EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

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

and ending

Open to Public

B c	heck if	C Name of organization			D Employer identifi	cation number		
	¬Addre	SS CUDIC VIIIC FOINDAMION						
	_ chano ∏Name				84-16284	11		
	_lchano □Initial	<u>5</u>	d t t d d \	D / it -	+			
H	_ return □Final	Number and street (or P.0. box if mail is not del	ivered to street address)	Room/suite	E Telephone number (607) 33			
	return∟ termir	_			' ' ' 	380622.		
	ated ∏Amen	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$			
	⊒return ⊒Appli	ADERIN, CO OTOTA	TOMODUED VIIIC		H(a) Is this a group r			
	⊥tion pendi	F Name and address of principal officer.	1612		for subordinates			
					H(b) Are all subordinates i			
				or 527	┥,	list. See instructions		
		te: CHRISKLUGFOUNDATION.OR		1	H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·		
	_	organization	sociation Other	L Year	of formation: 2004	M State of legal domicile: CO		
Pa	rt I	Summary	/ CER	COIIDI				
Se	1	Briefly describe the organization's mission or most	significant activities: (SEE	SCHEI)OTE ()			
Governance								
/er	2	Check this box if the organization discor			1	_		
é	3	Number of voting members of the governing body				9		
	4	Number of independent voting members of the go				2		
ijes	5	Total number of individuals employed in calendar y						
Activities &	6	Total number of volunteers (estimate if necessary)				100		
Aci		Total unrelated business revenue from Part VIII, co				0.		
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	······		0.		
					Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)			398593.	270159.		
Jen Jen	9				20965.	4793.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			1485.	1397.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			25441.	-8992.		
	12	Total revenue - add lines 8 through 11 (must equal			446484.	267357.		
	13	Grants and similar amounts paid (Part IX, column (0.	0.			
	14	Benefits paid to or for members (Part IX, column (A			0.	0.		
es	15	Salaries, other compensation, employee benefits (I			152602.	142908.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)	. <u></u>	0.	0.		
ă		Total fundraising expenses (Part IX, column (D), line	· -			40-000		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		256077.	107023.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		408679.	249931.		
	19	Revenue less expenses. Subtract line 18 from line	12		37805.	17426.		
Net Assets or Fund Balances				В	eginning of Current Year	End of Year		
set	20	Total assets (Part X, line 16)			367103.	390174.		
at As	21	Total liabilities (Part X, line 26)			13768.	19398.		
堊	22	Net assets or fund balances. Subtract line 21 from	line 20		353335.	370776.		
	ırt II	Signature Block						
	•	Ities of perjury, I declare that I have examined this return,			•	y knowledge and belief, it is		
true,	corre	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prepare	r has any knowledge.			
		Circohum of officer			Data			
Sign		Signature of officer	TD =1.1m		Date			
Her	е	CHRISTOPHER KLUG, PRES	TDENT					
		Type or print name and title			Data I -	I DTIN		
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Paid		ROGER D. MAGGARD, CPA	D.C.		06/16/21 self-employ			
	arer		PC		Firm's EIN	84-0717842		
Use	Only	Firm's address > 901 GRAND AVE.,			, ,	TO\ 045 0500		
		GLENWOOD SPRINGS	-		Phone no. (9	70) 945-8588		
May	the I	RS discuss this return with the preparer shown abo	we? See instructions			X Ves No		

Га	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:
	THE CHRIS KLUG FOUNDATION ADVOCATES FOR ORGAN AND TISSUE DONATION
	WHILE INSPIRING THOSE TOUCHED BY TRANSPLANTATION THROUGH A WIDE
	VARIETY OF PROGRAMS, REACHING TENS OF THOUSANDS OF YOUNG PEOPLE EACH
	YEAR, EQUIPPING THEM WITH THE FACTS OF ORGAN DONATION SO THEY CAN MAKE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	101221
4a	(Code:) (Expenses \$191331 • including grants of \$) (Revenue \$ 4 / 93 •) THE CHRIS KLUG FOUNDATION FURTHERED ITS PATIENT AMBASSADOR PROGRAM,
	PARTNERING WITH ORGAN AND TISSUE TRANSPLANT RECIPIENTS TO VISIT
	HOSPITALS ACROSS THE COUNTRY; DISTRIBUTED 'TOOLKIT FOR TEACHERS'
	CURRICULUMS WITH AN ONLINE VIDEO AND INTERACTIVE EDUCATIONAL TOOLKIT
	FOR USE WITH MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE-AGED STUDENTS TO
	EDUCATE THEM ON ORGAN DONATION AND REGISTRATION; PROMOTED ITS 'DONOR
	DUDES' PROGRAM AT HIGH SCHOOLS AND COLLEGES TO HELP EDUCATE AND RAISE
	AWARENESS ABOUT THE IMPORTANCE OF ORGAN DONATION; AND CONTINUED ITS
	SOCIAL MEDIA PLATFORM, REACHING OVER 1 MILLION PEOPLE, TO EDUCATE ABOUT
	THE IMPORTANCE OF ORGAN DONATION. THE FOUNDATION ALSO RAISED AWARENESS
	ABOUT ORGAN AND TISSUE DONATION THROUGH PARTNERSHIPS AND PARTICIPATION
	IN HIGH-PROFILE EVENTS AND ITS 'SUMMIT FOR LIFE' RACE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
) (Trevenue 4
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$ 4008 •)
4e	Total program service expenses ► 191331.
	Form 990 (2020)

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)?		х	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
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>	Ė		
•	Schedule D, Part III	8		Х
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		Х
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		77	
	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			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			_V
4-	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,			X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 ^
ıIJ	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┢
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			۱
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	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			٦,
	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%			٠,
	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			₩
	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 Schedule L, Part IV			1
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"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		┝≏
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29	х	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Cohodulo N. Dout II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
		34		Х
35 a	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	554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
	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 in 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2020)

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Form 990 (2020) CHRIS KLUG FOUNDATION 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 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		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		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
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				
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?	7с		X				
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?	7 f 7g		X				
g								
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.	0-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
a b	Initiation fees and capital contributions included on Part VIII, line 12							
11	Section 501(c)(12) organizations. Enter:							
··	Gross income from members or shareholders 11a							
h	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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х				
	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		X				
	If "Yes," complete Form 4720, Schedule O.							
		Form	990	(2020)				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Λ
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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	e 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				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as				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 a				
	more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		1.2		
_	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	х	
b			8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		80	 	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal R		<u> </u>		
000	tion B. Folicies (This Section B requests information about policies not required by the internal h	evenue Code.)		Voc	No
100	Did the expenientian have local chapters, branches as affiliated		10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		IUa		1 23
D	If "Yes," did the organization have written policies and procedures governing the activities of such c		406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filling the form?	11a	A	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40	- V	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		١.,	₩	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			17	
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization'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, a	nd 990-T (Section 501(c)	(3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	X 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, c	onflict of interest policy, a	and fina	ncial	
	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 bo	ooks and records			
	MELISSA KLUG - 970-309-7035				
	PO BOX 64, ASPEN, CO 81612				

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 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.

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

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

(A)	(B)	(C)					iioai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	-	CCI ai		1)/ a do	100)	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = 2 ********************************	organization
	organizations	Itrust	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
·	line)	pul	Inst	ijJO	Ke	Hig	휸			
(1) LAUREN PIERCE FORMAN	40.00	-		X	4			76750.	0	2000
EXECUTIVE DIRECTOR	20.00			^				/6/50•	0.	3000.
(2) CHRISTOPHER KLUG	20.00	X		х				0.	0.	0.
PRESIDENT (3) MELISSA KLUG	15.00	^		Δ				0.	0.	<u> </u>
TREASURER	13.00	1		Х				0.	0.	0.
(4) ESTHER BLOM-GEISER	1.00			L^					0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(5) JON GIBANS	0.00									
DIRECTOR	3.00	Х						0.	0.	0.
(6) WARREN KLUG	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHARLES LUCARELLI	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ERIC SHERMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) HOLLY UPPER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BOB WADE	1.00							_	_	
DIRECTOR		Х						0.	0.	0.
(11) VIRGINIA EDELSON	1.00								_	
DIRECTOR	1 00	Х						0.	0.	0.
(12) CHARLIE SINGER	1.00	١							•	•
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		ł								
		1								
		\vdash		\vdash			\vdash			
		1								
			_		_	_	_			- 000

	t VII Section A. Officers, Directors, Trus (A)	(B)	, <u>,</u>				<u> </u>		(D)	(E)			(F)	
		Average	(C) Position						1 ' '	` '				
	Name and title	hours per	(do not check more than one box, unless person is both a						Reportable compensation	Reportable	_		timate nount	
		week					or/trus		from	compensation from related	'	I	other	OI.
		(list any	ro						the	organizations			pensa	tion
		hours for	direct				_			(W-2/1099-MIS		I	om the	
		related	e or o	stee			sate		(W-2/1099-MISC)	(** 2/ 1000 10110	Ο,	I	anizati	
		organizations	truste	al trus		/ee	mper		(11 2) 1300 11110 07				d relat	
		below	Individual trustee or director	Institutional trustee		oldm	sst co	ь				orga	anizatio	ons
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Бm						
						◀								
	Subtotal								76750.		0.		30	00.
С	Total from continuation sheets to Part V	II, Section A						•	0.		0.			0 .
	Total (add lines 1b and 1c)								76750.		0.		30	00.
2	Total number of individuals (including but r								eceived more than \$100	,000 of reportable	e			
	compensation from the organization													(
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	phest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the si	•							•	•				ĺ
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J t	for such individual			4		Х
5	Did any person listed on line 1a receive or					-			ted organization or indiv	idual for services				
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for	=	-											
	(A) Name and business	addroce	NT/	ONI	7				(B) Description of s	envices	((C Compe		n
	Name and business	address	TAC	JINI				\dashv	Description of s	ici vices		ompei	isatio	
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					0					Form !	000 (

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Form	990	(202	on CHR	IS K	KLUG	FO	UNDATION	ſ		84-1628	444 Page 9
	rt VI		Statement of Re								9-
			Check if Schedule O	contains	a respo	nse	or note to any lin	ne in this Part VIII			
							,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Fe	ederated campaigns		1a						
La L			embership dues		. —						
ا څن			undraising events								
a ii			elated organizations								
s, G			overnment grants (contr								
Sign			other contributions, gifts,								
탈			milar amounts not included				270159.				
Contributions, Gifts, Grants and Other Similar Amounts	9		ncash contributions included in			3	17000.				
a G		-	otal. Add lines 1a-1f				>	270159.			
							Business Code				
e l	2 8	a R	EGISTRATION	FEES	3		900099	4793.	4793.		
اه ڲٙ	ŀ	, <u> </u>									
S u	(: _									
ev.	(_ t									
Program Service Revenue	•	· _									
	f	Al	l other program service	revenue				1700			
			otal. Add lines 2a-2f					4793.			
	3		vestment income (includ	•			•	1662			1660
			her similar amounts)					1662.			1662.
	4		come from investment o		•	•	-				
	5	Ro	oyalties		(i) Real		(ii) Personal				
	•			<u>_</u>	(i) nea		(II) Personal				
				6a				-			
	,		ess: rental expenses	6b							
			ental income or (loss) et rental income or (loss)	[6c							
			oss amount from sales of) Securit		(ii) Other				
	, ,		sets other than inventory		0000		(ii) Strici				
			ess: cost or other basis	1a -	-0000	•					
ne	•		d sales expenses	$ _{7h} _{1}$.0026	55.					
en	,		ain or (loss)		-26						
Other Reven	ì	d Ne	et gain or (loss)	10			>	-265.			-265.
ē			oss income from fundraisir								
₹			cluding \$	-	of						
			ontributions reported on								
		Pa	art IV, line 18			8a	0.				
	ŀ		ess: direct expenses			8b	13000.				
			et income or (loss) from			nts		-13000.			-13000.
	9 a	a Gi	ross income from gamin	g activit	ies. See						
		Pa	art IV, line 19			9a					
	ŀ) Le	ess: direct expenses			9b					
	(: Ne	et income or (loss) from	gaming	activitie	s	>				
	10 a		ross sales of inventory, I								
			nd allowances			10a					
			ess: cost of goods sold			10b					
	(: Ne	et income or (loss) from	sales of	invento	ry					
sn		. ^	THER REIMBUR	СБИТ	י אוויי כי		Business Code 900099	4008.	4008.		
യ വി	11 8	, U	THE VEHICLE	בענים כו.	7T A T 12		1 200022	1 4000.	1 ±000•	I	I

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b

-11603. Form **990** (2020)

e Total. Add lines 11a-11d

4008. 267357.

8801.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons		this Part IX	(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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,	7.750	20275	7675	20700
	trustees, and key employees	76750.	38375.	7675.	30700
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40500	40500		
7	Other salaries and wages	49500.	49500.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7000.	5176.	365.	1 4 5 0
9	Other employee benefits	9658.			1459
10	Payroll taxes	9658.	6722.	587.	2349
11	Fees for services (nonemployees):				
а	Management				
	Legal	6220	1610.	4710.	
	Accounting	6320.	1010.	4/10.	
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,	20000.	18000.	2000.	
	column (A) amount, list line 11g expenses on Sch 0.)	665.	665.	2000.	
12	Advertising and promotion	668.	258.	410.	
13	Office expenses	4294.	3296.	998.	
14	Information technology	4434.	3290.	990.	
15	Royalties	9717.	6764.	590.	2363
16	Occupancy	278.	278.	390.	2303
17	Travel	4/0.	2/0.		
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	3294.		3294.	
23	Insurance	3234.		3294.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EDUCATION/AWARENESS	10825.	10825.	0.	0
b	GENERAL PROGRAM EXPENSE	9680.	9680.	0.	0
c	AMBASSADOR/PATIENT AMBA	7959.	7959.	0.	0
d	DONOR DUDES PROGRAM	6964.	6964.	0.	0
	All other expenses SEE SCH O	26359.	25259.	1100.	
25	Total functional expenses. Add lines 1 through 24e	249931.	191331.	21729.	36871
<u> 26</u>	Joint costs. Complete this line only if the organization			1 - 2 - 3	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		I		

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	i		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	262090.	1	259685.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	25000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	.,	11	
	12	Investments - other securities. See Part IV, line 11	103390.	12	104799.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1623.	15	690.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	367103 .	16	390174.
	17	Accounts payable and accrued expenses	8740.	17	10980.
	18	Grants payable	y	18	
	19	Deferred revenue	·····	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jap		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	5000		0.44.0
		of Schedule D	1 2 = 1 2	25	8418.
	26	Total liabilities. Add lines 17 through 25	13768.	26	19398.
ဟု		Organizations that follow FASB ASC 958, check here			
ည		and complete lines 27, 28, 32, and 33.	246025		260006
ala	27	Net assets without donor restrictions		27	362776.
B	28	Net assets with donor restrictions	6500.	28	8000.
Š		Organizations that do not follow FASB ASC 958, check here			
F.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ϋ́	31	Retained earnings, endowment, accumulated income, or other funds		31	20000
Š	32	Total net assets or fund balances		32	370776.
	33	Total liabilities and net assets/fund balances	367103.	33	390174.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
				_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			673	_		
2	Total expenses (must equal Part IX, column (A), line 25)	2			499			
3	Revenue less expenses. Subtract line 2 from line 1	3			17 <u>4</u> 533			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5				15.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		370776				
Pa	rt XII Financial Statements and Reporting					X		
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	Γ					
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,					
	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 oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	l		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	o. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
					000			

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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	310875.	315959.	305988.	398593.	270159.	1601574.	
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	310875.	315959.	305988.	398593.	270159.	1601574.	
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)						78730.	
6	Public support. Subtract line 5 from line 4.						1522844.	
Section B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	310875.	315959.	305988.	398593.	270159.	1601574.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources			38.	1485.	1397.	2920.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						1604494.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	39184.	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)		
organization, check this box and stop here								
Section C. Computation of Public Support Percentage								
14	Public support percentage for 2020 (14	94.91 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	96.95 %	
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the							
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020