PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change WALKING MOUNTAINS Name change 84-1436731 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. BOX 9469 (970) 827-9725 4,762,719. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return AVON, CO 81620 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARKIAN FEDUSCHAK Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.WALKINGMOUNTAINS.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: TO AWAKEN A SENSE WONDER AND **Activities & Governance** INSPIRE ENVIRONMENTAL STEWARDSHIP AND SUSTAINABILITY THROUGH NATURAL if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 5,011,433. 3,090,022. Contributions and grants (Part VIII, line 1h) 8 1,172,915. 1,298,302. Program service revenue (Part VIII, line 2g) 257,211. 153,854. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -90,561. -120,661. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,247,641 4,524,874. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,017,558. 3,310,305. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,546,816. 1,775,452. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,085,757. 4,564,374. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,683,267. -560,883. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 25,000,050. 25,024,444. Total assets (Part X, line 16) 1,578,850. 993,573. 21 Total liabilities (Part X, line 26) 三年 006,477. 23,445,594 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign MARKIAN FEDUSCHAK, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MATTHEW D. MILLER, CPA P02066086 Paid self-employed Firm's name MCMAHAN AND ASSOCIATES, Firm's EIN 84-1509269 Preparer Firm's address P.O. BOX 5850 Use Only

LHA For Paperwork Reduction Act Notice, see the separate instructions.

AVON, CO 81620

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2022)

No

Phone no. 970-845-8800

X Yes

Par	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: TO AWAKEN A SENSE OF WONDER AND INSPIRE ENVIRONMENTAL STEWARDSHIP AND
	SUSTAINABILITY THROUGH NATURAL SCIENCE EDUCATION.
	DOBITE TIME OF THE POLICY DOCUMENTS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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. (Code:) (Expenses \$ 1,840,774 • including grants of \$) (Revenue \$ 537,005 •)
4a	(Code:) (Expenses \$1,840,774. including grants of \$) (Revenue \$) (Revenue \$)
	A RESOURCE AND EDUCATION HUB TO INSPIRE ACTION FROM LOCAL TO GLOBAL.
	SPECIFIC PROGRAM AREAS INCLUDE: ENERGY SMART COLORADO (ENERGY
	EFFICIENCY AND RENEWABLES), ZERO WASTE (EVENTS OUTREACH), ACTIVELY
	GREEN (SUSTAINABLE BUSINESS TRAINING AND CERTIFICATION), ECO-SCHOOLS
	(SUSTAINABILITY IN K-12 SCHOOLS) AND THE ANNUAL SUSTAINABLE COMMUNITY
	FILM SERIES. INTERNSHIPS SUPPORT FULL-TIME STAFF WORKING IN THESE
	AREAS. THESE PROGRAMS REACHED 361,433 PEOPLE LAST YEAR.
	, , , , , , , , , , , , , , , , , , ,
4b	(Code:) (Expenses \$ 888,662. including grants of \$) (Revenue \$) (Revenue \$)
	FIELD SCIENCE PROGRAMS: THE HEART AND SOUL OF WALKING MOUNTAINS YOUTH
	PROGRAMMING. INCREASING SCIENCE LITERACY, PROMOTING SYSTEMS THINKING
	AND CREATING A SENSE OF PLACE WHILE FOSTERING ENVIRONMENTAL
	STEWARDSHIP. SERVED 6,928 K-12 STUDENTS AND PRE-SCHOOL AGED CHILDREN
	IN EAGLE COUNTY THROUGH EXPERIENTIAL AND STANDARDS-BASED FIELD SCIENCE
	PROGRAMS, ALL FOR FREE.
4c	(Code:) (Expenses \$ 922,409 • including grants of \$) (Revenue \$466,081 •)
40	COMMUNITY PROGRAMS:
	ENGAGING COMMUNITY MEMBERS AND VISITORS OF ALL AGES THROUGH YEAR-ROUND
	EXPERIENTIAL OPPORTUNITIES, INTEGRATED FACILITIES, AND THE LOCAL
	ENVIRONMENT. WALKING MOUNTAINS INTERACTED WITH 40,857 PEOPLE THIS PAST
	YEAR AT OUR SCIENCE CENTER, THE NATURE DISCOVERY CENTER, THE VAIL
	NATURE CENTER, AND OTHER LOCATIONS WHERE VISITORS LEARN ABOUT LOCAL
	PLANTS, ANIMALS AND THE ECOLOGY OF THE AREA. A VARIETY OF LECTURES,
	WORKSHOPS, SEMINARS AND FIELD PROGRAMS ARE OFFERED THROUGHOUT THE YEAR
	FOR ADULTS.
74	Other program services (Describe on Schedule O.)
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,651,845.
	Form 990 (2022)

Form 990 (2022) WALKING MOUNTAINS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		37	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022) WALKING MOUNTAINS
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		_X_
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	Х	
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			77
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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? f	28a	х	
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ra				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
23200	4 12-13-22		990	(2022)

022) WALKING MOUNTAINS

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a In the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 79 b If at least one is reported on line 2s, did the organization file all required faceard employment tax returns? 2				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 Did the organization have unmitted businese gross income of \$1,000 or more during the year? 3 Did If Yes, has it filed a Form 990-T for this year? If YeV To line 3b, provide an explanation on Schedule O. 3 Did If Yes, has it filed a Form 990-T for this year? If YeV To line 3b, provide an explanation on Schedule O. 3 Did If Yes, and 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, eccurine account, or dher financial account)? 5 Did If Yes, and the man of the foreign country (such as a bank account, eccurine account, or dher financial Accounts (FBAR). 5 Did any taxabile party notify the organization that was or is a party to a prohibitod tax shelter transaction at any time during the tax year? 5 Did any taxabile party notify the organization file Form 8886-T? 5 Did any taxabile party notify the organization file Form 8886-T? 5 Did any taxabile party notify the organization file Form 8886-T? 5 Did any taxabile party notify the organization file Form 8886-T? 5 Did any taxabile party notify the organization file form 8886-T? 5 Did the organization file organization file form 8886-T? 5 Did the organization file organization file form 8886-T? 5 Did the organization file organization file form 8886-T? 5 Did the organization file organization file form 8886-T? 6 Did the organization file organization file form 8886-T? 6 Did the organization file organization file form 8886-T account file organization file organization file form 8886-T account file organization file form 8886-T account file organization file organization file organization file form 8886-T account file organization f	2a				
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, 'has it field a Form 990-T for this year? If 'No' to fine 3b, provide an explanation on Schedule 0 4b 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 floringin country (such as a bank account, securities account, or other financial account?) 5ch If Yes, 'indicate the name of the foreign country 5ch If Yes and the the name of the foreign country 5ch If Yes and the properties of the foreign country 5ch If Yes a was the organization that it was or is a party to a prohibited tax shelter transaction? 5ch If Yes and the sact of 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5ch If Yes and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any centributions that when organization include with every solicitation an express statement that such contributions or gifts were not tax educutibles? 6ch If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax educutibles? 7ch Organizations that may receive deductible contributions under section 170(c). 8ch If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax educutibles? 7ch If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax educutibles and exhibition of the solicitation of the solicit		filed for the calendar year ending with or within the year covered by this return			
b II "Yes," has it flield a Form 990.1 for this year? If "No" to fine Sb, provide an explanation on Schedule O. A Hany time during the celeandry 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 accounts? See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae where organization a party to a prohibited tax sheater transaction at any time during the text year? Sae Does the organization aparty to a prohibited tax sheater transaction? Sae Does the organization are unallegross recollips that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? B II "Yes," of the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? Portion of the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? B If "Yes," of the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? B If "Yes," cited the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? B If "Yes," cited the organization include with every solicitation an exposes a term that such contributions or gifts were not tax deductible? B If "Yes," cited the organization include with every solicitation an expose statement that such contributions or gifts were not tax deductible on the promise statement of the such and the s	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
4a At any time during the catendary year, did the organization have an interest in, or a signature or other authority over, a financial account's (country (such as a bank account, securities account, or other financial accounts; b if "Yes", other 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 X b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line Sar oSb, did the organization for Foreign Bank and Financial Accounts (FBAR). 5c If "Yes" to line Sar oSb, did the organization the organization for tax deductibles or contributions? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions under section 170(c). 6c If the organization receive a payment in excess of Si find party as a contribution of any anti-payment in excess of Si find party as a contribution of quantization received a payment in excess of Si find party as a contribution of quantization received a contribution of under the year. 6c If the organization receive a payment in excess of Si find party as a contribution of quantization received a contribution of quantized in file payment and the payment and			3a		X
trancial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 fax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 5c If "Yes" to line Sa or Sb, did the organization file Form 88897? 6 Does the organization are unaular gloss receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goeds and services provided to the payor? 7 The section of the organization receive application and partly for goeds and services provided to the payor? 7 The section of the organization receive application of the value of the goeds or aservices provided? 7 The section of the organization receive application and partly so a contribution and partly for goeds and services provided to the payor? 7 The section of the section of the value of the goeds or aservices provided? 7 The section of the organization developed organization developed the personal property for which it was required to life form 8282? 8 The section of the organization received a post formal payor to indirectly, to pay premiums on a personal benefit contract? 9 The Did the organization received a contribution of qualified intellectual property, did the organization file form 1989 as required? 1 If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization the payor and			3b		
b II "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? 5b Did any taxable party notify the organization file from 888677. 6c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles from 888677. 6c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of sanitable contributions? 6c DI "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive appeared in excess of \$15 make party for goods and services provided to the payor? 7c Did the organization receive appeared in excess of \$15 make party as a contribution of appeared to file Form 82827. 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-07 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have accessed an administration of control or advised funds. 1 Did the sponsoring organization make any taxable distributions under section 4988? 1 Did the sponsoring organization make and star	4a				
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If "Yes," complete Form 6069.	17		47		
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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 on 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 No Yes 19 **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. 19 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CO 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. X Another's website X Own website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records GABRIELLA MATUS - WALKING MOUNTAINS - 970-827-9725 318 WALKING MOUNTAINS LANE, AVON, CO

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l)		ioati	(D)	(E)	(F)
Name and title	Average hours per	box,	not cl	heck i ss per id a di	more son is	than o	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p		Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARKIAN FEDUSCHAK	40.00							1.41.006	_	07 060
CHIEF EXECUTIVE OFFICER	40.00			Х				141,986.	0.	27,969.
(2) PATTY WHITE	40.00					,,		157 204		0 205
VICE PRESIDENT OF DEVELOPM	40.00					Х		157,384.	0.	9,395.
(3) GABRIELLA MATUS SENIOR BUSINESS OPERATIONS	40.00			х				113,019.	0.	7,414.
(4) ALAN DANSON	1.00							113,013.	•	7,414
EMERITUS DIRECTOR	1.00	х						48,000.	0.	0.
(5) COLLEEN REITAN	1.00								<u> </u>	
VICE CHAIR		Х						0.	0.	0.
(6) DALE MOSIER	1.00									
TREASURER		Х						0.	0.	0.
(7) ELIZABETH SIPES	1.00									
SECRETARY		Х						0.	0.	0.
(8) PHIL BRODSKY	1.00									
EMERITUS DIRECTOR		Х						0.	0.	0.
(9) PAT TIERNEY	1.00									
EMERITUS DIRECTOR		Х						0.	0.	0.
(10) BUCK ELLIOTT	1.00									
EMERITUS DIRECTOR		Х						0.	0.	0.
(11) BEN PETERNELL	1.00								_	_
EMERITUS DIRECTOR		Х						0.	0.	0.
(12) JENNY MARITZ	1.00									
EMERITA DIRECTOR	1 00	Х						0.	0.	0.
(13) KATHY BORGEN	1.00									
EMERITA DIRECTOR	1 00	Х						0.	0.	0.
(14) HOLLY ELLIOTT	1.00									
EMERITA DIRECTOR	1 00	Х						0.	0.	0.
(15) KELLY BRONFMAN	1.00	7,7							_	
EMERITA DIRECTOR	1 00	Х						0.	0.	0.
(16) JENNIFER GEISMAN DIRECTOR	1.00	Х						0.	0.	
(17) FRITZ BRATSCHIE	1.00	Λ						1 0.	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
232007 12-13-22	<u> </u>	27		I	l		l	. 0.	1 0•	Form 990 (2022)

232007 12-13-22

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) SCOTT SCHLOSSER	1.00									
DIRECTOR		Х						0.	0.	0.
(19) JAY MAHONEY DIRECTOR	1.00	Х						0.	0.	0.
(20) DANNY DIAZ LEVYA	1.00									
DIRECTOR		Х						0.	0.	0.
(21) CAROL WELLBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(22) BILL WOOLFOLK DIRECTOR	1.00	Х						0.	0.	0.
(23) AMY SADLER	1.00									
DIRECTOR		Х						0.	0.	0.
(24) FRED PACK	1.00									
DIRECTOR		Х						0.	0.	0.
(25) NANCY DOWDLE	1.00									
DIRECTOR		Х						0.	0.	0.
(26) JEFF MALEHORN	1.00									_
DIRECTOR		Х						0.	0.	0.
1b Subtotal								460,389.	0.	44,778.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								460,389.	0.	44,778.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

	compensation from the organization			3
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
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	4	Х	
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	5		X

Section B. Independent Contractors

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	NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

	MOUNTAIN								84-143	
Part VII Section A. Officers, Directors, 1	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d emp		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	related	ee or	stee			nsate		(** 27 1000 1/1100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	ividua	itutio	Offlicer	Key employee	hest o	Former			
	line)	pul	Inst	0#i	Key	Hig	For			
(27) SAMANTHA HODGKINS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(28) NICK BUDOR	1.00									
DIRECTOR		Х						0.	0.	0.
(29) MIKE BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(30) MEGAN GILMAN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(31) MATT DONOVAN	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(32) ADAM QUINTON	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(33) JOHN SHIPP	1.00	. ,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(34) KRISTEN BERTUGLIA	1.00	х						0.	0.	0.
DIRECTOR (35) MAGDA KING	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(36) RICK TRAVERS	1.00	Λ						0.	0.	0 •
CHAIR	1.00	Х						0.	0.	0.
(37) DON HOLZWORTH	1.00	25						0.	<u> </u>	•
ADVISORY DIRECTOR	1.00	х						0.	0.	0.
(38) KIM LANGMAID	1.00							•	0.	
ADVISORY DIRECTOR		х						0.	0.	0.
(39) BRIAN SIPES	1.00								•	
ADVISORY DIRECTOR		x						0.	0.	0.
(40) PHIL QUALMAN	1.00							-	-	
ADVISORY DIRECTOR		Х						0.	0.	0.
(41) HANS BERGLUND	1.00									
ADVISORY DIRECTOR		Х						0.	0.	0.
(42) DAVID SMITH	1.00									
ADVISORY DIRECTOR		Х						0.	0.	0.
(43) ANDY DARRELL	1.00									
ADVISORY DIRECTOR		Х						0.	0.	0.
			lacksquare							
		-								
		ļ								
		4								
	1	Ī	i l	ıl		ı	1	I		

Form 990 (2022) WALKING
Part VIII Statement of Revenue

			Check if Schedule O c	ont	ains a respor	ise d	or note to any lin	e in this Part VIII			
			CHOOK II COIICUAIC C C	701111	amo a roopor	100 (or moto to driy iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					1.1						30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts					1a						
ira Ou			Membership dues				0.100	-			
s, C		С	Fundraising events		1c		843,428.				
ij.a		d	Related organizations		1d						
s, C		е	Government grants (contri	buti	ions) 1e		448,370.				
e is		f	All other contributions, gifts, g	gran	ts, and						
er Er			similar amounts not included		ve 11f	1.	798,224.				
₽₽		a	Noncash contributions included in li				97,200.	-			
o d		•		11103	ια-ιι <u>[19]ψ</u>			3,090,022.			
OB		11	Total. Add lines 1a-1f				Business Code	5,050,022.			
			MITTON					1 200 202	1 200 202		
ဗ	2	а	TUITION			_	911900	1,298,302.	1,298,302.		
ēΞ		b				_					
S Z		С				_					
am		d									
ge		е									
Program Service Revenue		f	All other program service r	2/6	nue		611600				
			Total. Add lines 2a-2f					1,298,302.			
\rightarrow								1,250,5026			
	3		Investment income (includ					257 211	127 154		120 057
								257,211.	127,154.		130,057.
	4		Income from investment of	f tax	k-exempt bor	nd pi	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)								
			Gross amount from sales of	·····	(i) Securiti	es.	(ii) Other				
	'	а		- -	<u>'</u>		(ii) Guilei				
			assets other than inventory	7a				-			
-		b	Less: cost or other basis								
Revenue			and sales expenses					-			
Ver		С	Gain or (loss)	7с							
Re		d	Net gain or (loss)			<u></u>					
her	8	а	Gross income from fundraisin	ıg ev	ents (not						
₹			including \$ 843	, 4	28. of						
			contributions reported on								
			Part IV, line 18		•	g _a	83,995.				
		h					200,762.	-			
							200,702.	-116,767.			116 767
			Net income or (loss) from f			is 		-110,707.			-116,767.
	9	а	Gross income from gaming								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from g	gam	ing activities						
	10	а	Gross sales of inventory, le	ess	returns						
			and allowances			10a	23,174.				
		h				10b					
			Net income or (loss) from s				2.,000	-13,909.	-13,909.		
$\overline{}$		U	THOLINGOING OF (1055) HOTHS	Jaie:	o or inventory	y	Business Code	13,303.	13,303.		
ပ္သ			ОШПП ТИСОМП					10 015	10 015		
e eo	11		OTHER INCOME			_	713990	10,015.	10,015.	 	
lan epr		b				_				-	
e v		С				_					
Miscellaneous Revenue		d	All other revenue								
_		е	Total. Add lines 11a-11d					10,015.			
	12		Total revenue. See instructio	ns		<u></u>	<u></u>	4,524,874.	1,421,562.	0.	13,290.
23200	9 12-	13-						<u> </u>			Form 990 (2022)

Form 990 (2022) WALKING MOUNTAINS
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 respon	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 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,	222 555	450 606		45 540
	trustees, and key employees	280,666.	179,626.	53,327.	47,713.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 505 500	1 604 060	456 440	406 001
7	Other salaries and wages	2,507,593.	1,604,860.	476,442.	426,291.
8	Pension plan accruals and contributions (include	120 401	04 727	25 156	22 500
_	section 401(k) and 403(b) employer contributions)	132,401.	84,737. 95,152.	25,156.	22,508. 25,275.
9	Other employee benefits	148,675.	95,152.	28,248.	<u> </u>
10	Payroll taxes	240,970.	154,221.	45,784.	40,965.
11	Fees for services (nonemployees):				
	Management	6 167	6 167		
b	Legal	6,167. 23,300.	6,167. 18,640.	2 007	2,563.
_	Accounting	43,300.	10,040.	2,097.	2,303.
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,	12,254.	10,906.		1 3/18
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	167,495.	130,646.	1,675.	1,348. 35,174.
13	Office expenses	78,296.	44,909.	15,198.	18,189.
14	Information technology	104,627.	77,424.	8,370.	18,833.
15	Royalties	202,0270	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,3,00	20,000
16	Occupancy	55,461.	29,394.	6,101.	19,966.
17	Travel	33,484.	29,466.	2,009.	2,009.
18	Payments of travel or entertainment expenses	00,100			
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,508.	7,508.		
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	510,721.	459,649.	30,643.	20,429.
23	Insurance	91,047.	91,047.		
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 0.)				
а	OMITED EXPENSES	240,032.	206,613.	13,024.	20,395.
b	PROFESSIONAL FEES	168,936.	168,936.		
С	REPAIRS AND MAINTENANCE	146,597.	122,417.	12,090.	12,090.
d	PROFESSIONAL DEVELOPMEN	129,527.	129,527.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,085,757.	3,651,845.	720,164.	713,748.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000
					Earm 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,465.	1	297,862
	2	Savings and temporary cash investments			20,076.	2	49,298
	3	Pledges and grants receivable, net		1,208,624.	3	1,386,798	
	4	Accounts receivable, net	136,561.	4	135,468		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	sons (as defined				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B) L		6	
<u>.</u>	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			22,641.	8	21,772 86,320
¥	9	Duran sid as a second state of the second			69,011.	9	86,320
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		23,777,991.			
	b	Less: accumulated depreciation	10b	3,374,380.	19,263,485.	10c	20,403,611
	11	Investments - publicly traded securities			3,458,187.	11	2,629,188
	12	Investments - other securities. See Part IV, line 1	1		700,000.	12	14,127
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must equa			25,000,050.	16	25,024,444
	17	Accounts payable and accrued expenses	1	404,230.	17	766,153	
	18	Grants payable	200 110	18	655 50		
	19	Deferred revenue	387,140.	19	675,592		
	20	Tax-exempt bond liabilities		1	000 000	20	125 10
	21	Escrow or custodial account liability. Complete F			202,203.	21	137,10
g	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
1	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages and the company of the com					
		parties, and other liabilities not included on lines	-	· 1		.	
	00	of Schedule D			993,573.	25	1,578,850
+	26			e X	333,313.	26	1,370,030
ဖွ		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck ner				
ĕ	27	Net assets without donor restrictions			21,713,226.	27	21,089,540
<u>aaa</u>	28	Net assets with donor restrictions	2,293,251.	28	2,356,054		
<u> </u>	20	Organizations that do not follow FASB ASC 9			2,255,251.	20	2,330,03
틸		and complete lines 29 through 33.	ck liele				
<u></u>	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
ASS	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			24,006,477.	32	23,445,594
Z	33				25,000,050.	33	25,024,444
		Total habilities and flet assets/fully balances			_==,===,===	55	Form 990 (20

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			0,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,	00	6,4	77.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	23,	44	5,5	94.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		···· [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
	-			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization WALKING MOUNTAINS 84-1436731 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3063491.	5286440.	2819585.	5011433.	2992822.	19173771.
2	Tax revenues levied for the organ-						
	ization'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	3063491.	5286440.	2819585.	5011433.	2992822.	19173771.
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)						3304701.
6	Public support. Subtract line 5 from line 4.						15869070.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3063491.	5286440.	2819585.	5011433.	2992822.	19173771.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	98,520.	73,425.	299,812.	-244,666.	257,210.	484,301.
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.)	7,960.	5,878.	817.	8,588.	10,015.	33,258.
11	Total support. Add lines 7 through 10						19691330.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	398,520.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, o	column (f))		14	80.59 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	78.63 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•	• • •		s
			<u> </u>				(Form 990) 2022

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 box 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	Eh		
	5b 5c		
	50		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
_	10b	000	2000

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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
<u> </u>	tion of Type it Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	•		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2	these activities but for the organization's involvement.	ZU		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

che	dule A (Form 990) 2022 WALKING MOUNTAINS			84-1436731 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		· ·	,
ect	ion 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		
ect	ion 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		

Section 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	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

WALKING MOUNTAINS 84-1436731 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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), 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 General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

WALKING MOUNTAINS

84-1436731

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		\$85,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 62,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>115,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 252,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,012.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>77,529.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

WALKING	MOUNTAINS		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$85,662.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$62,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Oncash Complete Part II for noncash contributions.)

84-1436731

Page 3

Name of organization Employer identification number

WALKING MOUNTAINS

84-1436731

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	1430/31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCK		04/19/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 11-15	5-22		Schedule B (Form 990) (202

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Name of organization

Employer identification number

ALKIN	G MOUNTAINS		84-1436731				
art III			ection 501(c)(7), (8), or (10) that total more than \$1,000 for the				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	through (e) and the following line enticharitable, etc., contributions of \$1,000 or I	less for the year, (Enter this info, once.)				
	Use duplicate copies of Part III if additional	space is needed.					
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	ft				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
	(e) Transfer of gift						
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

WALKING MOUNTAINS

Employer identification number 84-1436731

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

Par	rt III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, o	r Other	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check a	any of the fo	ollowing that	make sig	gnificant i	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		oan or excl	nange progra	am					
b	Scholarly research	е		ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, hist	orical treas	ures, or othe	er similar a	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the o	organization	n answered '	'Yes" on F	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						7	_ 	-
	on Form 990, Part X?								Yes	LX.	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tal	ole:					A		
									Amoun		
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance						1f	T	Yes	一	٦
	Did the organization include an amount on F						:y?	∟▲	_ Yes	X	∐ No
Par	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete						 ∩				
. .	Complete	(a) Current year		or year	(c) Two year			ears back	(e) Four	vears	hack
1a	Beginning of year balance	1,768,395.		050,422.	• • •	7,947.		46,303.			531.
b	Contributions	15,250.		600,668.	_,-,-	,==:-				, ,	
C	Net investment earnings, gains, and losses	197,395.		117,305.		2,475.		1,665.		2	772.
d	Grants or scholarships			, , , , , ,		, =					
	Other expenditures for facilities										
_	and programs	80,000.									
f	Administrative expenses	·									
g	End of year balance	1,901,039.	1,	768,395.	1,050	0,422.	1,0	47,947.	1	,046,	303.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a)) held as:	•			•		
а	Board designated or quasi-endowment	32.2600	%								
b	Permanent endowment 67.7400	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held an	d administer	ed for the	e		,		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere		<u> </u>								
	Description of property	(a) Cost or o		(b) Cost		` '	cumulate		(d) Boo	k valu	е
		basis (investr	nent)	basis (dep	reciation		6 20		00
_	Land				5,409.	2 0	22 4		6,20		
b	Buildings			10,93	0,402.	5,0	23,4	09. I	3,90	<u>, 9</u>	<u> 34.</u>
	Leasehold improvements	I		27	4,579.	1	84,7	17	10	0 0	33
	Equipment				7,601.		66,1				$\frac{33.}{37.}$
	Other	•							0,40		
ıotal	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	x, column	ı (В), line 10	<i>JC.)</i>			4	U,4U.	٥, ر	<u>++•</u>

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WALKING MOUN Part VII Investments - Other Securities.	TAINS	84	-1436731 Page
Complete if the organization answered "Yes" or	n 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 en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D 1 11 / 11	11 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes" or			-1 -6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	Tra. ddc r diin ddd, r art X, iind rd.	(b) Book value
			(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

(9)

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

Sche	dule D (Form 990) 2022 WALKING MOUNTAINS			84-:	1436731 Page
		ts With			. ago
			-		
1				1	5,000,284
2					· ·
а	·	2a			
b		2b	237,565.		
С		2c	•		
	61. (5. 11. 1. 5. 1.2011)		237,845.		
				2e	475,410
3				3	4,524,874
4					
а		4a			
				4c	0
5				5	4,524,874
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	n Expenses per F	eturi	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,561,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 4,524, 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 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line Pb 4 Dither (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I line 12) 1 Total expenses and losses per audited financial statements Complete if the organization answered "Ves" on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Ves" on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Ves" on Form 990, Part I, line 12b. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities De Prior year adjustments Describe in Part XIII.) 2 Add lines 2a through 2d Country 2					
Part XI Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return.					
С		2c			
d		2d	237,845.		
е	Add lines 2a through 2d			2e	475,410
3				3	5,085,757
4					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0
				5	5,085,757
Pa	t XIII Supplemental Information.				
				; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal infor	mation.		
DλI	OT THE OD.				
LAI	II IV, DINE 2D.				
WAI	KING MOUNTAINS HOLDS MONEY IN ESCROW ACCOUN	NTS F	OR FIVE FUN	DS,	INCLUDING
VA:	L COMMUNITY GARDENS, GREAT OUTDOOR COLORADO	O, CL	IMATE ACTIO	N	
COI	LABORATIVE, EAGLE VALLEY WILD, AND ECOBUILI	D. AM	OUNTS ARE S	PEN	r by the
ENT	ITIES FOR VARIOUS INITIATIVES AS DESCRIBED	BY T	HE AGREEMEN	TS.	
	NT 11 T TYPE 4				
PAI	Tr V, LINE 4:				
WAT	KING MOUNTAINS HOLDS ENDOWMENTS FOR TEACHE	R SAT	ARTES, PROF	ESS.	TONAL
*****			inizzo, zitor		
DE	ELOPMENT, AND A BOARD DESIGNATED ENDOWMENT	FOR	GENERAL OPE	RAT:	IONS.
D 7 -	OF VI LINE OR OFFICE ARTHURS				
PAŁ	T XI, LINE ZD - OTHEK ADJUSTMENTS:				

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 84-1436731 WALKING MOUNTAINS Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations g X Special fundraising events Phone solicitations С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) ALAN DANSON - 3005-S BOOTH Yes No Х FALLS RD, VAIL, CO 81657 FUNDRAISING ASSISTANCE 511,250 0 511,250. 511 250 511 250. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990-			s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			A TASTE OF		NONE	(add col. (a) through
			NATURE DINNE		0	col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue			007 400			007 400
Rev	1	Gross receipts	927,423.			927,423.
	_	Loop Contributions	843,428.			843,428.
		Less: Contributions	043,420.			043,420.
	3	Gross income (line 1 minus line 2)	83,995.			83,995.
		,	,			,
	4	Cash prizes				
		Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
t Ex	_	Food and house are	142,329.			142,329.
irec	′	Food and beverages	142,329.			142,329.
	8	Entertainment				
	9	Other direct expenses	58,433.			58,433.
	10		9 in column (d)			200,762.
		Net income summary. Subtract line 10 from line	• • • • • • • • • • • • • • • • • • • •			-116,767.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	O > Doll to be for each		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo, progressive binge		
Re	1	Gross revenue				
S	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
ct E		5				
Dire	4	Rent/facility costs				
	_	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming ac No," explain:				└── Yes └── No
IJ		то, слріан.				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				_
	_					
	_					
_	_					

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 WALKING MOUNTAINS 84	4-14	36	<u> 731</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	- 1	13a		%
	An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		100		
17	Effect the flame and address of the person who prepares the organization's gaining/special events books and records.				
	Nama				
	Name				
	Address				
		1		.,	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	l		Yes	L No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ıt			
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Carring manager compensation \$\square\$				
	Description of continue provided				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ			
	retain the state gaming license?	l		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е			
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part I	II, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule 6	G (Form 990)	WALKING MOUNTAINS	84-1436731	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)		
		(continued)		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

WALKING MOUNTAINS

 $Employer\ identification\ number \\ 84-1436731$

WALKING MOUNTAINS	84-1436/3	Τ	
Part I Questions Regarding Compensation			
		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or charter travel Housing allowance or residence for person	nal use		
Travel for companions Payments for business use of personal res			
Tax indemnification and gross-up payments Health or social club dues or initiation feet			
Discretionary spending account Personal services (such as maid, chauffeu			
	,,,		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	2		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
O ladicate which it and at the fall and a the amount of the state of the late of the state of th			
Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
establish compensation of the CEO/Executive Director, but explain in Part III.			
X Compensation committee Written employment contract			
Independent compensation consultant X Compensation survey or study			
Form 990 of other organizations X Approval by the board or compensation c	ommittee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a related organization:			
Description of the second of t	4a		х
b. De distincts in a constitution of the const	41.		X
			X
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		1
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		Х
If "Yes" on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n l		
contingent on the net earnings of:			
a The organization?	6a		Х
b Any related organization?	6b		Х
If "Yes" on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
not described on lines 5 and 6? If "Yes," describe in Part III			Х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
initial analysis and analysis density of the Highest and the FO 4050 4/2/00 K IIV and I density of Deat III	8		х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?	9		
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 000)	1 2022

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 WALKING MOUNTAINS 84-1436731 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARKIAN FEDUSCHAK	(i)	141,986.	0.	0.	0.	27,969.	169,955.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATTY WHITE	(i)	157,384.	0.	0.	0.	9,395.	166,779.	0.
VICE PRESIDENT OF DEVELOPM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of	the organization									1		ificati	fication number			
													31			
Part I	Excess Bene	efit Transac	ctions (section 5	501(c)(3), secti	on 50	1(c)(4), and se	ctior	n 501(c)(29) orga	nizatio	ons on	ly).				
	Complete if the						ine 25a or 25b	o, or	Form 990-EZ, P	art V, I	ine 40	b.				
1 (a) !	Name of disqualified p	person (k	Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Inization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and organization (c) Description of transaction **Tron Interested Persons.** Inization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization on Form 990, Part X, line 5, 6, or 22. (c) Purpose of loan organization (d) Type of (e) From Interested Persons.** Itance Benefiting Interested Persons.** Inization answered "Yes" on Form 990, Part IV, line 27. Inization answered "Yes" on Form 990, Part IV, line 28. Inization answered "Yes" on Form 990, Part IV, line 28. Inization answered "Yes" on Form 990, Part IV, line 27. Inization answered "Yes" on Form 990, Part IV, line 28. Inization answered "Yes" on Form 990, Part IV, line 27. Inization answered "Yes" on Form 990, Part IV, line 27. Inization answered "Yes" on Form 990, Part IV, line 27. Inization answered "Yes" on Form 990, Part IV, line 27. Inization answered "Yes" on Form 990, Part IV, line 27.													
			person and c	n gai iiza	ation				•				 Y	es	<u>No</u>	
													+	+		
													+	\neg		
														\neg		
2 Ent	er the amount of tax	incurred by the	e organization mar	nagers	or disc	lualifie	d persons dur	ing t	he year under							
(a) Name of disqualified person person and organization (c) Description of transaction Yes No Yes No																
Part I	□ Loans to and	d/or From I	nterested Per	sons.												
		organization ar	nswered "Yes" on	Form 9	990-EZ	Part '	V. line 38a or F	orm	990. Part IV. lin	e 26: (or if th	e orga	nizatio	on		
						,	.,			,		9				
in					from the				(f) Balance due		defective b		y board or 🛛 🖔		i) Written greement?	
										Yes	No			Yes	No	
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	II Cuanta au Aa	aistanas D	an afiting late.		d Day											
Part I			•													
(а			(b) Relationship interested per	betwe	en		c) Amount of					•			f	

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

Schedule L (Form 990) 2022

	(a) Name of interested person	(b) Relationship between interested	"Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested (c) Amount of					
	(a) Name of interested person	person and the organization	transaction	(d) Description of transaction	(e) Sha organiz reven	ation's ues?		
ΔΤ.ΔΝ	DANSON	EMERITUS DIRECTOR	48 000.	FUNDRAISING	Yes	No X		
ипии	DANSON	EMERITOS DIRECTOR	40,000.	FUNDRAISING		Λ		
Dort V	Cumplemental Information							
Part V		ponses to questions on Schedule L (see ir	nstructions)					
	1 Tovide additional information for res	porises to questions on correduce E (see ii	istractions).					
FORM	990, PART IV, LINE 2	8 (B)						
DT T.7.7	DOWN GIRES AND DOTAN	GIDEG ADE MIEE AND M		ADD HOMENO				
EL12 <i>F</i>	ABETH SIPES AND BRIAN	SIPES ARE WIFE AND H	USBAND, AND	ARE VOTING				
BOARI	MEMBER AND ADVISORY	BOARD MEMBER RESPECT	IVELY.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	WALKING MOUNTAINS					84-1436731			
Par	Part I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	_	s	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	5	78,149.	FAIR MARKET	' VAI	LUE		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SKI LIFT TICKET)	X	37	34,088.	FAIR MARKET	' VAI	LUE		
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
							Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	for				
	exempt purposes for the entire holding period	?				30a		_X_	
b	b If "Yes," describe the arrangement in Part II.								
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?							X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	cked,				
	describe in Part II.								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022									

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WALKING MOUNTAINS

Employer identification number 84-1436731

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCIENCE EDUCATION.

FORM 990, PART VI, SECTION A, LINE 2:

ALIX BERGLUND AND HANS BERGLAND ARE WIFE AND HUSBAND, AND ARE A VOTING BOARD MEMBER AND ADVISORY BOARD MEMBER RESPECTIVELY.

ELIZABETH SIPES AND BRIAN SIPES ARE WIFE AND HUSBAND, AND ARE VOTING BOARD MEMBER AND ADVISORY BOARD MEMBER RESPECTIVELY.

FORM 990, PART VI, SECTION B, LINE 11B:

MCMAHAN PROVIDES A COMPLETED 990 FOR ERRORS AND OMISSIONS REVIEW BY WMSC'S

SENIOR DIRECTOR OF BUSINESS OPERATIONS, CHIEF EXECUTIVE OFFICER, TREASURER,

AND FINANCE/AUDIT COMMITTEE. MCMAHAN REPEATS THIS PROCESS UNTIL ALL PARTIES

APPROVE THE FORMS. COMPLETED FORM 990 IS DISTRIBUTED TO THE BOARD AFTER IT

IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE INDIVIDUAL MUST BRING THE CONFLICT TO THE ATTENTION OF THE EXECUTIVE

DIRECTOR, TO THE CHAIR OF THE BOARD OR TO THE DIRECTORS DURING A DULY

CALLED MEETING OF THE BOARD. FOLLOWING SUCH DISCLOSURE, THE BOARD SHALL

CONSIDER THE MATERIALITY OF THE CONFLICT AND DECIDE WHETHER THE DIRECTOR,

OFFICER OR COMMITTEE MEMBER MUST RECUSE HIMSELF OR HERSELF FROM DISCUSSING

OR VOTING IN ANY DECISION WITH RESPECT TO THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

WALKING MOUNTAINS' BOARD OF DIRECTORS ESTABLISHES THE CHIEF EXECUTIVE

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232211 10-28-22