), are the related organiza	· ·				· · ·				. 3b	<u> </u>	<u> </u>
4 Par	t VI	ribe in Part XIII the intended uses o Land, Buildings, and Equip i		endowini	ent lur	ius							
	<u> </u>	Complete if the organization a		orm 99			/, line		Forr				
		Description of property		Co	(a st or ot (invest	her ba	isis Co	(b) st or other ba (other)	ISIS	Accun (c)depre	nulated eciation	(d)Boo	ok value
1 a	Land							309,1	.45				309,145
b	Buildir	ıgs							\perp				
		nold improvements		·					\perp				
		nent		· _				1,526,5	509		621,264		905,245
е	Other						- 1		ı			1	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

1,214,390

See Form 990, Part X, line 12.	inplete if the organ		
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related.			
Complete if the organization answered	'Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)INVESTMENT IN AMERICAN MOUNTAINEERIN		2,929,042	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>	2,929,042	
Part IX Other Assets. Complete if the organization			
(a) Descr	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. Complete if the orga			
See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Book value		
Federal income taxes			
GIFT ANNUITY LIABILITY	38,2	26	
NOTE PAYABLE	23,7	47	
	61,9		
2. Liability for uncertain tax positions In Part XIII, provid	e the text of the foot	note to the organization's	financial statements that reports the

				rage .
Par	Reconciliation of Revenue per Audited Financial Statements V Complete if the organization answered 'Yes' on Form 990, Part IV, line		er Re	eturn
1	Total revenue, gains, and other support per audited financial statements		1	2,883,069
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12			, ,
а	Net unrealized gains (losses) on investments 2a	71,949		
b	Donated services and use of facilities	·		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	71,949
3	Subtract line 2e from line 1	[3	2,811,120
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII) 4b			
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	[5	2,811,120
Part	rt XIII Reconciliation of Expenses per Audited Financial Statements		per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	e 12a.	<u>.</u> .	2 260 277
1	Total expenses and losses per audited financial statements		1	3,269,277
2	A mounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII)		_	
е 3	Add lines 2a through 2d		2e 3	3,269,277
3 4			3	3,269,277
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a			
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)			
b			4c	
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,269,277
<u> </u>	Total expenses Add files 3 and 4c. (This must equal Form 990, Part I, file 16).		<u> </u>	3,209,277
Part	rt XIII Supplemental Information			
	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part			
	rt V , line 4 , Part X , line 2 , Part XI , lines 2d and 4b , and Part XII , lines 2d and 4b Also co ormation	mplete this part to	provid	e any additional
111101				
	Return Reference Explanation			
See A	Additional Data Table			

Page 5	chedule D (Form 990) 2015					
	Part XIII Supplemental Information (continued)					
	Explanation	Return Reference	Ret			
	1	L				

Additional Data

Software Version:

Software ID:

EIN: 13-1611981

Name: THE AMERICAN ALPINE CLUB

U.S. FEDERAL JURISDICTION THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO

Supplemental Information Return Reference

SCHEDULE D.

Explanation

PU

ΤH

YEAR

EXAMINATION

PAGE 3, PART

THE AMERICAN ALPINE CLUB IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U S IN TERNAL REVENUE CODE AND COMPARABLE STATE LAW, AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE W

BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2012

ITHIN THE LIMITATIONS PRESCRIBED BY THE CODE THE ORGANIZATION HAS BEEN CLASSIFIED AS A BLICLY SUPPORTED ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF E CODE THE ORGANIZATION DID NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR THE S ENDED SEPTEMBER 30, 2016 AND 2015 THE ORGANIZATION FILES ITS FORMS 990 AND 990-T IN THE

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART	PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER COGS FOR SALES REVENUE 26,095

Consider a second of the Constant of the second

efile GRAPHIC pri	nt - DO NOT PROCE	SS As Filed D	Data -	DLN:	93493184001077
SCHEDULE F (Form 990)	Statemen	t of Activities	Outside the Ur	nited States	OMB No 1545-0047
(1 OIII1 330)	► Cor	Part IV, lir	ition answered "Yes" to Fo ne 14b, 15, or 16. th to Form 990.	rm 990,	2015
Department of the Treasury Internal Revenue Service	▶ Information about)) and its instructions is a	t www.irs.gov/form990.	Open to Public Inspection
Name of the organizatio FHE AMERICAN ALPIN				Employer idea 13-1611981	ntification number
			the United States. Form 990, Part IV, li		
and other assist	•	eligibility for the g		ne amount of its grants nd the selection criteria	✓ Yes No
assistance outsi	de the United States	-	s procedures for monit e duplicated if additional	toring the use of its gra	nts and other
(a) Region	(b) Num offices regu	nber of (c) Number of employees,	(d) Activities conducted region (by type) (e g fundraising, program services, investments, gr	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	
(1)		region	regiony		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuto Part I	lation sheets				

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 13-1611981

Name: THE AMERICAN ALPINE CLUB

Schedule F (Form 990) 2015

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Page **5**

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ta - DLN: 93493184001077

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

	ne of the organization AMERICAN ALPINE CLU	D.					Employer ide	ntification number
	AMERICAN ALFINE CEO	ь					13-1611981	L
Pa	rt I Fundraising Ac Form 990-EZ file				ation answered "Yes' his part.	' on Form	990, Part IV	/, line 17.
1	Indicate whether the orga	nization raised fund	ds through	n any of th	ne following activities C	heck all ti	hat apply	
а	Mail solicitations				e Solicitation of r	on-goverr	nment grants	
b	Internet and email so	licitations			f Solicitation of g	jovernmen	t grants	
c	Phone solicitations				g Special fundrais	sing event	S	
d	In-person solicitation	าร						
2a	Did the organization have or key employees listed in services?							es No
b	If "Yes," list the ten high to be compensated at lea	est paid individuals ast \$5,000 by the o	or entitie rganizatie	es (fundra on	isers) pursuant to agre	ements un	der which the f	undraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to stained by) ser listed in sol (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tota	al	I		•				
	List all states in which the oregistration or licensing	organization is regis	stered or	licensed t	o solicit contributions (or has bee	n notified it is o	exempt from

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000).			
		(a)Event #1 ANNUAL MEETING	(b)Event #2 REGIONAL DINNER	(c)Other events	(d) Total events (add col (a) through
<u>e</u>		(event type)	(event type)	(total number)	col (c))
Revenue	1 Gross receipts	311,209	81,090		392,299
<u> </u>	2 Less Contributions	117,970			117,970
	Gross income (line 1 minus line 2)	193,239	81,090		274,329
	4 Cash prizes				
	5 Noncash prizes	1,045			1,045
Expenses	6 Rent/facility costs	20,010			20,010
ed X	8 Entertainment				
	9 Other direct expenses	119,736	45,770		165,506
Direct	10 Direct expense summary Add lines	4 through 9 in column (d)		186,561
	11 Net income summary Subtract line 1	LO from line 3, column (d)		87,768
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	: 19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
- Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
Ξ	5 Other direct expenses				
	6 Volunteer labor	├ Yes%	├ Yes%	☐ Yes% ☐ No	
	7 Direct expense summary Add lines	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	ition conducts gaming ac	tivities		
а	Is the organization licensed to conduct	gaming activities in eac	h of these states?		Yes No
b	If "No," explain				
.0a	Were any of the organization's gaming l	icenses revoked, suspei	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

Sche	dule G (Form 990 or 990-EZ) 2	015		Page
11	Does the organization conduct	gaming activities with nonmem	bers?	∀ es N o
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity entity
	formed to administer charitable	e gamıng?		Yes No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility			13a %
b	An outside facility			13b %
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events b	books and records
	Name ▶			
	Address ►			
15a			hom the organization receives gami	
	revenue?			Yes No
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ hinspace}$ \$		
c	If "Yes," enter name and addre	ess of the third party		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation	n ▶ \$		
	Description of services provide	ed		
	Director/officer	Employee	☐ Independent contracto	r
17	Mandatory distributions			
а	Is the organization required un	ider state law to make charitable	e distributions from the gaming proce	eeds to
	retain the state gaming license	e?		⊤Yes
b	Enter the amount of distributio	ns required under state law dist	ributed to other exempt organization	•
		pt activities during the tax year	· =	
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th	
		(5555557.		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493184001077 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number THE AMERICAN ALPINE CLUB 13-1611981 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (e) A mount of non- (f) Method of valuation (b) EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) (1) 501C3 105,423 PASS THROUGH VARIOUS ORGANIZATIONS ON FILE GOLDEN, CO 80401 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

TO REPORT BACK WITH A TRIP REPORT OR OTHER SUMMARY OF HOW THE GRANTED FUNDS WERE USED

Schedule J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No 1545-0047

DLN: 93493184001077

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

THE AMERICAN ALPINE CLUB

▶ Information about Schedule J (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Name of the organization

Employer identification number

13-1611981 **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Yes Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

159.675

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	· ·
	Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Schedule J (Form 990) 2015

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1 PHIL POWERSCEO

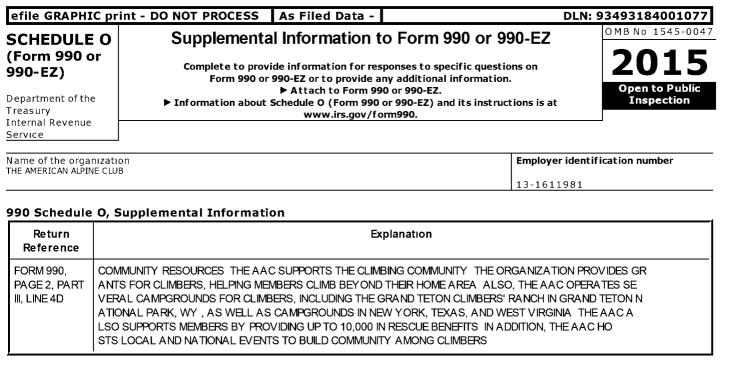
	i age -				
Part III Supplemental Inform	Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				
SCHEDULE J, PAGE 1, PART I, LINE	PART I, LINE 5A - COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION EXECUTIVE COMPENSATION IS DETERMINED BY THE				
5 A	EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THIS INCLUDES THE PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER				
	THE CROUD LOOKS AT COMPARABLE DATES AS EQUIND THROUGH ORGANIZATIONS LIVE THE COLORADO NON PROCET ASSOCIATION				

Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THIS INCLUDES THE PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER
THE GROUP LOOKS AT COMPARABLE RATES AS FOUND THROUGH ORGANIZATIONS LIKE THE COLORADO NON-PROFIT ASSOCIATION,
INTERNET SEARCHES, AND ANALOGS FROM LIKE GROUPS BONUSES ARE BASED ON QUANTIFIABLE METRICS FOR SUCCESS THAT ARE
AGREED TO BY THE EXECUTIVE COMMITTEE AND THE OFFICER COMPENSATION DECISIONS ARE NOT RECORDED IN THE BOARD
MFFTINGS



990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ALL CLUB MEMBERS VOTE AT THE ANNUAL MEETING HELD EVERY FEBRUARY PAGE 6. PART VI. LINE 6

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. CLUB MEMBERS ELECT THE BOARD MEMBERS THEY CAN VOTE ONLINE OR IN PERSON AT THE ANNUAL MEMB PAGE 6. PART FOR MEETING THE SLATE IS PUT FORTH BY THE GOVERNANCE COMMITTEE

VI. LINE 7A

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. REVIEWED BY THE FINANCE TEAM, WHICH I PAGE 6. PART NCI UDES THE CEO AND IS THEN EMAILED TO THE BOARD FOR THEIR REVIEW BEFORE BEING FILED WITH

VI, LINE 11B

THE IRS FORM 990, PAGE 11, PART XI, LINE 2C - EXPLANATION OF RESPONSIBILITY THE ORGANIZA

TION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF AUDIT OF ITS FINANCIAL S

TATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED SINCE PR

IOR YEAR

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. BOARD MEMBERS DO NOT SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. THEY SIGN A CONFLICT O PAGE 6. PART FINTEREST POLICY AT THE BEGINNINNG OF THEIR TERM BOARD MEMBERS ANNOUNCE POTENTIAL CONFIL

CTS AT BOARD MEETINGS AND THEN IT IS OPEN TO DISCUSSION.

VI. LINE 12C

990 Schedule O. Supplemental Information Return Explanation Reference

FORM 990. EXECUTIVE COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. PAGE 6. PART THIS INCLUDES THE PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER. THE GROUP LOOKS AT VI, LINE 15A COMPARABLE RATES AS FOUND THROUGH ORGANIZATIONS LIKE THE COLORADO NON-PROFIT ASSOCIATION. INTERNET SEARCHES, AND ANALOGS FROM LIKE GROUPS BONUSES ARE BASED ON QUANTIFIABLE METRICS FOR SUCCESS THAT ARE AGREED TO BY THE EXECUTIVE COMMITTEE AND THE OFFICER COMPENSATION D.

ECISIONS ARE NOT RECORDED IN THE BOARD MEETINGS.

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. OFFICER COMPENSATION IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER IN CONSULTATION WITH THE PAGE 6. PART FXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE GROUP LOOKS AT COMPARABLE RATES AS FOU VI, LINE 15B ND THROUGH ORGANIZATIONS LIKE THE COLORADO NON-PROFIT ASSOCIATION, INTERNET SEARCHES, AND ANALOGS FROM LIKE GROUPS BONUSES ARE BASED ON QUANTIFIABLE METRICS FOR SUCCESS THAT ARE A GREED TO BY THE CHIEF EXECUTIVE OFFICER AND OFFICER COMPENSATION DECISIONS ARE NOT RECORD.

ED IN THE BOARD MEETINGS

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. THE GOVERNING DOCUMENTS. CONFLICT OF INTEREST, AND THE FINANCIAL STATEMENTS ARE AVAILABLE. PAGE 6. PART UPON REQUEST. THE GOVERNING DOCUMENTS ARE ALSO AVAILABLE ON THE AMERICAN ALPINE CLUB WEBSI

VI. LINE 19