Form <b>990</b>
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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**Open to Public** 

Inspection

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

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

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2020 calend	dar year, or tax year beginning , 2020, and en	ding	_		, 20					
в	Check if	f applicable:	<b>C</b> Name of organization Global Warming Mitigation Proje	ect		D Emple	oyer identificat	tion number				
	Address	s change	Doing business as			82-30	056808					
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room	/suite	E Telepł	hone number					
	Initial re	turn		(970	)456-2054	4						
	Final ret	I return/terminatedCity or town, state or province, country, and ZIP or foreign postal codeanded returnAspen, CO 81612G Gross receipts \$2,228,91										
	Amende	ed return	G Gross	receipts \$2,2	228,912.							
	Applicat	tion pending	F Name and address of principal officer:				or subordinates?					
			Michael R Klein, 1113 Connecticut Ave NW, 810, Washington, DC	20036	H(b) Are all su	bordinat	es included?	Yes 🗌 No				
I	Tax-exe	empt status:	X     501(c)(3)     501(c) (     ) ◄ (insert no.)     4947(a)(1) or     52	7	If "No," at	ttach a li	st. See instructi	ions				
J		e:►N/A			H(c) Group ex							
		organization: 🗙		rmation:	2017	M State	of legal domici	le: CO				
P	art I	Summa										
	1		cribe the organization's mission or most significant activities: $\underline{Award}$									
nce			substancial impact in efforts to mitigate gl	obal	warming	as	it affec	ts the				
mai			States and elsewhere									
Nel	2		box $\blacktriangleright$ if the organization discontinued its operations or dispos			1 1	its net asse					
Ğ	3		voting members of the governing body (Part VI, line 1a) .			3		2				
Activities & Governance	4		independent voting members of the governing body (Part VI, line			4		1				
ìti	5		per of individuals employed in calendar year 2020 (Part V, line 2a)			5		5				
ctiv	6		per of volunteers (estimate if necessary)			6		22				
◄	7a b		ated business revenue from Part VIII, column (C), line 12			7a 7b		0.				
	U D		ted business taxable income from Form 990-T, Part I, line 11 .		Prior Year		Curren	0.				
	8	Contributio	ons and grants (Part VIII, line 1h)									
Revenue	9		ervice revenue (Part VIII, line 2g)		608,	003.	, ⊥	.39,465.				
ver	10	•	t income (Part VIII, column (A), lines 3, 4, and 7d)			208.	1	17,027.				
å	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			200.	<b>⊥</b>					
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12		609,	071	1 2	256,492.				
	13	-	d similar amounts paid (Part IX, column (A), lines 1–3)		250,			250,000.				
	14		aid to or for members (Part IX, column (A), line 4)		2007							
s	15	-	her compensation, employee benefits (Part IX, column (A), lines 5-10		80,	468.	2	241,200.				
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		· ·							
be	b	Total fundr	raising expenses (Part IX, column (D), line 25) ► 12,550									
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		209,	453.	1	.99,842.				
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		539,	921.	6	591,042.				
	19	Revenue le	ess expenses. Subtract line 18 from line 12		69,	150.	5	565,450.				
s or				Beg	inning of Curre	ent Year	End of	f Year				
sets	20	Total asset	ts (Part X, line 16)		484,	813.	1,0	)50,263.				
Net Assets or Fund Balances	21		ties (Part X, line 26)									
s P	22	Net assets	or fund balances. Subtract line 21 from line 20		484,	813.	1,0	)50,263.				

Part II Signature Block

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

				11	/09/2021	
Sign	Signature of officer			Date		
Here	Jacquelyn Francis, Exec	cutive Director				
	Type or print name and title					
Paid	Print/Type preparer's name	Preparer's signature	Date		Check 🗌 if	PTIN
Preparer	Steven M Marolt CPA	11/09/2021 self-employ			P00638227	
Use Only	Firm's name ► MAROLT LLP		Firm's EIN ► 84-1364489			
	Firm's address ► PO BOX 10671, A	Phone no. (970)925-7047				
May the IRS	discuss this return with the preparer s	shown above? See instructions				🛛 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	te instructions. BAA	REV 09/08/21 F	PRO		Form <b>990</b> (2020)

	10 (2020) Page <b>2</b>
Part	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:
	Awarding the Keeling Curve Prize to organizations or individuals who
	make a substancial impact in efforts to mitigate global warming as it affects the
	United States and elsewhere
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$601,159. including grants of \$250,000. ) (Revenue \$1,139,465. )
	Individual Donor Contribution for the Program of awarding money
	to organizations and individuals making achievements in the field
	of Global Warming Mitigation
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
14	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►   601,159.

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Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
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		×
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 er march / f "Yoa" complete Schedule 5. Date Land //	4.4%		
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 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 propriation? <i>If "Yes," complete Schedule F. Parts II and IV.</i>	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	16 17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	17		×
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	10		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	×	

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Part	V 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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? <i>If "Yes," complete Schedule J</i> .	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable115Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable11			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Part	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 <b>2a</b> 5								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
iu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×					
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		×					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00							
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×					
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		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_							
	required to file Form 8282?	7c		×					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
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 . <b>10b</b>								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b								
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							
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
b	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	_							
	excess parachute payment(s) during the year?	15							
	If "Yes," see 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							
	If "Yes," complete Form 4720, Schedule O.								

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			×
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 2 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.	-	Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 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		×
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6 7-	Did the organization have members or stockholders?	6		×
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		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	, , , , , , , , , , , , , , , , , , ,	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
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	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
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			
Sect:	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- <sup>¬</sup> (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Г (Sec	tion {	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f intei	rest p	olicy,

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Steven M. Marolt, CPA, 117 S Spring St, Aspen, CO 81611 (970)925-7047

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than of is both or/trust employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Michael Klein President	0.50	×		×				0.	0.	0.
(2) Michael Klein	0.25							0.	0.	
Treasurer				×				0.	0.	0.
(3) Jacquelyn Francis Executive Director	40.00				×	×		97,500.	0.	0.
(4) Jacquelyn Francis Secretary	2.00			×				0.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
		!		·		ļ		ļ	1	Corres <b>000</b> (0000)

-

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Emj	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	<b>yees</b> (c	ontin	ued)
					(0	C)								
	(A)	(B)	(-1	-4 -1		ition			(D)	(E	)		(F)	
	Name and title	Average	· ·				e than o is both		Reportable	Repor		Estimat		ount
		hours per week			dad		or/trust	ee)	compensation from the	compen from re			other ensatio	n
		(list any	Indi or c	Inst	Officer	Key	Hig	Former	organization	organiz			om the	511
		hours for related	Individual t or director	ituti	cer	em	bloy	mer	(W-2/1099-MISC)	(W-2/109	9-MISC)		zation a	
		organizations	tort	ona		Key employee	e con					related c	ryaniza	allons
		below	Individual trustee or director	Institutional trustee		/ee	nper							
		dotted line)	e e	stee			Highest compensated employee							
							đ							
(15)			-											
<u></u>														
(16)			-											
(17)			-											
(4.0)														
(18)			-											
(40)														
(19)			-											
(00)														
(20)			-											
(01)														
(21)			-											
(00)														
(22)			-											
(02)														
(23)			-											
(24)														
(47)			1											
(25)														
(20)			-											
1b	Subtotal								97,500.		0.			0.
c is	Total from continuation sheets to Part		 Δ	•	•	• •	•		57,500.		0.			<u> </u>
d									97,500.		0.			0.
2	Total number of individuals (including but						above	.) w		e than \$1		of		
-	reportable compensation from the organi				, 1101			,		o than y	00,000	01		
													Yes	No
3	Did the organization list any former of	officer dire	ector	tru	ister	e k	ev e	mpl	lovee or highes	t compe	ensated			
•	employee on line 1a? If "Yes," complete s							-		-		3		×
4	For any individual listed on line 1a, is the							n a	nd other comper	nsation fi	om the			
•	organization and related organizations													
	individual											4		×
5	Did any person listed on line 1a receive o	r accrue co	ompe	nsa	tion	froi	m anv	' un	related organizat	ion or in	dividual			
-	for services rendered to the organization'											5		×
Sectio	on B. Independent Contractors	,	,						•			- 1 1		
1	Complete this table for your five high	nest comp	ensat	ed	inde	eper	ndent	со	ontractors that r	eceived	more t	han \$1	00.00	)0 of
	compensation from the organization. Rep													
	(A)								(B)			(C)		
	Name and business add	ress							Description of serv	vices	(	Compens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue Check if Schedule O contai

Par	: VIII	Statement of Revenue Check if Schedule O co		se or note to ar	w line in this Pa	ort VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns .	<b>1</b> a					
ran	b	Membership dues	1b					
۲, G	С	Fundraising events						
iifts ar A	d	Related organizations .			-			
s, G milå	е	Government grants (con			-			
io Si	f	All other contributions, gi and similar amounts not incl						
Contributions, Gifts, Grants and Other Similar Amounts				1,139,465.	-			
d dri	g	Noncash contributions ir lines 1a–1f.		\$ 972,420.				
anc	h	Total. Add lines 1a–1f.			1,139,465.			
				Business Code	1/155/1051			
e	2a							
e ži	b							
enu Senu	с							
jram Ser Revenue	d							
Program Service Revenue	е							
Δ.	f	All other program service		L				
	g	Total. Add lines 2a–2f .						
	3	Investment income (inc other similar amounts) .			102.	0.	0.	102.
	4	Income from investment			102.	0.	0.	102.
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6a	Gross rents 6a			-			
	b	Less: rental expenses 6b			]			
	С	Rental income or (loss) 6c						
	d	Net rental income or (los	1					
	7a	Gross amount from	(i) Securities	(ii) Other	-			
		sales of assets	1 000 245					
0	h		1,089,345.		-			
venue	b	Less: cost or other basis and sales expenses . <b>7b</b>	972,420.					
	с	Gain or (loss) 7c			-			
Ĕ					116,925.	0.	0.	116,925.
Other Re	8a	Gross income from fu	undraising					
ō		events (not including \$						
		of contributions reporte						
		1c). See Part IV, line 18			-			
	b	Less: direct expenses .		<b>&gt;</b>				
	C Oc	Net income or (loss) from		ents 🕨				
	9a	Gross income from activities. See Part IV, lin						
	b	Less: direct expenses .			-			
	c	Net income or (loss) from		es 🕨				
	10a	Gross sales of invent						
		returns and allowances	<b>10a</b>					
		Less: cost of goods sold						
	С	Net income or (loss) from	n sales of invento	-				
sno	44-			Business Code				
scellaneo Revenue	11a b							
șlla. ver	D C							
Miscellaneous Revenue	d	All other revenue						
Σ	e	Total. Add lines 11a–11c		►				
	12	Total revenue. See instr			1,256,492.	0.	0.	117,027.

## Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	100,000.	100,000.		
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	150,000.	150,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,500.	78,000.	14 625	1 075
~		97,500.	78,000.	14,625.	4,875
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	123,015.	00 410	10 450	6,151
7	Other salaries and wages	123,015.	98,412.	18,452.	0,151.
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,585.	2,868.	538.	179.
10	Payroll taxes	17,100.	13,680.	2,565.	855
11	Fees for services (nonemployees):		10,000.	2,303.	
а	Management				
b					
C	Accounting	5,692.	0.	5,692.	0 .
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	55,258.	55,258.	0.	0.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,299.	0.	1,299.	0 .
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	762.	0.	762.	0 .
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Bank Service Charges	543.	0.	543.	0.
b	Corporate Registration Fees	156.	0.	156.	0
C	Consulting	17,758.	0.	17,758.	0.
d	Contract Services	11,350.	0.	11,350.	0.
е 25	All other expenses	107,024.	102,941.	3,593.	490
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	691,042.	601,159.	77,333.	12,550.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [] if following SOP 98-2 (ASC 958-720)				
	10110 Willing 001 30-2 (AOC 300-120)				Form <b>000</b> (000)

Form 990 (2020)

	n 990 (2	•			Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	<b>t X</b>		<b></b>
	1	Cash-non-interest-bearing	-5 5 5 7	1	, <b>,</b>
	2	Savings and temporary cash investments	484,813.	2	1,050,263.
	3	Pledges and grants receivable, net	101,015.	3	1,000,200.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
	5	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	484,813.	16	1,050,263.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		00	
-iat	00	controlled entity or family member of any of these persons		22	
-	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
	24			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		25	
s		Organizations that follow FASB ASC 958, check here ►			
Cee		and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► ⊠ and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
sts	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds	484,813.	31	1,050,263.
ťΑ	32	Total net assets or fund balances	484,813.	32	1,050,263.
Ne	33	Total liabilities and net assets/fund balances	484,813.	33	1,050,263.
			101/0101		_,000,200.

REV 09/08/21 PRO

Form **990** (2020)

Form 99	90 (2020)			Pa	ige <b>12</b>		
Part				-			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	56,4	92.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	91,0	942.		
3	Revenue less expenses. Subtract line 2 from line 1	evenue less expenses. Subtract line 2 from line 1					
4	Image: Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       Image: Image: Image: Amage: Amage						
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	<u>32, column (B))</u>	10	1,0	50,2	263.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain ir	n				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	-				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a	ι				
	separate basis, consolidated basis, or both:						
	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 ov	ersight o	F				
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2c				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain or	1				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the	•				
	Single Audit Act and OMB Circular A-133?		3a		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo the	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits .	3b				
	REV 09/08/21 PRO		For	m <b>990</b>	(2020		

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

20

Department of the Treasury
Internal Revenue Service

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

#### Name of the

Department of the Treasu		Open to Public		
nternal Revenue Service	est information.	Inspection		
Name of the organizat	tion	Employer identificat	tion number	
Global Warmi	ng Mitigation Project	82-3056808		
Part I Reas	son for Public Charity Status. (All organizations must comple	te this part.) See instruc	ctions.	
The organization is	s not a private foundation because it is: (For lines 1 through 12, chec	k only one box.)		
1 🗌 A church	, convention of churches, or association of churches described in se	ction 170(b)(1)(A)(i).		
2 🗌 A school	described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 d	or 990-EZ).)		
3 🗌 A hospita	al or a cooperative hospital service organization described in section	170(b)(1)(A)(iii).		
	al research organization operated in conjunction with a hospital descues name, city, and state:	ribed in <b>section 170(b)(1)(</b> /	A)(iii). Enter the	
	nization operated for the benefit of a college or university owned on <b>170(b)(1)(A)(iv).</b> (Complete Part II.)	r operated by a governme	ental unit described in	
7 🗌 An organ	, state, or local government or governmental unit described in <b>sectio</b> iization that normally receives a substantial part of its support from d in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)		om the general public	
8 🗌 A commu	unity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
9 🗌 An agricu	ultural research organization described in <b>section 170(b)(1)(A)(ix)</b> ope sity or a non-land-grant college of agriculture (see instructions). Enter			
receipts f support f	ization that normally receives (1) more than 33 <sup>1/3</sup> % of its support fror from activities related to its exempt functions, subject to certain exce rom gross investment income and unrelated business taxable incom by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Con	eptions; and (2) no more th le (less section 511 tax) fro	an 33 <sup>1</sup> /3% of its	
11 🗌 An organ	ization organized and operated exclusively to test for public safety. S	See <b>section 509(a)(4).</b>		
of one or	ization organized and operated exclusively for the benefit of, to perfor r more publicly supported organizations described in <b>section 509(a)</b> e box in lines 12a through 12d that describes the type of supporting o	)(1) or section 509(a)(2).	See section 509(a)(3).	

- **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.
- 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, С 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) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.
- Enter the number of supported organizations . . . . . . . . . . . . . f

Provide the following information about the supported organization(s). α

•	5		0 ()				
(i)	Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

### 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.)

Secti	on A. Public Support			<i>, picace ce</i>		,			
-	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees	(u) 2010	(10) 2011	(0) 2010	(4) 2010	(0) 2020	(i) rotai		
-	received. (Do not include any "unusual grants.")		100,300.	750,200.	606 071	1 120 /65	2,596,036.		
2	Gross receipts from admissions, merchandise		100,300.	750,200.	000,071.	1,139,403.	2,390,030.		
	sold or services performed, or facilities								
	furnished in any activity that is related to the				2,792.		2 7 0 2		
3	organization's tax-exempt purpose Gross receipts from activities that are not an				2,192.		2,792.		
0	unrelated trade or business under section 513								
4	Tax revenues levied for the								
4	organization's benefit and either paid to								
	or expended on its behalf								
-	•								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
•	-		100 200	750 000	<u> </u>	1 120 465	2 500 000		
6 70	<b>Total.</b> Add lines 1 through 5		100,300.	750,200.	608,863.	1,139,405.	2,598,828.		
7a	received from disqualified persons		100.000						
			100,000.	750,000.	500,000.	972,420.	2,322,420.		
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				0 - 010	0.0.01.0	100 601		
	-				87,818.				
	Add lines 7a and 7b		100,000.	750,000.	587,818.	1,063,233.	2,501,051.		
8	<b>Public support.</b> (Subtract line 7c from								
0	line 6.)						97,777.		
-	on B. Total Support	(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000			
	dar year (or fiscal year beginning in) ► Amounts from line 6	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9			100,300.	750,200.	608,863.	1,139,465.	2,598,828.		
10a	Gross income from interest, dividends, payments received on securities loans, rents,								
	royalties, and income from similar sources.		1.0	0.2	200	100	100		
L.	•		10.	83.	208.	102.	403.		
D	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975								
•	Add lines 10a and 10b		1.0	0.2	200	100	102		
			10.	83.	208.	102.	403.		
11	Net income from unrelated business activities not included in line 10b, whether								
	or not the business is regularly carried on								
40									
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11,								
10	and 12.)		100,310.	750 202	600 071		2,599,231.		
14	First 5 years. If the Form 990 is for the	organization'							
	organization, check this box and <b>stop he</b>	•	· · · · · ·		•				
Secti	on C. Computation of Public Suppor								
15	Public support percentage for 2020 (line 8			13, column (fl)		15	%		
16	Public support percentage from 2019 Sch					16	%		
	on D. Computation of Investment In								
17	Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %								
18	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17								
19a	<b>33</b> <sup>1</sup> / <sub>3</sub> % support tests – 2020. If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line								
'	17 is not more than $33^{1}$ / <sub>3</sub> %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .								
b									
	line 18 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization di	_	-	-					
			V 09/08/21 PRO	,-			0 or 990-EZ) 2020		