Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

	For t	he 2	020 calendar v	ear, or tax year begin		JOO TOT MISER GOLIOTIC	, 2020, a	nd endi	ina		, 20	
В			licable:	C Name of organizationEs		rning Place T		ina ona.	9	D Emn	loyer identification number	
	Addre			Doing business as	CCB FAIR HEA	Ining Flace I				- Finh	33-1003417	
H			Ü		0 1 11 1			D/	14 -	F T-1		
\exists	Name	_	je	Number and street (or P.		ered to street address)		Room/su	Unit 2	E i eieț	ohone number	
H	Initial I			600 S St Vrain					Unit Z		(970)577-0020	
\vdash			terminated	City or town, state or prov		foreign postal code					ss receipts	
\vdash	Amen			Estes Park, CO						\$	137,181	
Ш	Applic	ation p	pending	F Name and address of prin		owell					for subordinates? Yes No	
				Same as C abov		1			1 ` ′		tes included? Yes No	
<u> </u>			status: X 501() < (insert no.)	4947(a)(1) or	527		1		ist. See instructions	
J	Websi			plearningplace.					H(c) Group			
		_	anization: X Corp	poration Trust Ass	ociation Other		L Year of formati	on: 200)2 M S	State of le	gal domicile: CO	
Pa	art I		Summary									
	1		-	the organization's missi	_						rning Place is to	
ø		Þ	rovide ind	lividual learni	ng support t	o compliment	learning	in sc	hools,	homes	and community.	
Governance		_										
er ne		_										
Š	2			if the organization						1	1	
	3			g members of the gove							6	
es	4			endent voting member							6	
Ξ	5			individuals employed in		0 (Part V, line 2a)			• • • • •		13	
Activities &	6			volunteers (estimate if i	• ,	· • • • • • • • • • • • • • • • • • • •					7	
_	7			ousiness revenue from	,	,,				. 7a	0	
		b N	let unrelated bu	usiness taxable income	from Form 990-T, F	Part I, line 11				. 7b	0	
									Prior Year		Current Year	
	8	3 C	Contributions and	d grants (Part VIII, line	1h)			•	379,025		62,090	
e	9	9 P	rogram service	revenue (Part VIII, line	e 2g)				34	1,955	36,415	
Revenue	10	0 Ir	nvestment incon	ne (Part VIII, column (A	a), lines 3, 4, and 7d)			29	9,968	38,676	
æ	11	1 C	Other revenue (F	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10	c, and 11e)		٠ 📖			0	
	12	2 T	otal revenue - a	add lines 8 through 11 (must equal Part VII	l, column (A), line 12)			443	3,948	137,181	
	1:	3 G	Frants and simila	ar amounts paid (Part I	X, column (A), lines	1-3)					0	
	14	4 B	Benefits paid to	or for members (Part I)	K, column (A), line 4)					0	
	15	5 S	Salaries, other co	compensation, employee benefits (Part IX, column (A), lines 5-10)							81,800	
Ses	16	6a P	Professional fund	draising fees (Part IX, o	column (A), line 11e)					0	
Expenses		b T	otal fundraising	expenses (Part IX, col	umn (D), line 25)	<u> </u>	5,393					
Щ	17	7 C	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24	e)			66	649	64,057	
	18	8 T	otal expenses.	Add lines 13-17 (must	equal Part IX, colur	nn (A), line 25)		٠ 📖	147	7,323	145,857	
	19	9 R	Revenue less ex	penses. Subtract line	18 from line 12				296	625	(8,676)	
5	SS							Begi	nning of Curr	ent Year	End of Year	
ets	[20	0 T	otal assets (Pa	rt X, line 16)		. .			332	2,936	364,222	
Net Assets or	<u> </u>	1 T	otal liabilities (F	Part X, line 26)					1	L,905	41,867	
				nd balances. Subtract	line 21 from line 20				331	L,031	322,355	
	art II		Signature I									
				that I have examined this retu- ion of preparer (other than offi				of my know	wledge and be	lief, it is		
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0:4			Sue Yow									
Sig			Signature of o	officer						Da	ate	
He	re		Sue Yowell, Executive Director									
			Type or print r								T	
			Print/Type preparer	r's name	Preparer's signature		Date		Check	X if	PTIN	
Pa			Harold Yar	ndik	Harold Yandi	k	11-12-20	21	self-em	ployed	P01904772	
	par		Firm's name ►	Transpar	ent Accounti	ng Consultant	s	F	Firm's EIN			
Us	e Oı	nly	Firm's address ▶	3832 Yat	es Street			F	Phone no.			
				Denver C	0 80212					303-	854-9914	
Max	, tha	IDC /	diaquaa thia ratu	ım with the preparer sh	own obovo2 (ooo ir	ostructions)					Ves X No	

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Х **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 12b Х 13 13 X Х 14a 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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?	24c		<u> </u>
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, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	200		
h		28a 28b		X
b C	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		Х
·	"Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	0.		
-	complete Schedule N, Part II	32		x
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? If "Yes," complete Schedule R, Part I	33		х
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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? If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

20) Estes Park Learning Place Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		Х
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
46	If "Yes," see instructions and file Form 4720, Schedule N.	4.6		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

-	To respond to mind 2 through the respondent mind 2 through the second, and for a respondent
	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

Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		Х
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		
	tion 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 Forms 1023 (1024 or 1024-A 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 Unpon request Other (explain on Schedule O)			
19	Describe on 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			
	The Entity (790)577-0020, 600 S St Vrain Ave Unit 2, Estes Park, CO 80517			

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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, 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organizat	ion co	mpei	nsate	ed a	ny curi	rent	officer, director, or	trustee.		
	(C)										
(A)	(B)			Pos	sition			(D)	(E)	(F)	
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated amount	
raine and the	hours							compensation	compensation	of other	
	per week							from the	from related	compensation	
	(list any	or no	Ins	Officer	Ke	Hic	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and	
	hours for related	direc	tituti	cer	y em	jhest ploy	Former	(11 2 1000 111100)	,	related organizations	
	organizations	for tr	Institutional trus		Key employee	ee					
	below	Individual trustee or director	trust		ee	Highest compensate employee					
	dotted line)	U	ee			satec					
						-					
(1) Sue Yowell	40.00										
Executive Director				х				43,333	0	0	
(2) Julie Pieper	1.00										
Director		Х						0	0	0	
(3) Lawrence Thomas	1.00										
Director		Х						0	0	0	
(4) Jane Truesdale	1.00										
Secretary		Х		х				0	0	0	
(5) Scott Moulton	3.00										
President		Х		х				0	0	0	
(6) Deborah Schmitt	1.00										
Vice President		Х		х				0	0	0	
(7) Harriette Woodard	1.00										
Treasurer		Х		х				0	0	0	
(8)											
<u>(9)</u>											
40											
(10)											
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(12)											
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(14)											
±	F										

EEA Form **990** (2020)

Part	VII Section A. Officers, Directors, Trustee					(C)		•				-	-
	(A) Name and title		(B) Position (do not check more than one box, unless person is both at officer and a director/trustee) week						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	COI	(F) nated am of other mpensat	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	anization d organi	
<u>(15)</u>													
(16)													
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal	ion A .						. •	42 222				
d 2	Total (add lines 1b and 1c)	ed to those I							43,333 ore than \$100,000	of			0
	reportable compensation from the organization	<u> </u>										Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .						-				3		v
4	For any individual listed on line 1a, is the sum of re	eportable co	mpensa	ation	and	oth	er con	npen	sation from the		3		X
	organization and related organizations greater th individual					nplei 	te Sch	edui			4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_				5		x
Secti	on B. Independent Contractors	s, compicio	Ocrica	uic c	101	340	ii pers	1011					
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp (A)	ensation for	tne cai	enaa	ar ye	ear e	enaing	with	or within the orgai	nization's tax year.	(C)		
	Name and business addres	ss							Description of service	es	Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ted a	above)) wh	0				

33-1003417

Form 990 (2020) Estes Park
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	0 01 11		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512–514
	b		1b					
nts nts	C	Fundraising events	1c	11,312				
Gra 10u	d		1d	11,312				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e	5,360				
nia is	f	All other contributions, gifts, grants,		3,300				
Sic		and similar amounts not included above	1f	45,418				
ibut	g	Noncash contributions included in						
d of		lines 1a-1f	1g	\$				
ğ g	h	Total. Add lines 1a-1f			62,090			
				Business Code				
_	2a	Tutoring Fees		611710	36,415	36,415		
Program Service Revenue	b							
Ser	С							
eve	d							
S S	е							
Ę		All other program service revenue						
	g	Total. Add lines 2a-2f			36,415			
	3	Investment income (including dividends, inte						
		other similar amounts)			38,676	38,676		
	4	Income from investment of tax-exempt bond						
	5	Royalties						
		(i) Rea		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c Net rental income or (loss)						
		` ′						
	7a	Gross amount from (i) Securiti	(ii) Other					
		other than inventory 7a						
	b	Less: cost or other basis						
Φ	_	and sales expenses 7b						
enne	c	Gain or (loss) 7c						
>		Net gain or (loss)						
Other Re		Gross income from fundraising						
₽		events (not including \$ 11,312						
_		of contributions reported on line	-					
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising event	s.					
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities		▶				
	10a	Gross sales of inventory, less						
		returns and allowances	10a	l				
	1	Less: cost of goods sold	10k					
	С	Net income or (loss) from sales of inventory	/	▶				
				Business Code				
SI (11a							
ano nue	b							
eve	С							
Miscellanous Revenue		All other revenue						
_		Total. Add lines 11a-11d						
	42	Total revenue See instructions		L	137 181	75 091	0	0

	Statement of Functional Expenses				
Sect	tion 501(c)(3) and 501(c)(4) organizations must complete all co		nizations must complet	e column (A).	_
	Check if Schedule O contains a response or note to a	•			
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	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	43,333	32,500	6,500	4,333
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	30,786	30,786		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,681	6,558	674	449
11	Fees for services (nonemployees):				
а	Management	7,302	7,302		
b	Legal				
С	Accounting				
d	Lobbying				
е	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.)	4,045	2,316	1,729	
12	Advertising and promotion	1,884	1,407	439	38
13	Office expenses	4,589	4,503	86	
14	Information technology	6,500	2,082	4,407	11
15	Royalties				
16	Occupancy	13,425	12,900	525	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20		20	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	546	395	151	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program services	12,547	12,547		
b	Postage and printing	3,843	994	2,849	
C	Bank and processing fees	4,942	284	4,658	
d	Memberships	906	479	427	
e	All other expenses	3,508	1,757	1,189	562
25	Total functional expenses. Add lines 1 through 24e	145,857	116,810	23,654	5,393
26	Joint costs. Complete this line only if the	145,05/	110,010	43,034	3,393
_5	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	10110WITIN 30F 90-2 (A3C 930-720)				

Part X Balance Sheet

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 4,574 26,328 2 2 3 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,250 10c b Less: accumulated depreciation 10b 1,250 11 11 12 Investments - other securities. See Part IV, line 11 12 13 328,362 13 337,894 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 332,936 16 364,222 17 1,905 17 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 41,867 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . _ 26 1,905 26 41,867 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 27 331,031 322,355 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 331,031 322,355 Total liabilities and net assets/fund balances 33 33 364,222 332,936

EEA Form **990** (2020)

EEA Form **990** (2020)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

2c

3a

3b

х

c 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 on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Est	es	Park Learning Place Inc					33-100341	7				
_	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par						
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)						
1	П	A church, convention of churches, or										
2	Ī	A school described in section 170(b										
3	Ħ	A hospital or a cooperative hospital s		,	,	•						
4	H	A medical research organization ope	· ·		. , . , .	, ,	(1)(A)(iii) Enter the					
7	ш	hospital's name, city, and state:	rated in conjunctio	ii wiiii a nospital acsonb	ca iii scci	1011 17 0(B)	(I)(A)(III). LINCI IIIC					
_			ofit of a college or .	university owned or energ	tod by a a		tal unit described in					
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	iai unii described in					
		section 170(b)(1)(A)(iv). (Complete	,									
6		A federal, state, or local government	•									
7	Ш	An organization that normally receive	•		ernmental	unit or fro	m the general public					
	_	described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	Ш	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)								
9		An agricultural research organization	described in sect i	i on 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleg	ge				
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, cit	ty, and stat	e of the college or					
		university:										
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gross					
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons; and (2	2) no more	than 33 1/3% of its					
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses					
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	plete Part	III.)						
11		An organization organized and opera	ated exclusively to	test for public safety. See	e section	509(a)(4).						
12	П	An organization organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	3				
		of one or more publicly supported or	ganizations describ	ped in section 509(a)(1)	or sectio	n 509(a)(2). See section 509(a) (3	3).				
		Check the box in lines 12a through 12	=					•				
	а	Type I. A supporting organization						•				
		the supported organization(s) the		•		•		3				
		supporting organization. You mu			,							
	b	Type II. A supporting organization	•		th its supr	orted orga	nization(s), by having					
		control or management of the sup	•			_						
		organization(s). You must comp		•	COND that	00111101 01 1	nanago ino capportoa					
	С	Type III functionally integrated			nection w	ith and fu	nctionally integrated wi	ith				
	·	its supported organization(s) (see		·				u ,				
	d	Type III non-functionally integr	,	•	•			n(e)				
	u	that is not functionally integrated.						11(3)				
		requirement (see instructions). Y		•			it and an attentiveness					
	_	_ ` ` ` `	-				Tuno II. Tuno III					
	е	Check this box if the organization				sa Type I,	туре п, туре ш					
		functionally integrated, or Type III	-									
	f	Enter the number of supported organ						• • • •				
	g	Provide the following information about	''	· /								
	(Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))	docum	0 0	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
(C)												
. ,												
(D)												
. ,												
(E)												
Tota	ı						I	I				

Estes Park Learning Place Inc Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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 (f)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support				•		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) 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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	ee instructions				12	
13	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fif	fth tax year as	a section 501(c	:)(3)
	organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ded by line 11,	column (f)) .		14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organiza	ition did not ch	eck the box or	n line 13, and li	ne 14 is 33 1/3	3% or more, che	eck this
	box and stop here. The organization qualified	es as a publicly	/ supported or	ganization			▶ □
k	33 1/3% support test - 2019. If the organiza	ition did not ch	eck a box on l	ine 13 or 16a, a	and line 15 is 3	33 1/3% or mor	e, check
	this box and stop here. The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2020.	If the organiza	ation did not ch	neck a box on I	ine 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets t	the facts-and-o	circumstances	test, check this	s box and stop	here. Explain i	in
	Part VI how the organization meets the facts	-and-circumsta	ances test. The	e organization	qualifies as a p	oublicly support	ed
	organization						▶ □
k	10%-facts-and-circumstances test - 2019.	If the organiza	ation did not ch	neck a box on I	ine 13, 16a, 16	6b, or 17a, and	line
	15 is 10% or more, and if the organization m					-	
	in Part VI how the organization meets the fac	cts-and-circum	stances test. 7	The organization	n qualifies as	a publicly suppo	orted
	organization						_
18	Private foundation. If the organization did n	ot check a bo	x on line 13, 16	Sa, 16b, 17a, o	r 17b, check th	is 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 10 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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	57,984	89,749	106,959	79,025	62,090	395,807
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	71,142	53,843	54,382	34,955	36,415	250,737
3	Gross receipts from activities 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 charge						
	Total. Add lines 1 through 5	129,126	143,592	161,341	113,980	98,505	646,544
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						646,544
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	129,126	143,592	161,341	113,980	98,505	646,544
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	4	4	7	29,968	38,676	68,659
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	4	4	7	29,968	38,676	68,659
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
14	Other income. Do not include gain or loss from the sale of capital assets						
	•						
12	(Explain in Part VI.)						
13	and 12.)	120 120	142 506	161,348	142 049	127 101	715 202
11	First 5 years. If the Form 990 is for the orga	129,130	143,596		143,948	137,181 action 501(c)(3)	715,203
'-	organization, check this box and stop here				•	. , , ,	▶ □
Sec	ction C. Computation of Public Suppor				· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2020 (line 8, c			column (f))		15	90.40 %
	Public support percentage from 2019 Sched					16	95.46 %
	ction D. Computation of Investment Inc			· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	10	93.40 /0
17	Investment income percentage for 2020 (line			ne 13. column	(f))	17	10.00 %
18	Investment income percentage from 2019 So	•				18	5.00 %
	33 1/3% support tests - 2020. If the organiz						
. 50	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	_	-		-	
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	-	-	-			
	The state of the s			,,			<u> </u>

Part IV Support

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 I of Schedule L (Form 990 or 990-EZ).
- **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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI*.
- **c** Did a disqualified person (as defined in line 9a) 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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.)

		V	Na
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo		or 990-E	Z) 2020

11. Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled ontity of a person described in line 11a bove? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations than the power to requisitly appoint or elect at least a majority of the organization's difficulty deficiency operated, supervised, or controlled the arganization's activities. If the organization had more then one supported organization, described by the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of the theory of the organization and what covalisins or restrictions, if, any, applied to auch powers during the any year. 2. Did the organization operate for the benefit of any supported organization and what covalisins or restrictions, if, any, applied to auch powers during the any year. 2. Did the organization operate for the benefit of any supported organization of the thin the supported organization's burst or trustees of each of the organization's surporting organization of the supported organization's burst or trustees of organization benefit carried out the purposes of the supported organization's burst or trustees of organization's directors or trustees during the tax year also a majority of the directors or trustees of organization's purporting organization's directors or trustees of organization's purporting organization's directors or trustees of organization's purporting organization's directors or trustees of organization's purported organization's purported organization's powering documents	Par	t IV Supporting Organizations (continued)			
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			3b		

(see instructions).

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 <i>(expla</i> i	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ns A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

EEA Schedule A (Form 990 or 990-EZ) 2020

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	Τ
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Sec	ction D - Distributions	,	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
	-		

10	Line 8 amount divided by line 9 amount		10	
Sed	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
_8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			
		·	0-1	/5

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization Estes Park Learning Place Inc 33-1003417 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Name of organization

Estes Park Learning Place Inc

Employer identification number

33-1003417

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Cynthia Krumme 486 Macgregor Ave Estes Park CO 80517	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Mary Ann Kundtz 1705 Ptarmigan Trail Estes Park CO 80517-9757	\$5,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	United Way of Larimer County 424 Pine St Fort Collins CO 80524	\$30,675	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Community Foundation of Northern CO 4745 Wheaton Dr Fort Collins CO 80525-9403	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	Town of Estes Park PO Box 1200 Estes Park CO 80517	\$5,360	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				

SCHEDULE D (Form 990)

Department of the Treasury

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.

2020

Open to Public

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number Estes Park Learning Place Inc 33-1003417 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 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? Yes No 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Tax Year 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, 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 3 tax year ► 4 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? 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)? 🗌 Yes 🗍 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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 FASB 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

b If the organization elected, as permitted under FASB 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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.

following amounts required to be reported under FASB ASC 958 relating to these items:

provide the following amounts relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990. Part X

Par	t III Organizations Maintaining C	Collections of A	Art, Histo	orical T	reasures	, or Ot	her Similar <i>P</i>	Assets (c	ontinu	ied)
3	Using the organization's acquisition, accession,	and other records,	check any o	of the follo	wing that ma	ake signit	ficant use of its			
	collection items (check all that apply):									
а	a U Public exhibition d Loan or exchange programs									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain h	now they fur	ther the o	rganization's	s exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	eceive donations of	art, historica	ıl treasure	es, or other s	similar				
	assets to be sold to raise funds rather than to be		rt of the org	anization'	s collection?	2		🗌 Ye	s 🗌	No
Par	t IV Escrow and Custodial Arrang	_								
	Complete if the organization ar	nswered "Yes" o	on Form 9	990, Pa	rt IV, line	9, or re	ported an an	nount on I	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of	-						_	_	
								🗌 Ye	s 📙	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	wing table:				1			
							A	mount		
С	Beginning balance									
d	Additions during the year									
е										
f	Ending balance									
2a	Did the organization include an amount on Form		-			•		_	=	No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the exp	lanation has	s been pro	ovided on Pa	art XIII .	· · · · · · · · ·		. 📙	
Par	Endowment Funds.	1 113 7 11	_							
	Complete if the organization ar									
	,	(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three years bac	k (e) Fou	r years ba	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
a	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
†	Administrative expenses									
g	End of year balance		l: 4l:	(2)\						
2	Provide the estimated percentage of the current Board designated or quasi-endowment •	•	iirie rg, coic	ılılı (a)) i	ieiu as.					
a	Permanent endowment > %	%								
b										
C	Term endowment ► % The percentages on lines 2a, 2b, and 2c should	ogual 100%								
3a	Are there endowment funds not in the possessi	•	on that are l	hold and a	administoros	l for the				
Ju	organization by:	on or the organizati	on that are i		administeree	i ioi tiic			Yes	No
								3a(i)	163	140
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the or	•			· • • • • •					
	t VI Land, Buildings, and Equipm	_		•						
	Complete if the organization ar		on Form 9	990. Pa	rt IV. line	11a. S	ee Form 990.	Part X. li	ne 10	١.
	Description of property	(a) Cost or othe			other basis		Accumulated	(d) Boo		
		(investme			ther)		epreciation	• •		
1a	Land									
b	Buildings									
С	Leasehold improvements	•								
d	Equipment		_		1,250		1,250		-	
е	Other									

Schedule D (Form	990) 2020 Estes Park Learning Place	ce In	nc		33-1003417	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes" o	n For	m 990, Part IV, lir	ne 11b. See	e Form 990, Part X,	line 12.
	(a) Description of security or category		(b) Book value		(c) Method of valuation	n:
	(including name of security)		(,,),		Cost or end-of-year market v	
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	. ▶				
Part VIII	Investments - Program Related.					
	Complete if the organization answered "Yes" o	n For	m 990, Part IV, lir	<u>ne 11c. See</u>	Form 990, Part X,	line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation	n:
					Cost or end-of-year market v	/alue
(1)Commun	ity Foundation Quasi-Endowmen		337,894	FMV		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	. ▶	337,894			
Part IX	Other Assets.	_	000 5 . 11/ 11	44.1.0	5 200 5 4 14	
-	Complete if the organization answered "Yes" o	n For	m 990, Part IV, Iir	ne 11d. Se	e Form 990, Part X,	line 15.
	(a) Description				(b) Bo	ok value
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)	(1)					
	nn (b) must equal Form 990, Part X, col. (B) line 15.)				. •	
Part X	Other Liabilities.		000 D+ IV / II-		45 Oct Farms 000 I	Dt V
	Complete if the organization answered "Yes" o	n For	m 990, Part IV, III	ne TTe or T	11. See Form 990, i	Part X,
	line 25.					
1.) Book v	alue			
	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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

Pa	rt 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.		
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
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.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
С	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d		
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		
b	Other (Describe in Part XIII.)	40	
C	Add lines 4a and 4b		
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
	ride 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	/· Part Y line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4, 1 alt X, iiilo	
2,10	art XI, into 2d dia 45, did 1 dit XII, into 2d dia 45. Also somplete tilis part to provide dry additional information.		

EEA Schedule D (Form 990) 2020

SCHEDULE 0 (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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

33-1003417 Estes Park Learning Place Inc 01. Form 990 governing body review (Part VI, line 11) The board of directors reviews the 990 prior to filing. 02. Governing documents, etc, available to public (Part VI, line 19) Governing documents are available upon request.