Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer

ROCKY MOUNTAIN BUTTERFLY CONSORTIUM

EIN or SSN

84-1155029

Name and title of officer or person subject to tax PATRICK TENNYSON CEO

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_{1b} 6,538,274.
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here >	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here >	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here >	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here >	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	re Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax with res	pect to (name
of entity	<i></i>	, (EIN) and that I have	e examined a copy of the
2021 el	ectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are tru	ue, correct, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box	∢ only
--------------------	--------

X authorize RUBINBROWN LLP	to enter my P I N	63105
ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

nature of officer or person subject to tax

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43380463105

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► RUBINBROWN LLP

Date -

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or th	e 2021 calendar year, or tax year beginning	and	ending					
B	Check if spplicab	C Name of organization			D Employer identifi	cation number			
	Addre	ss ROCKY MOUNTAIN BUTTERFL	Y CONSORTIIM						
H	Name	DIMMEDELY DA			84-11550	29			
H	 Initial	Number and street (or P.O. box if mail is not deliv		Room/suite	E Telephone numbe				
H	return Final return	6252 WE'GT 10/TH AVENTIE	vereu to street audress)	noon/suite	303-469-5441				
	termir ated		IP or foreign postal code		G Gross receipts \$	7,132,613.			
	Amen	ded WECHMINGHED CO 90020	or recognition		H(a) Is this a group re				
F	Applic		RICK TENNYSON		for subordinates				
	pendi				H(b) Are all subordinates in				
$\overline{1}$	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527		list. See instructions			
JΙ	Nebsi	te: ► WWW.BUTTERFLIES.ORG			H(c) Group exemption				
K	orm o	forganization: X Corporation Trust Ass	ociation Other >	L Year		M State of legal domicile: CO			
	art I	Summary							
	1	Briefly describe the organization's mission or most s	significant activities: TO F	OSTER .	AN APPRECIA	TION OF			
Governance		INVERTEBRATES BY EDUCATING	THE PUBLIC ABO	UT THR	EATENED HAB	ITATS.			
'n	2	Check this box if the organization discont	tinued its operations or dispos	sed of more	than 25% of its net as	sets.			
Ş.	3	Number of voting members of the governing body (F	Part VI, line 1a)		3	11			
Ğ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)		4	11			
တ္	5	Total number of individuals employed in calendar ye				96			
/itie	6	Total number of volunteers (estimate if necessary)				150			
Activities &	7 a	Total unrelated business revenue from Part VIII, colu				0.			
_ ⋖	I	Net unrelated business taxable income from Form 9				0.			
					Prior Year	Current Year			
a)	8	Contributions and grants (Part VIII, line 1h)			1,926,406.	3,262,352.			
ğ	9	Program service revenue (Part VIII, line 2g)			1,176,995.	2,384,895.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		17,965.	11,244.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			459,451.	879,783.			
	12	Total revenue - add lines 8 through 11 (must equal F			3,580,817.	6,538,274.			
	13	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)			0.	0.			
s	15	Salaries, other compensation, employee benefits (Pa			2,764,852.	2,949,674.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			0.	0.			
per	b	Total fundraising expenses (Part IX, column (D), line	25) > 540,5	18.					
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d,			1,290,422.	2,006,952.			
		Total expenses. Add lines 13-17 (must equal Part IX			4,055,274.	4,956,626.			
	19	Revenue less expenses. Subtract line 18 from line 1			-474,457.	1,581,648.			
Net Assets or				Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			4,528,816.	6,667,298.			
ASS	21	Total liabilities (Part X, line 26)			1,203,680.	1,421,918.			
Ret	22	Net assets or fund balances. Subtract line 21 from li	ne 20		3,325,136.	5,245,380.			
Pa	art II	Signature Block							
Und	er pen	alties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sig	n	Signature of officer			Date				
Her	е	PATRICK TENNYSON, CEO							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check Check	PTIN			
Paid	I	KIMBERLY A RYAN			self-emplo				
Pre	arer	Firm's name ► RUBINBROWN LLP			Firm's EIN ▶	43-0765316			
Use	Only	Firm's address 1900 16TH STREET,	SUITE 300						
		DENVER, CO 80202			Phone no. 3 0	3-698-1883			
May	the I	RS discuss this return with the preparer shown abov	e? See instructions			X Yes No			

	1 990 (2021) ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-1155029	Page 2
Pa	Tt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
_		
1	Briefly describe the organization's mission: TO FOSTER AN APPRECIATION OF INVERTEBRATES BY EDUCATING THE PUBLIC	
	ABOUT THE NEED TO PROTECT AND CARE FOR THREATENED HABITATS GLOBALLY,	
	WHILE CONDUCTING RESEARCH FOR SOLUTIONS IN INVERTEBRATE CONSERVATION	•
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
3	If "Yes," describe these changes on Schedule O.	_21_ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, are	na
_	revenue, if any, for each program service reported.	701 \
4a		701.)
	INVERTEBRATE ZOO AND RESEARCH: WE ARE PROUD TO BE THE FIRST AND ONLY	
	STAND-ALONE INVERTEBRATE ZOO ACCREDITED BY THE ASSOCIATION OF ZOOS A	
	AQUARIUMS (AZA). AS AN AZA MEMBER, WE ARE DEDICATED TO THE ADVANCEME	
	OF ZOOS AND AQUARIUMS IN THE AREAS OF CONSERVATION, EDUCATION, SCIEN	CE,
	AND RECREATION. WE WORK LOCALLY, REGIONALLY, AND INTERNATIONALLY TO	
	STUDY AND PROTECT INVERTEBRATES, WHICH ARE THE FOUNDATION OF EVERY	
	ECOLOGICAL SYSTEM IN WHICH WE LIVE. AT BUTTERFLY PAVILION, WE EXCEL .	AT
	INVERTEBRATE CONSERVATION THAT BENEFITS THE TRIPLE BOTTOM LINE PLAN	ET,
	PEOPLE, AND PROFIT (I.E., CREATING ECOLOGICALLY SUSTAINABLE WAYS FOR	
	INDIGENOUS COMMUNITIES TO BENEFIT FROM INVERTEBRATES WHILE ELIMINATI	NG
	DESTRUCTIVE AND ILLEGAL POACHING).	
	·	
4b	(Code:) (Expenses \$	849.)
	GUEST EXPERIENCE: BUTTERFLY PAVILION PLAYS A SPECIAL ROLE IN THE	′
	COMMUNITY FOR HUNDREDS OF THOUSANDS OF CHILDREN AND ADULTS IN OUR	
	REGION. SINCE BUTTERFLY PAVILION OPENED, WE HAVE WELCOMED NEARLY 5	
	MILLION VISITORS AND HELPED THEM CREATE MEMORABLE, FUN, HANDS-ON	
	EXPERIENCES WITH INVERTEBRATES. EVERY YEAR, OVER 350,000 GUESTS ARE	
	INTRODUCED TO THE INCREDIBLE DIVERSITY OF INVERTEBRATE LIFE AND GAIN	AN
	APPRECIATION FOR THE IMPORTANCE OF THESE CREATURES. LEARNERS OF ALL	111
	AGES ARE IMMERSED IN A TROPICAL CONSERVATORY WITH THOUSANDS OF	
	BUTTERFLIES, HOLD A FRIENDLY TARANTULA, AND TOUCH MARINE INVERTEBRAT	FC
	THROUGH INTERACTIVE EXHIBITS, VISITORS DISCOVER HOW OUR LIVES ARE	10.
	DEPENDENT ON INVERTEBRATES AND ARE INSPIRED TO DO THEIR PART IN	
	PROTECTING THESE INVALUABLE ANIMALS.	016
4c	(Code:) (Expenses \$604,641. including grants of \$) (Revenue \$278,	
	EDUCATION: BUTTERFLY PAVILION TYPICALLY REACHES OVER 115,000 LIFELON	
	LEARNERS, INCLUDING OVER 60,000 STUDENTS ANNUALLY THROUGH FIELD TRIP	S,
	OUTREACH, AND VIRTUAL PROGRAMS. BUTTERFLY PAVILION HAS BECOME A	
	REGIONAL LEADER IN HANDS-ON SCIENCE AND ECOLOGY EDUCATION FOR PREK-1	
	LEARNERS. WE BRING SCHOOL CURRICULUM ALIVE THROUGH PLAY, PROJECT-BAS	ED
	LEARNING, AND IN-DEPTH SCIENTIFIC EXPLORATIONS. IN ADDITION, WE	
	CULTIVATE A CULTURE OF CONSERVATION THROUGH AFTERSCHOOL ENRICHMENT	
	PROGRAMS, FAMILY NATURE CLUBS, YOUTH DAY CAMPS, ADULT INTERPRETIVE	
	PROGRAMS, AND VOLUNTEER COMMUNITY SCIENCE PROJECTS. OUR EDUCATIONAL	
	PROGRAMS ARE DESIGNED TO BUILD AWARENESS AND APPRECIATION FOR	
	INVERTEBRATES AND TO HELP DEVELOP A SOUND, SCIENTIFIC UNDERSTANDING	OF
	THEIR ROLE IN OUR ECOSYSTEMS.	
44	Other program services (Describe on Schedule O.)	
ru	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 3,088,306.	
	i granden en procession de la constantina del constantina de la constantina de la constantina del constantina de la cons	

Form **990** (2021)

Form 990 (2021) ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 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	Х	
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		X
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable.			
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	Х	
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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
6	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
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		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
	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		Х

Page 4

Pa	rt 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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			١,,
	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				1 37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			X
~~	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
54		34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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?	000		
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

Form **990** (2021)

33395.01

(gambling) winnings to prize winners?

Form 990 (2021) ROCKY MOUNTAIN BUTTERFLY CONSORTIUM
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 96			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Щ.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			.,
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>g</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1_	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv) :	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	37 '		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
.0	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	BILL FINLEY - 303-469-5441			
	6252 WEST 104TH AVENUE, WESTMINSTER, CO 80020			

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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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not ch		ition		one	Reportab l e	Reportable	Estimated
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week (list any					i uu		from the	from related organizations	other compensation
	hours for	direct				р		organization	(W-2/1099-M I SC/	from the
	related	tee or	stee			ensate		(W-2/1099-MISC/	1099 NEC)	organization
	organizations	l trus	nal tru		oyee	omp6		1099-NEC)		and re l ated
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIEDICK EDINKGON	line)	lu	<u>s</u>	Off	Ke	흜틍	For			
(1) PATRICK TENNYSON CEO	45.00			х				155 000	0.	11 050
(2) JANET MCFARLAND BURLILE	45.00			Λ				155,802.	0.	11,858.
VP OF DONOR RELATIONS	45.00					x		120 711	0.	12 764
(3) WILLIAM FINLEY	45.00		Н			^		138,711.	0.	12,764.
CFO	45.00			х				112,915.	0.	11 621
(4) MARY ANN COLLEY	45.00		Н	Λ				114,915.	0.	11,631.
COO	43.00			х				111,256.	0.	8,779.
(5) RUSS PECORARO	45.00		Н					111,230.	0.	0,119.
VP OF MARKETING	±3.00					x		107,178.	0.	10,782.
(6) CHAD SCHNEIDER	5.00		H			71		107,170.	<u> </u>	10,702
BOARD CHAIR	3.00	х		Х				0.	0.	0.
(7) COURTNEY LOPER	3.00	_								
VICE CHAIR		х		х				0.	0.	0.
(8) RACHEL KING	3.00									<u> </u>
TREASURER		Х		Х				0.	0.	0.
(9) JULIE STENCEL	3.00									
SECRETARY		Х		Х				0.	0.	0.
(10) DAVID DEMOTT	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DAVID WEIDNER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(12) GARRETT BAUM	3.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KENNETH MONFORT	3.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MICHAEL SNIDER	3.00									
BOARD MEMBER		Х	Щ					0.	0.	0.
(15) NATHALIE BROCHU	3.00									
BOARD MEMBER		Х	Щ					0.	0.	0.
(16) RANDY AHRENS	3.00									
BOARD MEMBER		Х	Щ					0.	0.	0.
(17) RICH JARBOE	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2021)

/A\		 	,			icot (Comp	ensated Employee		ı		/ ["	
(A) Name and tit l e	(B) Average			(C Posi				(D) Reportab l e	(E) Reportab l e		E^	(F) timated	d
Name and title	hours per		not ch	neck n	nore th	nan one both ar		compensation	compensation	ո		iimated iount o	
	week	offic				trustee		from	from related			other	
	(list any hours for	irector						the	organizations			pensat	
	related	e or d	stee		[Isaleo	١	organization W-2/1099-M I SC/	(W-2/1099-M I S 1099-NEC)	^C /		om the anizatio	
	organizations	truste	nal trus)yee	oui bei	`	1099-NEC)			_	re l ate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	employee Exployee	<u> </u>				orga	nizatio	ns
	line)	lnd	lus	JJ0	Key	E E	2						
		1											
		1											
			Ш		_	_	_						
		-											
		\vdash	Н		\dashv	+	+						
		-			_	_	-						
		-											
					_	+	+						
							_	605 060		$\overline{}$		- 01	
1b Subtotal								625,862. 0.		0.	5:	5,81	0.
c Total from continuation sheets to d Total (add lines 1b and 1c)							∶	625,862.		0.	51	5,81	
2 Total number of individuals (including							receiv		000 of reportab l e			, , , , ,	
compensation from the organizatio	=								•				5
										-		Yes	No
3 Did the organization list any forme			•		•		-		•				37
line 1a? If "Yes," complete Schedul											3		X
4 For any individual listed on line 1a, and related organizations greater th	•							•	•			х	
5 Did any person listed on line 1a rec				tie S		1 1		iah individual					
	eive or accrue compe	Isalic	on fr								4		
rendered to the organization? If "Ye	•			om a	any ι	ınrela	ted or	ganization or individ	dual for services		5		Х
, ·	•			om a	any ι	ınrela	ted or	ganization or individ	dual for services				Х
rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high	es. " complete Schedul ghest compensated inc	de <i>J f</i> o	or su	om a uch p nt co	any u p <u>erso</u> ontrac	inrela n ctors	ted or	ganization or individual	dual for services	 ensati	5		Х
rendered to the organization? If "You Section B. Independent Contractors	ghest complete Schedul	de <i>J f</i> o	or su	om a uch p nt co	any u p <u>erso</u> ontrac	inrela n ctors	ted or	ganization or individual grants of the secured more than \$ organization's tax y	dual for services	 ensati	5	m	Х
rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation.	es. " complete Schedul ghest compensated inc	de <i>J fo</i> deper	or su nder endin	om a uch p nt co ng wi	any u p <u>erso</u> ontrac	inrela n ctors	ted or	ganization or individual	dual for services		5 ion fro	m	
rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation.	ghest compensated inc tion for the calendar y	de <i>J fo</i> deper	or su	om a uch p nt co ng wi	any u p <u>erso</u> ontrac	inrela n ctors	ted or	ganization or individual gradual gradu	dual for services		5 ion fro	om	
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rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensations.	ghest compensated inc tion for the calendar y	de <i>J fo</i> deper	or su nder endin	om a uch p nt co ng wi	any u p <u>erso</u> ontrac	inrela n ctors	ted or	ganization or individual gradual gradu	dual for services		5 ion fro	om	
rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensations.	ghest compensated inc tion for the calendar y	de <i>J fo</i> deper	or su nder endin	om a uch p nt co ng wi	any u p <u>erso</u> ontrac	inrela n ctors	ted or	ganization or individual gradual gradu	dual for services		5 ion fro	om	
rendered to the organization? If "Yes Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensations.	ghest compensated inc tion for the calendar y	de <i>J fo</i> deper	or su nder endin	om a uch p nt co ng wi	any u p <u>erso</u> ontrac	inrela n ctors	ted or	ganization or individual gradual gradu	dual for services		5 ion fro	om	
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rendered to the organization? If "You Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. Name and be a second before the compensation of the	ghest complete Schedul ghest compensated industrian for the calendar y (A) pusiness address	de J fo	nder ndin	om a	ntracith or	nrela	that re	ganization or individual general gener	ction,000 of complear.		5 ion fro	om	
rendered to the organization? If "You Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation with the organization of the organization. The organization of the organi	ghest complete Schedul ghest compensated indution for the calendar y (A) pusiness address	de J fo	nder ndin	om a	ntrace	nrela	that re	ganization or individual general gener	ction,000 of complear.		5 ion fro	om	
rendered to the organization? If "You Section B. Independent Contractors 1 Complete this table for your five high the organization. Report compensation. Name and but the organization is a second bu	ghest complete Schedul ghest compensated indution for the calendar y (A) pusiness address	de J fo	nder ndin	om a	ntracith or	nrela	that re	ganization or individual general gener	ction,000 of complear.	Co	5 (CC)	om	

Form 990 (2021) ROCKY M
Part VIII Statement of Revenue

			Check if Schedule O contai	ns a response o	or note to any line	e in this Part VIII			
			Check in Contours C Contain	no a respense	or rioto to driy line	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
"	_	_	Fodoveted commissions	Ta-T					300110113 0 12 0 14
ants Ints	1		Federated campaigns						
S TO			Membership dues		92 270				
ts, An			Fundraising events		82,279.				
ig ig			Related organizations		2 556 106				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributio	· —	2,556,106.				
er S		f	All other contributions, gifts, grants						
ξĘ			similar amounts not included above		623,967.				
ont O		•	Noncash contributions included in lines 1a		44,742.				
<u>2</u> <u>a</u>		h	Total. Add lines 1a-1f			3,262,352.			
					Business Code				
မွ	2	_	ADMISSION FEES		900099	1,924,455.	1,924,455.		
ه چَ		~	EDUCATIONAL PROGRAMS		900099	212,030.	212,030.		
S		С	MEMBERSHIPS		900099	182,394.	182,394.		
am		d	OUTREACH AND EVENTS		900099	66,016.	66,016.		
Program Service Revenue		е							
Ā		f	All other program service reven	ue					
			Total. Add lines 2a-2f			2,384,895.			
	3		Investment income (including d						
			other similar amounts)			11,244.			11,244.
	4		Income from investment of tax-						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	.,,	. ,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	'	а	assets other than inventory 7a	(1) 0000111100	(ii) Guiloi				
		_	Less: cost or other basis						
as l		D							
her Revenue		_	and sales expenses 7b Gain or (loss) 7c						
eve			, ,						
r R			Net gain or (loss)						
t te	8	а	Gross income from fundraising eve	, ,					
ŏ				279. of					
			contributions reported on line 1		10 000				
			Part IV, line 18		12,000.				
			Less: direct expenses		85,918.	72.010			72.010
			Net income or (loss) from fundra			-73,918.			-73,918.
	9	а	Gross income from gaming acti						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gamir	_					
	10	а	Gross sales of inventory, less re						
			and allowances	10a	1,206,396.				
		b	Less: cost of goods sold	10b	508,421.				
		С	Net income or (loss) from sales	of inventory		697,975.	697,975.		
,,					Business Code				
ņ,	11	а	OTHER INCOME		900099	255,726.	255,726.		
ane and		b							
eke		С							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d		>	255,726.			
	12		Total revenue. See instructions .			6,538,274.	3,338,596.	0.	-62,674.

	rt IX Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	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,				
	trustees, and key employees	412,241.	96,028.	316,213.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1 400 115	405 500	
7	Other salaries and wages	2,107,777.	1,409,117.	405,722.	292,938.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	222 555	160 010	25 565	0.4.000
9	Other employee benefits	229,767.	169,318.	35,567.	24,882.
10	Payroll taxes	199,889.	134,519.	46,389.	18,981.
11	Fees for services (nonemployees):	16 000		16 000	
а	Management	16,000.		16,000.	
b	Legal	3,710.		3,710.	
С	Accounting	80,705.		80,705.	
d	, o				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	240 001	100 675	E2 000	70 020
	column (A), amount, list line 11g expenses on Sch O.)	240,801.	108,675.	52,888. 141,984.	79,238.
12	Advertising and promotion	141,984. 345,042.	249 200	46,076.	E0 667
13	Office expenses	345,042.	248,299.	40,0/6.	50,667.
14	Information technology				
15	Royalties	1/0 500	120 /27	8,527.	1 621
16	Occupancy	148,598. 39,658.	138,437. 29,877.	7,687.	1,634. 2,094.
17	Travel	39,030.	29,011.	7,007.	4,094.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	331,080.	308,566.	18,872.	3,642.
22	· · · · · · · · · · · · · · · · · · ·	35,152.	27,898.	5,022.	2,232.
23 24	Other expenses. Itemize expenses not covered	33,132.	27,000	3,022.	2,252.
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM/EXHIBIT COSTS	291,571.	256,304.	31,164.	4,103.
a b	DANIE DDDG	128,973.	99,354.	18,730.	10,889.
C	SUBSCRIPTIONS	85,800.	27,752.	56,549.	1,499.
d	DEDATE AND MATHERMANICE	34,953.	32,781.	1,821.	351.
	All other expenses	82,925.	1,381.	34,176.	47,368.
25	Total functional expenses. Add lines 1 through 24e	4,956,626.	3,088,306.	1,327,802.	540,518.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,555,625.	2,000,000	2,02.,002.	2 2 3 7 3 2 0 6
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	editahonal cambalon and innoralsing solicitation				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

1 2 3	·	(A) Beginning of year		(B)
2				(B)
2		3		End of year
	Cash - non-interest-bearing	377,787.	1	971,801.
3	Savings and temporary cash investments	216,169.	2	573,145.
•	Pledges and grants receivable, net	68,548.	3	1,309,756.
4	Accounts receivable, net	56,049.	4	98,929.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	91,250.	8	211,876.
9	Prepaid expenses and deferred charges		9	34,385.
10a				
b	Less: accumulated depreciation 10b 5,799,721.	3,559,970.	10c	3,297,519.
11	Investments - publicly traded securities		11	
12		159,043.	12	169,887.
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11	1 - 2 2 2 4 4	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)			6,667,298.
17		147,599.		431,092.
18		100 600		055 006
19				255,826.
20		820,000.		735,000.
21			21	
22				
			24	
25				
		48 404	0.5	0.
26				1,421,918.
20		1,205,000	20	1,421,510.
27		2.680.641.	27	4,497,408.
				747,972.
		, , , , , , , , , , , , , , , , , , ,		<u> </u>
29	·		29	
31				
32		3,325,136.		5,245,380.
33				6,667,298.
	8 9 10 a b 11 12 13 14 15 16 17 18 19 20 22 22 23 24 25 26 27 28 29 30 31 32	7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,097,240. b Less: accumulated depreciation 10b 5,799,721. 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 30 Total liabilities. Add lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,097,240. b Less: accumulated depreciation 10b 5,799,721. 3,559,970. linvestments - publicly traded securities 12 Investments - other securities, See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. Aed lines 1 through 15 (must equal line 33) 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 187,677. 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (Including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total liabilities and lines 17 through 25 28 Organizations that follow FASB ASC 958, check here 30 Organizations that follow FASB ASC 958, check here 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total net assets or fund balances 34 Total net assets or fund balances 35 Total net assets or fund balances	7 Notes and loans receivable, net 8 91, 250 . 8 9 Prepaid expenses and deferred charges 91, 250 . 8 9 Prepaid expenses and deferred charges 92, 097, 240 . 10a

Form **990** (2021)

Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 274.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>526.</u>
3	Revenue less expenses. Subtract line 2 from line 1	1,5	81,	5 48.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,3	25,3	136.
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	3	38,	596.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,2	45,3	380.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No 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?		2	a	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?		2	b 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?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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 Sin				
	Act and OMB Circular A-133?	-	З	a	X
b			,		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	
	`		Fo	rm 99 0	(2021)

132012 12-09-21

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-1155029 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). 2 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 university: 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 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 12q. 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 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 (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021 ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-1155

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

_	fails to qualify under the tests	s listed below, plea	se comp l ete Part I	II.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1330189.	1693007.	2051424.	1926406.	3262352.	10263378.
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	1330189.	1693007.	2051424.	1926406.	3262352.	10263378.
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)						
	Public support. Subtract line 5 from line 4.						10263378.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1330189.	1693007.	2051424.	1926406.	3262352.	10263378.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,090.	3,986.	4,443.	17,965.	11,244.	41,728.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	7,663.	58,626.	122,676.	204,252.	255,726.	648,943.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10954049.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 13	,409,879 .
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	line 6, co l umn (f), d	ivided by line 11, o	o l umn (f))		14	93.69 %
15	Public support percentage from 2020					15	95.03 %
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test	: - 2020. I f the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	ck this box and st	top here. Exp l ain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶
						Schedule A	(Form 990) 2021

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.)

quality under the tests listed be Section A. Public Support	ow, please comp	piete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and		(4)	(0) ==	(4.)	(4) = -= 1	(-)
membership fees received. (Do not						
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						
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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		ı			-	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		((4) ====	(,	(4) =	(-)
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						
openized offer June 20 1075						
acquired after June 30, 1975						
c Add lines 10a and 10b						
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	organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2021 (lin	e 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020 S					16	%
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	: 1 (line 10c, colu	mn (f), divided by l i	ne 13, co l umn (f))		17	%
18 Investment income percentage from 2)20 Schedu l e A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the o					33 1/3%, and l ine 1	7 is not
more than 33 1/3%, check this box and						>
b 33 1/3% support tests - 2020. If the c						nd
line 18 is not more than 33 1/3%, chec	•					
20 Private foundation. If the organization						▶ □

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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.)

No Yes 1 2 За 3b Зс 4a 4b 4c 5a 5b 5с 6 7 8 9a 9b 9с 10a 10b

132024 01-04-21

	dule A (Form 990) 2021 ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-11	<u>5502</u>	9 Pa	age 5
Pai	rt 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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
	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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2021

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	on 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		
Sect	on 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):			
a	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		
Sect	on 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		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting orga	nization (see
	instructions).	-		·

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Name of the organization

Employer identification number

ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-1155029 Organization type (check one):

Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990	-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
•	•	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General F	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	tules	
9	sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; ine 1. Complete Parts I and II.
(contributor, during t iterary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
<u>`</u> i	year, contributions of schecked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
answer "N	lo" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

ROCKY MOUNTAIN BUTTERFLY CONSORTIUM

84-1155029

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
1	BUREAU OF LAND MANAGEMENT 2850 YOUNGFIELD ST. LAKEWOOD, CO 80215	\$ 65,815.	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
2	CITY OF WESTMINISTER: GREAT OUTDOORS COLORADO 1900 GRANT ST. STE. 725 DENVER, CO 80203	\$\$	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	SCFD 899 N. LOGAN ST., STE. 500 DENVER, CO 80203	\$\$74,325.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	U.S. DEPARTMENT OF TREASURY 77 K ST. NE WASHINGTON, DC 20002	\$ 883,858.	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.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST. SW WASHINGTON, DC 20416	\$528,800.	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.)

Page 3

Name of organization Employer identification number

ROCKY MOUNTAIN BUTTERFLY CONSORTIUM

84-1155029

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	

Name of organization Employer identification number ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-1155029 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 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

ROCKY MOUNTAIN BUTTERFLY CONSORTIUM

Employer identification number 84-1155029

Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value of grants fro	Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization is property, subject to the organization's exclusive legal control? For the dispersion of the purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Partill Conservation Easements. Complete if the organization answered "Yes" on Form 950, Part IV, line 7. Partill Conservation Easements. Complete if the organization check all that apply). Preservation of an or natural habitat Preservation of land for public use (for example, recreation or education) Preservation of a conservation easements held by the organization (check all that apply). Preservation of a conservation easement seasement seasement in the organization in the form of a conservation easement on the last of the tax year. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements and contribution in the form of a conservation easement on the last of the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year was an enforcement of the conservation easements in thicking. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year was an enforcement of the conservation easements in thicking. Number of conservation have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements that describes these organization easements that describes these the organization easements that describes these them		organization answered "Yes" on Form 990, Part IV, line	e 6.	
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are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year		
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Preservation of open space 2 Complete lines 2 through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements and certified historic structure included in (a) c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 1 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 5 S 2 Does she organization have a written policy regarding the periodic monitoring conservation easements during the year ▶ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or resserch in furtherance of public service, provide the following am		Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements. Fart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the floth organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran		Protection of natural habitat	Preservation	of a certified historic structure
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a Beverue included on Form 990 Part viii line i	а	·	-	> \$
b Assets included in Form 990, Part X \$				

132051 10-28-21

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

Schedule D (Form 990) 2021

		,	, ,	
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	depreciation	
1a Land		977,685.		977,685.
b Buildings		5,122,977.	3,890,867.	1,232,110.
c Leasehold improvements				
d Equipment		1,247,306.	1,116,684.	130,622.
e Other		1,749,272.	792,170.	957,102.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colur	nn (B) line 10c)	•	3,297,519.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ROCKY MOUN'	TAIN BUTTERFLY	CONSORTIUM	84-1155029 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes	" on Form COO Port IV line	11h Con Form 000 Dort V lin	. 10
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives		(b) mounds of valuations	section and anyour market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must equal Form 000 Port V col. (P) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes	" on Form 990. Part IV. line	11c. See Form 990. Part X. line	e 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes	" on Form 990. Part IV. line	11d. See Form 990. Part X. line	e 15.
	a) Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) li. Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f, See Form 990, Par	t X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			1

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

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

Schedule D (Form 990) 2021

(9)

Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,539,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		1,270.		
С	Recoveries of prior year grants			_	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,270.
3	Subtract line 2e from line 1			3	6,538,274.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	<u>0.</u>
5 D 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial State	monte With	Evnences per F	5 Poturr	6,538,274.
Fai			i Expenses per r	returi	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				4 0E7 006
1	Total expenses and losses per audited financial statements			1	4,957,896.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	1 270		
a	Donated services and use of facilities		1,270.	-	
b	Prior year adjustments			-	
C	Other losses			-	
d	Other (Describe in Part XIII.)			0-	1,270.
е 3	Add lines 2a through 2d			2e 3	4,956,626.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				4,550,020.
7	Investment expenses not included on Form 990, Part VIII, line 7b	42			
a b	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	4,956,626.
_	t XIII Supplemental Information.				, ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	and 2b; Part V, line 4	: Part X	(, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	, , ,
PAF	RT V, LINE 4:				
PRO	CEEDS FROM THE ENDOWMENT FUNDS ARE USED	BY THE	PAVILION FO	R EI	OUCATIONAL
ANI	SCHOLARSHIP SUPPORT.				

Schedule D (Form 990) 2021

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

ROCKY M	OUNTAIN BUTTERFLY	CON	SOR?	TIUM	84-1155	029
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (inc l uc	non-g gover lising of ling of ona l fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody tro l of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit o			or has been notified	it is exempt from re	 gistration

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

Schedule G (Form 990) 2021

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				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	, , , , ,		col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	94,279.			94,279.
	2	Less: Contributions	82,279.			82,279.
	3	Gross income (line 1 minus line 2)	12,000.			12,000.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	10,030.			10,030.
irect Ex	7	Food and beverages	24,395.			24,395.
Ω	8	Entertainment	17,220.			17,220.
	9	Other direct expenses	34,273.			34,273.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	85,918.
Da	11	Net income summary. Subtract line 10 from lin				-73,918.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		ψ13,300 0111 01111 330-L2, line σα.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes %	
	О	Volunteer labor	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-				
		the organization licensed to conduct gaming ac				Yes No
D	IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
		Yes," explain:	•			
	_					
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-1	. <u>1336</u>	149	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es (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?	Y	es /	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	/es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount 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 \$			
	daming manager compensation • • • • • • • • • • • • • • • • • • •			
	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		es /	No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		163	NO
D	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 Par	t III. line	× 0 ()h 10h
ı u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III le	:5 g, s	ю, тою,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	ROCKY	MOUNTAIN	BUTTERFLY	CONSORTIUM	84-1155029	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (co	ontinued)				
	• •	100	mada)				
-		· ·					

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Employer identification number ROCKY MOUNTAIN BUTTERFLY CONSORTIUM 84-1155029 **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 personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	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 to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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 committee			
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:			
	Receive a severance payment or change-of-control payment?	<u>4a</u>		_ <u>X</u> _
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	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			
_	contingent on the revenues of:	5a		Х
	The organization?	5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
•	The organization?	6a		X
	Any related organization?	6b		X
b	If "Yes" on line 6a or 6b, describe in Part III.			
7				
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part 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/2	a		

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 RO

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 M	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	ပ	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) PATRICK TENNYSON	Ξ	151,943.	3,859.	0		11,858.	167,660.	0
СЕО	▣		0.	0	•0	0.		0.
(2) JANET MCFARLAND BURLILE	Ξ	135,27	3,435.			12,764.	151,475.	0.
VP OF DONOR RELATIONS	⊞	0.	•0	0	•0	0.	0.	0.
	(i)							
	▣							
	Ξ							
	(ii)	1						
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(E)							
	(ii)							
	Ξ							
	≘							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	⊞							
	Ξ							
	(ii)	,						
	Ξ							
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	Ξ							
	Ξ							
							Schedu	Schedule J (Form 990) 2021

Schedule J (Form 990) 2021	ROCKY MOUNTAIN BUTTERFLY CONSORTIUM	84-1155029	P.
Part III Supplemental Information	nation		
Provide the information, explanation, o	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	so complete this part for any additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization ROCKY MOUNTAIN BUTTERFLY CONSORTIUM Employer identification number 84-1155029

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ed on	(d) Method of de noncash contribu	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								
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 (SILENT AUCTIO)	X	108	44	,130.				
26	Other (AQUARIUM SUPP)	X	1		612.	FMV			
27	Other								
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29			0	
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines	s 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't require	d to be us	sed for			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to so l id	cit, process, or sell	noncash				_
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	o l umn (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) 2021

132142 11-17-21

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.

2021
Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN BUTTERFLY CONSORTIUM

Employer identification number 84-1155029

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

THE FORM 990 IS EMAILED TO ALL VOTING MEMBERS OF THE BOARD USING A SECURE LINK FOR THEIR REVIEW, PRIOR TO FILING THE TAX RETURN.

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

A CONFLICT OF INTEREST ARISES WHEN AN OFFICER, DIRECTOR, MANAGER, OR KEY

EMPLOYEE MAKES A DECISION THAT CAN FINANCIAL BENEFIT THE PERSON, FAMILY, OR

BUSINESSES. ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES CERTIFY ANNUALLY

THAT EITHER NO CONFLICT EXISTS OR THAT ALL CONFLICTS HAVE BEEN DISCLOSED.

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

ON THE ANNUAL PERFORMANCE REVIEW PREDICATED ON BOTH JOB DESCRIPTION AND

SUBMITTED GOALS AND OBJECTIVES. THE STANDARD OF COMPENSATION WILL BE

DEVELOPED UTILIZING VARIOUS PROFESSIONAL SOURCES. FOR THE MOST RECENT

REVIEW, THIS INCLUDED COLORADO NONPROFIT ASSOCIATION AND AMERICAN

ZOOLOGICAL ASSOCIATION. THE VOLUNTEER BOARD OF DIRECTORS WILL SET THE

MERIT-BASED COMPENSATION FOR THE CEO BASED ON AN ANNUAL REVIEW OF THE

AFORESAID SOURCES. THE CEO WILL SET THE MERIT-BASED COMPENSATION FOR OTHER

KEY EMPLOYEES BASED ON AN ANNUAL REVIEW OF AFORESAID SOURCES AND BUDGET

CONSIDERATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST AND POSTED ON THE ORGANIZATION'S WEBSITE.

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

Schedule O (Form 990) 2021

Name of the organization ROCKY MOUNTAIN BUTTERFLY CONSORTIUM	Employer identification number 84-1155029
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	04 1133025
RESTATED 2020 ERTC INCOME	338,596.
PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	