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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 www.irs.gov/form990.

2016



Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning MAY 1, 2016, and ending APRIL 30, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C MOUNT MASSIVE LAKES, INC.
P.O. BOX 1981
LEADVILLE, CO. 80461

D Employer identification number 84-0272920

E Telephone number 719-293-5441

F Name and address of principal officer: SHAUN MULLIGAN
5925 ZINNA CT, ARVADA, CO, 80004

G Gross receipts \$ 436,792

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (7) (insert no.) 4947(a)(1) or 527

J Website: mountmassivelakes.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1935 **M** State of legal domicile: CO.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: MT. MASSIVE LAKES IS A PRIVATE FISHING CLUB. WE PROVIDE FISHING IN 22 LAKES FOR THE BENEFIT OF 150 MEMBERS AND THEIR GUESTS. WE PURCHASE OR RAISE FROM EGGS ALL FISH CAUGHT.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 7

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 4

6 Total number of volunteers (estimate if necessary) 35

7a Total unrelated business revenue from Part VIII, column (C), line 12 1461

7b Net unrelated business taxable income from Form 990-T, line 34 441

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>413,352</u>		<u>435,331</u>
9 Program service revenue (Part VIII, line 2g) <u>270</u>		<u>298</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>1,163</u>		<u>1,163</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>414,785</u>		<u>436,792</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>269,688</u>		<u>197,892</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>179,331</u>		<u>190,719</u>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>449,019</u>		<u>388,611</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u><34,234></u>		<u>48,181</u>
20 Total assets (Part X, line 16) <u>555,657</u>	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances. Subtract line 21 from line 20 <u>555,657</u>		<u>603,838</u>

Part II Signature Block

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

Sign Here: Charles H. Baggs Signature of officer Date 8/2/17

CHARLES H. BAGGS, TREASURER Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

SCANNED AUG 21 2017

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

MT. MASSIVE LAKES, INC. IS A PRIVATE FISHING CLUB. WE PROVIDE FISHING IN 22 LAKES FOR THE BENEFIT OF 150 MEMBERS AND THEIR GUESTS. WE PURCHASE OR RAISE FROM EGGS ALL FISH CAUGHT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code) (Expenses \$ 388,611 including grants of \$) (Revenue \$ 436,792)

ALL REVENUE SHOWN IN PART VIII IS USED TO PAY THE EXPENSES SHOWN IN PART IX. ALL THE REVENUE AND EXPENSES ARE USED FOR THE MISSION ON LINE 1 ABOVE - TO PROVIDE FISHING FOR ITS 150 MEMBERS AND THEIR GUESTS.

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

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

4 d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Contains 19 numbered questions regarding organizational requirements and schedules, with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, tax-exempt bonds, and controlled entities.

BAA

Part 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.

Main form area containing questions 1a through 14b with input fields and Yes/No columns. Includes handwritten entries like '2', '0', '4', 'N/A', and '25,200'.

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... (7), 1b Enter the number of voting members included... (7), 2 Did any officer, director, trustee, or key employee have a family relationship... (X), 3 Did the organization delegate control over management duties... (X), 4 Did the organization make any significant changes to its governing documents... (X), 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X), 6 Did the organization have members or stockholders? (X), 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X), 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 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? (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X), 10b 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? (X), 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X), 11b 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? (X), 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? (X), 13 Did the organization have a written whistleblower policy? (X), 14 Did the organization have a written document retention and destruction policy? (X), 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? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b 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? (X)

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 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 records: CHARLES H. BAGGS, 2337 N. CIRCLE DR., COLO. SPRINGS, CO. 80909 719-635-5727

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHAWN MULLIGAN DIRECTOR / PRESIDENT	5 0	X		X			0	0	0	
(2) JOE ANGLESON DIRECTOR / VICE PRESIDENT	2 0	X		X			0	0	0	
(3) COLIN PERRY DIRECTOR / SECRETARY	2 0	X		X			0	0	0	
(4) GREG ANDERSON DIRECTOR	1 0	X					0	0	0	
(5) JANICE GOOD DIRECTOR	1 0	X					0	0	0	
(6) HAMILTON LOKEY DIRECTOR	1 0	X					0	0	0	
(7) KEVIN LENTZ DIRECTOR	1 0	X					0	0	0	
(8) CHARLES BAGGS TREASURER	5 0			X			0	0	0	
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1 b Sub-total 0
 c Total from continuation sheets to Part VII, Section A 0
 d Total (add lines 1b and 1c) 0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **NONE**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **NONE**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	Business Code					
	2 a MEMBER RECEIPTS	110000	408,530	408,530		
	b CAPITAL CONTRIBUTIONS	110000	25,200	25,200		
	c MISCELLANEOUS	110000	1,601	1,601		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		435,331				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		298	298		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	1,163			
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)		1,163			
	d Net rental income or (loss)		1,163	1,163		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		436,792	435,331	1,461		

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).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 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				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
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	169,728			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,000			
9 Other employee benefits	8,758			
10 Payroll taxes	13,406			
11 Fees for services (non-employees):				
a Management				
b Legal	4,590			
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,981			
12 Advertising and promotion				
13 Office expenses	3,287			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,354			
23 Insurance	16,735			
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).				
a SEE SCHEDULE O	135,772			
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e	388,611			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	12,469	1	<184>
	2 Savings and temporary cash investments	26,444	2	88,175
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 450,532		
	b Less: accumulated depreciation	10b 232,185	219,244	10c 218,347
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		297,500	15 297,500
16 Total assets. Add lines 1 through 15 (must equal line 34)		555,657	16 603,838	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		5,000	30 5,000
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds		550,657	32 598,838
	33 Total net assets or fund balances		555,657	33 603,838
	34 Total liabilities and net assets/fund balances		555,657	34 603,838

BAA

Part X Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	436,792
2	Total expenses (must equal Part IX, column (A), line 25)	2	388,611
3	Revenue less expenses Subtract line 2 from line 1	3	48,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	555,657
5	Net unrealized gains (losses) on investments	5	
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	603,838

Part 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X (1)
3b 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		

BAA

(1) REGARDING QUESTION 3(a), NO FEDERAL AWARDS WERE RECEIVED.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization MOUNT MASSIVE LAKES, INC.

Employer identification number 84-0272920

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. N/A

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), and Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. N/A

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of a historically important land area
Preservation of a certified historic structure

Table with 2 columns: Held at the End of the Tax Year. Rows include Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), and Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 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)?
9 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. N/A

- 1 a 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.
b 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
2 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:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. N/A

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		129,985	87,806	42,179
c Leasehold improvements				
d Equipment		34,732	28,701	6,031
e Other <1>		285,815	115,678	170,137
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				218,347

<1> THE OTHER ASSETS ARE PRIMARILY IMPROVEMENTS TO FISH REARING PONDS, DITCHES BETWEEN LAKES, PIPELINES, CULVERTS AND FENCE.

Part VIII Investments – Other Securities. N/A
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	N/A	

Part VIII Investments – Program Related. N/A
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2) WATER RIGHTS PURCHASED	297,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	297,500

Part X Other Liabilities. N/A
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

N/A

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

N/A

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIII.)	2 d	
e	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIII.)	4 b	
c	Add lines 4a and 4b		4 c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

NONE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

MOUNT MASSIVE LAKES, INC.

84-0272920

PART VI - SECTION B - LINE 11:

THE FORM 990 IS PREPARED, AT NO CHARGE, BY A CLUB MEMBER, WHO IS A C.P.A. INQUIRIES WERE MADE OF APPROPRIATE DIRECTORS AND OFFICERS FOR ANSWERS TO QUESTIONS AND FINANCIAL INFORMATION.

THE PRIMARY REVIEW OF THE FORM 990 IS BY THE SIGNER, THE CLUB TREASURER, WHO IS ALSO A C.P.A. HE GIVES THE 990 A DETAILED REVIEW BEFORE IT IS MAILED TO IRS.

A COPY OF THE 990 IS KEPT AT THE CLUB OFFICE AND IS AVAILABLE FOR INSPECTION BY ANY DIRECTOR OR MEMBER.

PART VI - SECTION B - LINE 15:

LINE 15 (a) - THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED ANNUALLY BY THE CLUB BOARD OF DIRECTORS, AND LATER APPROVED BY THE OTHER 143 MEMBERS, WHEN HIS PROPOSED COMPENSATION FOR THE COMING YEAR IS PRESENTED AS A LINE ITEM ON THE BUDGET AND PROPOSED ANNUAL DUES.

PART VI - SECTION B - LINE 15:

LINE 15 (b) - THERE ARE NO OFFICERS PAID, NOR ANY OTHER "KEY EMPLOYEES" COMPENSATED. (AS "KEY EMPLOYEES" ARE DEFINED FOR PART VII, SECTION A).

PART VI - SECTION B - LINE 19:

SINCE THIS IS A PRIVATE FISHING CLUB, NO DOCUMENTS, POLICIES, NOR FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC.

Name of the organization

MOUNT MASSIVE LAKES, INC.

Employer identification number

84-0272920

PART IX - LINE 24 - OTHER EXPENSES

EMPLOYEE EDUCATION	\$ 1,468
UTILITIES	22,264
FISH PURCHASES	1,390
FISH FOOD	33,478
FISH HEALTH & FISH EGGS	6,860
TRUCK EXPENSES	17,868
DUMPSTERS	16,230
WEED CONTROL	8,796
ROAD MAINTENANCE	4,395
TAXES - FORM 990-T	
FEDERAL	65
COLORADO	20
PROPERTY TAXES	11,795
REPAIRS & MAINTENANCE	4,397
OPERATING SUPPLIES	9,890
MISCELLANEOUS	856
	<u><u>\$ 135,772</u></u>

PART X - RECONCILIATION OF BEGINNING AND ENDING BOOK
 VALUE OF ASSETS - LINES 10(a) and 10(b)
 SEE PAGE 3 - SCHEDULE O FOLLOWING

Name of the organization

Employer identification number

MOUNT MASSIVE LAKES, INC.

84-0272920

PART X - RECONCILIATION OF BEGINNING AND ENDING BOOK VALUE OF ASSETS - LINES 10 (a) and 10 (b) :

	<u>COST</u>	<u>ACCUMULATED DEPRECIATION</u>
BALANCE- BEGINNING OF YEAR	\$ 467,280	248,036
ADDITIONS THIS YEAR :		
2 PIPELINES	24,457	
DELETIONS THIS YEAR :		
2006 POND RENOVATION	<41,205>	<41,205>
DEPRECIATION - PER PART IX, LINE 22		25,354
BALANCE, ENDING	\$ <u>450,532</u>	<u>232,185</u>