

# Public Disclosure Copy

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2024**

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUN 1, 2024 and ending MAY 31, 2025

B Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <b>CHALLENGE ASPEN</b>		D Employer identification number <b>84-1315910</b>
	Doing business as		E Telephone number <b>970-923-0578</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 6639</b>	G Gross receipts \$ <b>8,609,923.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>SNOWMASS VILLAGE, CO 81615</b>		H(a) Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: <b>JACK KENNEDY</b> <b>SAME AS C ABOVE</b>		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: <b>WWW.CHALLENGEASPEN.ORG</b>		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: <b>1995</b>	M State of legal domicile: <b>CO</b>

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>RECREATION FOR DISABLED PERSONS.</b>		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>35</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>199</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,542,788.</b>	Current Year <b>3,733,415.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>301,958.</b>	<b>801,813.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>194,766.</b>	<b>675,055.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>445,822.</b>	<b>-50,330.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,485,334.</b>	<b>5,159,953.</b>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>127,153.</b>
14		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,313,622.</b>	<b>1,388,495.</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
b		Total fundraising expenses (Part IX, column (D), line 25) <b>444,438.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,026,357.</b>	<b>1,362,048.</b>
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,467,132.</b>	<b>2,903,118.</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>1,018,202.</b>	<b>2,256,835.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <b>5,828,755.</b>	End of Year <b>7,790,378.</b>
	21	Total liabilities (Part X, line 26)	<b>453,892.</b>	<b>468,458.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>5,374,863.</b>	<b>7,321,920.</b>

**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.

Sign Here	Signature of officer		Date		
	<b>LINDSAY CAGLEY, EXECUTIVE DIRECTOR</b> Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>MARK S KAVASCH, CPA</b>			<input type="checkbox"/>	<b>P00107511</b>
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	<b>REESE HENRY &amp; COMPANY, INC.</b>	<b>84-0803727</b>		<b>970-925-3771</b>	
	Firm's address				
	<b>400 E MAIN ST STE 2</b> <b>ASPEN, CO 81611</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

432001 12-10-24

Form **990** (2024)

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Form 990 (2024)

CHALLENGE ASPEN

84-1315910

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## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
**CHALLENGE ASPEN IS DEDICATED TO IMPACTING LIVES BY PRESENTING MEANINGFUL RECREATIONAL, EDUCATIONAL AND CULTURAL EXPERIENCES TO INDIVIDUALS FACED WITH COGNITIVE OR PHYSICAL CHALLENGES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
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  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.

4a (Code: \_\_\_\_\_) (Expenses \$ 1,500,288. including grants of \$ 152,575.) (Revenue \$ 601,360.)  
**CHALLENGE ASPEN'S REC DIVISION (RECREATION, EDUCATION, CULTURE) SERVES INDIVIDUALS LIVING WITH COGNITIVE AND/OR PHYSICAL DISABILITIES, OFFERING LIFE CHANGING WELLNESS OPPORTUNITIES IN THE ROARING FORK VALLEY. THESE PROGRAMS ARE DESIGNED TO DEVELOP SKILLS, FOSTER COURAGE AND BOOST SELF-ESTEEM, BROADENING LIFE AND HEALTHY OPPORTUNITIES FOR ALL AGES. CHALLENGE ASPEN FOSTERS RELATIONSHIPS WITH COMMUNITY PARTNERS WHO CONTRIBUTE IN KIND SERVICES TO DIRECTLY IMPACT AND LOWER THE COST OF PROGRAMS. . WWW.CHALLENGEASPEN.ORG/PROGRAMS/ADAPTIVE-RECREATION/**

4b (Code: \_\_\_\_\_) (Expenses \$ 612,793. including grants of \$ \_\_\_\_\_) (Revenue \$ 200,453.)  
**CHALLENGE ASPEN'S CAMO DIVISION (CHALLENGE ASPEN MILITARY OPPORTUNITIES) PROVIDES ADAPTIVE RECREATION AND WELLNESS EXPERIENCES FOR MILITARY PERSONNEL WITH SERVICE RELATED DISABILITIES. CAMO OFFERS PARTICIPANTS THE OPPORTUNITY TO RECONNECT WITH OUTDOOR RECREATION ACTIVITIES THAT CAN POSITIVELY AFFECT THEIR ENGAGEMENT IN CIVILIAN LIFE. ALL PARTICIPANTS WERE SUPPORTED THROUGH VARIOUS GRANTS AND DONATIONS. WWW.CHALLENGEASPEN.ORG/PROGRAMS/VETERAN-PROGRAMS/**

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 2,113,081.

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**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
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>		X
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>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

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**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b> 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> .....	<b>22</b>	X	
<b>23</b> 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> .....	<b>23</b>	X	
<b>24a</b> 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> .....	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		X
<b>b</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> .....	<b>25b</b>		X
<b>26</b> 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> .....	<b>26</b>		X
<b>27</b> 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> .....	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		X
<b>33</b> 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> .....	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		X
<b>37</b> 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> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	20	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X	

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

		Yes	No
<b>2a</b>	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		35
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Check if Schedule O contains a response or note to any line in this Part VI

## Section A. Governing Body and Management

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	11	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	11	
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

## Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CO
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**THE ORGANIZATION - 970-923-0578**  
**PO BOX 6639, SNOWMASS VILLAGE, CO 81615**

# Public Disclosure Copy

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDSAY CAGLEY CEO	40.00			X			197,587.	0.	16,433.	
(2) JENNI PETERSEN CFO	40.00			X			112,221.	0.	21,444.	
(3) JACK KENNEDY PRESIDENT	2.00	X		X			0.	0.	0.	
(4) TOM MCMAHON DIRECTOR	2.00	X					0.	0.	0.	
(5) BEN MOSS TREASURER	2.00	X		X			0.	0.	0.	
(6) CAMERON KENNEDY DIRECTOR	2.00	X					0.	0.	0.	
(7) SCOTT KRAEMER DIRECTOR	2.00	X					0.	0.	0.	
(8) PATRICK TIERNEY SECRETARY	2.00	X		X			0.	0.	0.	
(9) RICHARD STETTNER DIRECTOR	2.00	X					0.	0.	0.	
(10) SCOTT SHANNON DIRECTOR	2.00	X					0.	0.	0.	
(11) ADAM BREMEN DIRECTOR	2.00	X					0.	0.	0.	
(12) MORGAN FIXEL DIRECTOR	2.00	X					0.	0.	0.	
(13) CANDICE STARK DIRECTOR	2.00	X					0.	0.	0.	

# Public Disclosure Copy

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							309,808.	0.	37,877.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							309,808.	0.	37,877.	

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

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	<b>3</b>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	<b>4</b>	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

**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 **0**

# Public Disclosure Copy

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	428,799.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	374,865.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,929,751.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 60,642.				
	<b>h Total.</b> Add lines 1a-1f			3,733,415.			
Program Service Revenue	<b>2 a</b> PROGRAM FEES	Business Code					
		711300	791,008.	791,008.			
	<b>b</b> MISCELLANEOUS	711300	10,805.	10,805.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			801,813.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		143,504.			143,504.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	3,708,212.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	3,176,661.				
	<b>c</b> Gain or (loss)	<b>7c</b>	531,551.				
	<b>d</b> Net gain or (loss)			531,551.		531,551.	
<b>8 a</b> Gross income from fundraising events (not including \$ 428,799. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		217,348.				
			265,036.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-47,688.		-47,688.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		5,631.				
			8,273.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			-2,642.		-2,642.		
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			5,159,953.	801,813.	0.	624,725.	

# Public Disclosure Copy

Form 990 (2024)

CHALLENGE ASPEN

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**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	152,575.	152,575.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,137,956.	676,038.	158,481.	303,437.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,243.	19,148.	5,470.	9,625.
9 Other employee benefits .....	115,137.	56,374.	28,956.	29,807.
10 Payroll taxes .....	101,159.	59,678.	14,377.	27,104.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	4,743.		4,743.	
c Accounting .....	42,392.		42,392.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,197.	84.	12,113.	
12 Advertising and promotion .....	36,049.	26,420.		9,629.
13 Office expenses .....	113,360.	31,943.	43,750.	37,667.
14 Information technology .....	60,596.	31,109.	14,353.	15,134.
15 Royalties .....				
16 Occupancy .....	123,245.	101,228.	10,842.	11,175.
17 Travel .....	189,945.	189,929.		16.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	11,002.	3,721.	6,437.	844.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	40,399.	40,399.		
23 Insurance .....	35,374.	31,689.	3,685.	
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 <b>PARTICIPANT LESSONS</b>	591,772.	591,772.		
b <b>ACTIVITY FEES</b>	56,962.	56,962.		
c <b>PROGRAM SUPPLIES</b>	44,012.	44,012.		
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,903,118.</b>	<b>2,113,081.</b>	<b>345,599.</b>	<b>444,438.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

# Public Disclosure Copy

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	253,451.	1		
	<b>2</b> Savings and temporary cash investments .....	124,757.	2	822,179.	
	<b>3</b> Pledges and grants receivable, net .....	775,890.	3	581,939.	
	<b>4</b> Accounts receivable, net .....	9,661.	4	81,213.	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....	11,296.	8	9,248.	
	<b>9</b> Prepaid expenses and deferred charges .....	37,113.	9	94,525.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 599,581.			
	<b>b</b> Less: accumulated depreciation .....	10b 386,118.	108,304.	10c	213,463.
	<b>11</b> Investments - publicly traded securities .....	4,189,183.	11	5,745,565.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	319,100.	15	242,246.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,828,755.	16	7,790,378.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	108,490.	17	205,321.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	23,570.	19	13,816.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	321,832.	25	249,321.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	453,892.	26	468,458.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	4,507,261.	27	6,686,931.	
	<b>28</b> Net assets with donor restrictions .....	867,602.	28	634,989.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		29		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31		
	<b>32</b> Total net assets or fund balances .....	5,374,863.	32	7,321,920.	
	<b>33</b> Total liabilities and net assets/fund balances .....	5,828,755.	33	7,790,378.	

# Public Disclosure Copy

**Part 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	5,159,953.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,903,118.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,256,835.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,374,863.
5	Net unrealized gains (losses) on investments	5	-222,994.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-31,202.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-55,582.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,321,920.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 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," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



# Public Disclosure Copy

**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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3261734.	1280520.	1485109.	2479511.	3733415.	12240289.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3261734.	1280520.	1485109.	2479511.	3733415.	12240289.
<b>5</b> 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) .....						2045841.
<b>6 Public support.</b> Subtract line 5 from line 4.						10194448.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	3261734.	1280520.	1485109.	2479511.	3733415.	12240289.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	70,682.	48,164.	129,423.	156,134.	143,504.	547,907.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		263,709.		767,452.	217,348.	1248509.
<b>11 Total support.</b> Add lines 7 through 10						14036705.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,801,592.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	72.63 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	82.20 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

# Public Disclosure Copy

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**FUNDRAISING**

2021 AMOUNT:	\$	263,709.
2023 AMOUNT:	\$	767,452.
2024 AMOUNT:	\$	217,348.

# Public Disclosure Copy

## SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

CHALLENGE ASPEN

Employer identification number

84-1315910

### Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....	
4 Number of states where property subject to conservation easement is located .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
(ii) Assets included in Form 990, Part X .....	\$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

Schedule D (Form 990) (Rev. 12-2024)



# Public Disclosure Copy

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) .....	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>RIGHT OF USE LEASE LIABILITY</b>	<b>249,321.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....	<b>249,321.</b>

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

# Public Disclosure Copy

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b> Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	6,529,833.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>	-222,994.	
<b>b</b> Donated services and use of facilities .....	<b>2b</b>	2,215,848.	
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b> Add lines 2a through 2d .....	<b>2e</b>		1,992,854.
<b>3</b> Subtract line 2e from line 1 .....		<b>3</b>	4,536,979.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	31,202.	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	591,772.	
<b>c</b> Add lines 4a and 4b .....	<b>4c</b>		622,974.
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	5,159,953.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b> Total expenses and losses per audited financial statements .....		<b>1</b>	4,582,776.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Donated services and use of facilities .....	<b>2a</b>	2,215,848.	
<b>b</b> Prior year adjustments .....	<b>2b</b>		
<b>c</b> Other losses .....	<b>2c</b>	55,582.	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b> Add lines 2a through 2d .....	<b>2e</b>		2,271,430.
<b>3</b> Subtract line 2e from line 1 .....		<b>3</b>	2,311,346.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	591,772.	
<b>c</b> Add lines 4a and 4b .....	<b>4c</b>		591,772.
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	2,903,118.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

**CHALLENGE ASPEN ENDOWMENT FUND (RELATED TAX-EXEMPT ORGANIZATION) MAINTAINS AN ENDOWMENT FUND TO SUPPORT CHALLENGE ASPEN**

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

<b>PROGRAM EXPENSES PRESENTED NET OF PROGRAM SERVICE FEE REVENUE</b>	591,772.
--	----------

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

<b>PROGRAM EXPENSES PRESENTED NET OF PROGRAM SERVICE FEE REVENUE</b>	591,772.
--	----------





# Public Disclosure Copy

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA <small>(event type)</small>	GOLF <small>(event type)</small>	2 <small>(total number)</small>	
Revenue	<b>1</b> Gross receipts .....	561,799.	49,695.	34,653.	646,147.
	<b>2</b> Less: Contributions .....	428,799.			428,799.
	<b>3</b> Gross income (line 1 minus line 2) .....	133,000.	49,695.	34,653.	217,348.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	126,298.	25,807.	112,931.	265,036.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				265,036.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-47,688.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Direct Expenses	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





# Public Disclosure Copy

SCHEDULE I  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

CHALLENGE ASPEN

Employer identification number

84-1315910

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)



# Public Disclosure Copy

## SCHEDULE J (Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

## Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

**CHALLENGE ASPEN**

Employer identification number

**84-1315910**

### Part I Questions Regarding Compensation

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>								
If "Yes" on line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>								
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) (Rev. 12-2024)

# Public Disclosure Copy

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDSAY CAGLEY CEO	(i)	197,587.	0.	0.	0.	16,433.	214,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

# Public Disclosure Copy

**Part III** Supplemental Information

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

PART I, LINE 3:

THE CEO'S COMPENSATION PACKAGE IS REVIEWED ANNUALLY AND APPROVED BY THE BOARD.

# Public Disclosure Copy

## SCHEDULE M (Form 990)

## Noncash Contributions

OMB No. 1545-0047

# 2024

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHALLENGE ASPEN**

Employer identification number

**84-1315910**

### Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	60,642.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024



# Public Disclosure Copy

## SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

CHALLENGE ASPEN

Employer identification number

84-1315910

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

JACK KENNEDY AND CAMERON KENNEDY - FAMILY RELATIONSHIP

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

THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

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

ANNUAL DISCLOSURES FORMALLY REPORTED PER POLICY. ADDITIONAL DISCLOSURE AT EACH BOARD MEETING OR AS REQUIRED DURING THE YEAR.

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

CEO COMPENSATION IS REVIEWED PER POLICY, INCLUDING REASONABLE COMPENSATION ANALYSIS AND COMPARISON IN ACCORDANCE WITH IRC 4958.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH GUIDESTAR.ORG

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

GOVERNANCE AND DISCLOSURE DOCUMENTS AVAILABLE TO THE PUBLIC ON ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON REFUND OF EMPLOYEE RETENTION CREDIT -55,582.

# Public Disclosure Copy

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**CHALLENGE ASPEN**

Employer identification number

**84-1315910**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHALLENGE ASPEN ENDOWMENT FUND - 81-2665661 PO BOX 2200 ASPEN, CO 81612	MAINTAIN AN ENDOWMENT FUND TO SUPPORT CHALLENGE ASPEN	COLORADO	501(C)(3)				X

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

Schedule R (Form 990) (Rev. 1-2025)

# Public Disclosure Copy

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

# Public Disclosure Copy

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>		X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHALLENGE ASPEN ENDOWMENT FUND	O	29,955.	COST
(2) CHALLENGE ASPEN ENDOWMENT FUND	L	34,685.	COST
(3)			
(4)			
(5)			
(6)			





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## 2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
161	SNOWMASS OFFICE REMODEL	02/11/12	SL	5.00		16	70,515.				70,515.	70,515.		0.	70,515.
	* 990 PAGE 10 TOTAL BUILDINGS						70,515.				70,515.	70,515.		0.	70,515.
	MACHINERY & EQUIPMENT														
4	4 OFFICE CHAIRS	02/15/97	SL	5.00		16	352.				352.	352.		0.	352.
6	OFFICE DESK	08/13/97	SL	5.00		16	206.				206.	206.		0.	206.
9	8 PR. OUTRIGGERS	10/01/95	SL	5.00		16	800.				800.	800.		0.	800.
10	BI SKI	01/10/96	SL	5.00		16	2,417.				2,417.	2,417.		0.	2,417.
11	MONO SKI	01/10/96	SL	5.00		16	815.				815.	815.		0.	815.
12	MONO SKIS	10/22/96	SL	5.00		16	3,728.				3,728.	3,728.		0.	3,728.
13	JR. BI SKI	10/22/96	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
14	FREEDOM FACTORY MONO SKI	11/12/96	SL	5.00		16	2,300.				2,300.	2,300.		0.	2,300.
15	3 PR. OUTRIGGERS	01/20/97	SL	5.00		16	893.				893.	893.		0.	893.
16	ENABLING TECH REP. BI SKI	06/25/97	SL	5.00		16	750.				750.	750.		0.	750.
17	FREEDOM FACTORY MONO SKI	11/01/97	SL	5.00		16	1,945.				1,945.	1,945.		0.	1,945.
19	MOUNTAIN MAN BI SKI	12/01/97	SL	5.00		16	2,025.				2,025.	2,025.		0.	2,025.
20	MOUNTAIN MAN MONO SKIS	01/01/98	SL	5.00		16	1,665.				1,665.	1,665.		0.	1,665.
23	SADDLE PAD	10/30/96	SL	10.00		16	324.				324.	321.		0.	321.

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## 2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
27	MONO SKI/SEAT/INSERTS	08/24/99	SL	5.00		16	2,700.				2,700.	2,700.		0.	2,700.
29	NETWORKING HUB	08/24/99	SL	5.00		16	649.				649.	649.		0.	649.
40	5 OFFICE CHAIRS	01/24/00	SL	5.00		16	500.				500.	500.		0.	500.
43	3 WELLMAN CUSTOM CLIMBING GEAR	01/24/00	SL	5.00		16	2,550.				2,550.	2,550.		0.	2,550.
47	CLIMBING CHAPS	11/10/99	SL	5.00		16	2,550.				2,550.	2,550.		0.	2,550.
48	CART	11/24/99	SL	5.00		16	550.				550.	550.		0.	550.
49	OFFICE CHAIR	11/24/99	SL	5.00		16	100.				100.	100.		0.	100.
50	WHEELCHAIR	12/21/99	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
51	TWO OUTRIGGERS WITH CLAWS & STRAPS	12/07/00	SL	5.00		16	1,221.				1,221.	1,221.		0.	1,221.
53	AMANDA'S MONO SKI FOR PROGRAM	12/18/00	SL	5.00		16	750.				750.	750.		0.	750.
55	SNOW SLIDER	01/04/01	SL	5.00		16	1,135.				1,135.	1,135.		0.	1,135.
60	INSTALL EXTRA DUCT ON SWAMP COOLER	07/27/01	SL	5.00		16	740.				740.	740.		0.	740.
69	MONO SKI	02/15/03	SL	5.00		16	3,214.				3,214.	3,214.		0.	3,214.
71	LONG OUTRIGGERS	03/15/03	SL	5.00		16	363.				363.	363.		0.	363.
77	SPECIAL PROJECTS COMPUTER	01/14/04	SL	5.00		16	1,121.				1,121.	1,121.		0.	1,121.
80	8 DONATED COMPUTERS AT 880 EACH	01/30/04	SL	5.00		16	9,680.				9,680.	9,680.		0.	9,680.
81	2 PAIR OUTRIGGERS	02/23/04	SL	5.00		16	618.				618.	618.		0.	618.
82	RIDER BAR SNOWBOARD	04/07/04	SL	5.00		16	720.				720.	720.		0.	720.

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## 2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
83	RESERVATION COMPUTER	11/24/03	SL	5.00		16	881.				881.	881.		0.	881.
84	EXECUTIVE ASSISTANT COMPUTER	01/14/04	SL	5.00		16	1,113.				1,113.	1,113.		0.	1,113.
87	3 WIRELESS USB 2.0 ADAPTERS	01/21/05	SL	3.00		16	210.				210.	210.		0.	210.
88	ADAPTIVE SKI EQUIPMENT	03/23/05	SL	5.00		16	1,514.				1,514.	1,514.		0.	1,514.
92	TELEPHONE EQUIPMENT	11/01/05	SL	5.00		16	674.				674.	674.		0.	674.
94	2 REVOLUTION PRO COMP MONOSKIS	12/15/05	SL	5.00		16	4,692.				4,692.	4,692.		0.	4,692.
95	SONY DIGITAL CAMCORDER	05/11/06	SL	5.00		16	1,234.				1,234.	1,234.		0.	1,234.
99	COMPETITION RADIOS	08/28/07	SL	5.00		16	7,505.				7,505.	7,505.		0.	7,505.
104	SKIS WITH OUTRIGGERS	01/04/07	SL	5.00		16	2,236.				2,236.	2,236.		0.	2,236.
106	PHONE SYSTEM	10/23/07	SL	5.00		16	2,413.				2,413.	2,413.		0.	2,413.
108	SS MONOSKI	04/04/08	SL	5.00		16	2,741.				2,741.	2,741.		0.	2,741.
109	PROJECTOR	06/14/08	SL	5.00		16	899.				899.	899.		0.	899.
110	SONY HI DEF CAMCORDER	06/24/08	SL	5.00		16	1,430.				1,430.	1,430.		0.	1,430.
115	SONY CAMCORDER - X2	12/31/07	SL	5.00		16	1,036.				1,036.	1,036.		0.	1,036.
116	SATELLITE PHONES - 2	05/08/08	SL	5.00		16	741.				741.	741.		0.	741.
120	2 DELL WORKSTATIONS - LAPTOPS	10/02/07	SL	5.00		16	921.				921.	921.		0.	921.
121	PROJECTOR - RACE TEAM	10/02/07	SL	5.00		16	644.				644.	644.		0.	644.
123	2 LAPTOP WORKSTATIONS	11/19/07	SL	5.00		16	2,752.				2,752.	2,752.		0.	2,752.

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## 2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
124	2 LAPTOPS	11/22/07	SL	5.00		16	1,565.				1,565.	1,565.		0.	1,565.
128	ADULT SEAT	02/20/09	SL	5.00		16	770.				770.	770.		0.	770.
129	TUMBLE FORM SEAT FOR CAMO RPC-SS MONOSKI 17" SEAT	06/12/09	SL	5.00		16	520.				520.	520.		0.	520.
146	FRAME - LIGHT BLUE	10/15/10	SL	5.00		16	3,420.				3,420.	3,420.		0.	3,420.
147	3 PR MEGA 11 SKIS MOUNTED FOR ADULTS/JRS	10/25/10	SL	5.00		16	1,650.				1,650.	1,650.		0.	1,650.
148	MOUNTAIN MAN MONO SKI	11/22/10	SL	5.00		16	3,120.				3,120.	3,120.		0.	3,120.
151	SNOW SLIDER W/SHORT TUBES FOR KIDS	12/03/11	SL	5.00		16	1,625.				1,625.	1,625.		0.	1,625.
152	TUMBLE FORM SEAT FOR CAMO	05/30/12	SL	5.00		16	652.				652.	652.		0.	652.
162	5 PAIR SUPERLITE OUTRIGGERS	11/05/12	SL	5.00		16	1,745.				1,745.	1,745.		0.	1,745.
163	2 SETS OF MEGA BLUE BIRD SKIS FOR BI SKIS	11/08/12	SL	5.00		16	1,015.				1,015.	1,015.		0.	1,015.
164	2 HOC GLIDE BI SKI WITH 2 SEATS	01/07/13	SL	5.00		16	4,338.				4,338.	4,338.		0.	4,338.
165	2 GROOVE MONOSKI PKGS	02/21/13	SL	5.00		16	7,500.				7,500.	7,500.		0.	7,500.
166	1 HOC2 EDGE MONOSKI PKG	02/21/13	SL	5.00		16	6,025.				6,025.	6,025.		0.	6,025.
174	MAC BOOK AIR 13.3" - RANCH MANAGER	04/20/15	SL	5.00		16	1,299.				1,299.	1,299.		0.	1,299.
177	2 IPS DUAL ADULT SKI	08/28/15	SL	5.00		16	6,935.				6,935.	6,935.		0.	6,935.
179	TESSLER BISKI	10/27/15	SL	5.00		16	5,592.				5,592.	5,592.		0.	5,592.
180	DYNAMIQUE BISKI	11/16/15	SL	5.00		16	4,100.				4,100.	4,100.		0.	4,100.
181	NISSIN TORINO MONOSKI	11/17/15	SL	5.00		16	7,640.				7,640.	7,640.		0.	7,640.

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## 2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
188	3 BI SKI'S	01/20/20	SL	5.00		16	12,366.				12,366.	10,716.		1,650.	12,366.
190	2 MONIQUE MONO SKIS - HIGH FRAME	12/20/20	SL	5.00		16	10,900.				10,900.	7,448.		2,180.	9,628.
191	1 MONIQUE MONO SKI - NRG HIGH BACK	12/20/20	SL	5.00		16	5,799.				5,799.	3,963.		1,160.	5,123.
192	TANDEM E BIKE - VAN RAAM FUN2GO	05/02/22	SL	4.00		16	15,230.				15,230.	7,933.		3,808.	11,741.
193	DYNAMIQUE SIT SKI	02/13/23	SL	5.00		16	7,888.				7,888.	2,104.		1,578.	3,682.
194	GRIT FREEDOM CHAIR - SPARTAN	06/15/23	SL	5.00		16	3,995.				3,995.	799.		799.	1,598.
195	GRIT FREEDOM CHAIR - SPARTAN	06/15/23	SL	5.00		16	3,995.				3,995.	799.		799.	1,598.
196	NUKE OFFROAD HANDCYCLE	04/01/24	SL	5.00		16	15,860.				15,860.	529.		3,172.	3,701.
197	NUKE OFFROAD HANDCYCLE	07/01/23	SL	5.00		16	15,860.				15,860.	2,908.		3,172.	6,080.
198	VENTANA TANDEM	04/01/24	SL	5.00		16	7,864.				7,864.	262.		1,573.	1,835.
199	XCOUNTRY SLEDGE NORDIC SIT SKI	11/15/23	SL	5.00		16	3,430.				3,430.	400.		686.	1,086.
200	SNOW CART	10/04/23	SL	5.00		16	8,200.				8,200.	1,640.		1,640.	3,280.
201	TETRA SKI	11/07/23	SL	5.00		16	34,025.				34,025.	3,970.		6,805.	10,775.
202	ADAPTIVE EQUIPMENT (ENABLING TECHNOLOGIES)	05/21/25	SL	5.00		16	16,738.				16,738.			0.	
203	ALPINE/DOWNHILL SLIDE AND NORDIC/XC SLIDE	12/31/24	SL	5.00		16	7,100.				7,100.			592.	592.
204	3 LENZ SKI BIKES	12/31/24	SL	5.00		16	14,700.				14,700.			1,225.	1,225.
207	IK-126 TAYLOR SINGLE INFLATABLE KAYAK 4	05/01/25	SL	5.00		16	3,245.				3,245.			54.	54.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						330,723.				330,723.	186,996.		30,893.	217,889.

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## 2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRANSPORTATION EQUIPMENT														
205	2025 FORD TRANSIT	12/27/24	SL	5.00		16	94,000.				94,000.			7,833.	7,833.
206	TRAILER	11/01/24	SL	5.00		16	9,775.				9,775.			1,140.	1,140.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						103,775.				103,775.	0.		8,973.	8,973.
	* 990 PAGE 10 TOTAL -						505,013.				505,013.	257,511.		39,866.	297,377.
	MACHINERY & EQUIPMENT														
160	55 INCH TV	11/20/11	SL	5.00		16	1,900.				1,900.	1,900.		0.	1,900.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,900.				1,900.	1,900.		0.	1,900.
	* 990 PAGE 10 TOTAL -						1,900.				1,900.	1,900.		0.	1,900.
	MACHINERY & EQUIPMENT														
154	PLACTIC WALL DIVIDERS	10/19/11	SL	7.00		16	704.				704.	704.		0.	704.
155	TORRANCE TABLE FOR OFFICE	10/29/11	SL	7.00		16	400.				400.	400.		0.	400.
157	CABINERY FOR KITCHEN	11/11/11	SL	7.00		16	258.				258.	258.		0.	258.
170	2 DESKS	11/29/13	SL	5.00		16	391.				391.	391.		0.	391.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,753.				1,753.	1,753.		0.	1,753.
	TRANSPORTATION EQUIPMENT														
186	TRAILER	07/27/17	SL	5.00		16	6,500.				6,500.	6,500.		0.	6,500.
187	FORD TRANSIT	06/06/18	SL	5.00		16	57,075.				57,075.	57,075.		0.	57,075.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						63,575.				63,575.	63,575.		0.	63,575.
	* 990 PAGE 10 TOTAL -						65,328.				65,328.	65,328.		0.	65,328.
	FURNITURE & FIXTURES														
31	SIGNAGE	12/02/98	SL	5.00		16	420.				420.	420.		0.	420.
33	OFFICE PICTURES	03/17/99	SL	5.00		16	363.				363.	363.		0.	363.
34	DESK	01/21/99	SL	5.00		16	150.				150.	150.		0.	150.
35	DESK	02/19/99	SL	5.00		16	150.				150.	150.		0.	150.
37	DESK	08/24/99	SL	5.00		16	150.				150.	150.		0.	150.
93	OFFICE FURNITURE	12/06/05	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
102	VARIOUS OFFICE FURNITURE	09/14/07	SL	5.00		16	2,105.				2,105.	2,105.		0.	2,105.
138	1 SOMERSET LATERALFILE	10/02/09	SL	5.00		16	220.				220.	220.		0.	220.
139	SOMERSET 60 DBLPED DESK	10/02/09	SL	5.00		16	373.				373.	373.		0.	373.
168	MAC PRO MINI FOR CONFERENCE RM	10/01/12	SL	5.00		16	619.				619.	619.		0.	619.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						5,852.				5,852.	5,852.		0.	5,852.
	MACHINERY & EQUIPMENT														
169	APPLE MAC MINI SERVER	01/30/13	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,000.				1,000.	1,000.		0.	1,000.
	* 990 PAGE 10 TOTAL -						6,852.				6,852.	6,852.		0.	6,852.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
3	OFFICE REMODEL	11/01/97	SL	10.00		16	2,040.				2,040.	2,040.		0.	2,040.
38	SWAMP COOLER	09/20/99	SL	5.00		16	2,822.				2,822.	2,822.		0.	2,822.
114	LEASEHOLD IMPROVEMENTS	10/01/07	SL	2.00		16	7,620.				7,620.	7,620.		0.	7,620.
	* 990 PAGE 10 TOTAL BUILDINGS						12,482.				12,482.	12,482.		0.	12,482.
	* 990 PAGE 10 TOTAL -						12,482.				12,482.	12,482.		0.	12,482.
	BUILDINGS														
189	SHED - RANCH OUTDOOR GEAR	04/27/21	SL	15.00		16	8,006.				8,006.	1,646.		534.	2,180.
	* 990 PAGE 10 TOTAL BUILDINGS						8,006.				8,006.	1,646.		534.	2,180.
	* 990 PAGE 10 TOTAL -						8,006.				8,006.	1,646.		534.	2,180.
	* GRAND TOTAL 990 PAGE 10 DEPR						599,581.				599,581.	345,719.		40,400.	386,119.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						454,023.			0.	454,023.	345,719.			375,275.
	ACQUISITIONS						145,558.			0.	145,558.	0.			10,844.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						599,581.			0.	599,581.	345,719.			386,119.
	ENDING ACCUM DEPR											386,119.			



# Public Disclosure Copy

Form **4562**

## Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

**2024**

Attachment  
Sequence No. **179**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CHALLENGE ASPEN**

**FORM 990 PAGE 10**

**84-1315910**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	40,400.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	40,400.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year ...												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

**42** Amortization of costs that begins during your 2024 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

**43** Amortization of costs that began before your 2024 tax year ..... **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44**

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2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
161	SNOWMASS OFFICE REMODEL	021112	SL	5.00	16	70,515.			70,515.	70,515.		0.
	* 990 PAGE 10 TOTAL BUILDINGS					70,515.		0.	70,515.	70,515.		0.
	MACHINERY & EQUIPMENT											
44	OFFICE CHAIRS	021597	SL	5.00	16	352.			352.	352.		0.
6	OFFICE DESK	081397	SL	5.00	16	206.			206.	206.		0.
98	PR. OUTRIGGERS	100195	SL	5.00	16	800.			800.	800.		0.
10	BI SKI	0111096	SL	5.00	16	2,417.			2,417.	2,417.		0.
11	MONO SKI	0111096	SL	5.00	16	815.			815.	815.		0.
12	MONO SKIS	102296	SL	5.00	16	3,728.			3,728.	3,728.		0.
13	JR. BI SKI	102296	SL	5.00	16	2,000.			2,000.	2,000.		0.
14	FREEDOM FACTORY MONO SKI	111296	SL	5.00	16	2,300.			2,300.	2,300.		0.
15	3 PR. OUTRIGGERS	012097	SL	5.00	16	893.			893.	893.		0.
16	ENABLING TECH REP. BI SKI	062597	SL	5.00	16	750.			750.	750.		0.
17	FREEDOM FACTORY MONO SKI	110197	SL	5.00	16	1,945.			1,945.	1,945.		0.
19	MOUNTAIN MAN BI SKI	120197	SL	5.00	16	2,025.			2,025.	2,025.		0.
20	MOUNTAIN MAN MONO SKIS	010198	SL	5.00	16	1,665.			1,665.	1,665.		0.
23	SADDLE PAD	103096	SL	10.00	16	324.			324.	321.		0.

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2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
27	MONO SKI/SEAT/INSERTS	082499	SL	5.00	16	2,700.			2,700.	2,700.		0.
29	NETWORKING HUB	082499	SL	5.00	16	649.			649.	649.		0.
40	5 OFFICE CHAIRS	012400	SL	5.00	16	500.			500.	500.		0.
43	3 WELLMAN CUSTOM CLIMBING GEAR	012400	SL	5.00	16	2,550.			2,550.	2,550.		0.
47	CLIMBING CHAPS	111099	SL	5.00	16	2,550.			2,550.	2,550.		0.
48	CART	112499	SL	5.00	16	550.			550.	550.		0.
49	OFFICE CHAIR	112499	SL	5.00	16	100.			100.	100.		0.
50	WHEELCHAIR	122199	SL	5.00	16	1,000.			1,000.	1,000.		0.
51	TWO OUTRIGGERS WITH CLAWS & STRAPS	120700	SL	5.00	16	1,221.			1,221.	1,221.		0.
53	AMANDA'S MONO SKI FOR PROGRAM	121800	SL	5.00	16	750.			750.	750.		0.
55	SNOW SLIDER	010401	SL	5.00	16	1,135.			1,135.	1,135.		0.
60	INSTALL EXTRA DUCT ON SWAMP COOLER	072701	SL	5.00	16	740.			740.	740.		0.
69	MONO SKI	021503	SL	5.00	16	3,214.			3,214.	3,214.		0.
71	LONG OUTRIGGERS	031503	SL	5.00	16	363.			363.	363.		0.
77	SPECIAL PROJECTS COMPUTER	011404	SL	5.00	16	1,121.			1,121.	1,121.		0.
80	8 DONATED COMPUTERS AT 880 EACH	013004	SL	5.00	16	9,680.			9,680.	9,680.		0.
81	2 PAIR OUTRIGGERS	022304	SL	5.00	16	618.			618.	618.		0.
82	RIDER BAR SNOWBOARD	040704	SL	5.00	16	720.			720.	720.		0.

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## 2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
83	RESERVATION COMPUTER	112403	SL	5.00	16	881.			881.	881.		0.
84	EXECUTIVE ASSISTANT COMPUTER	011404	SL	5.00	16	1,113.			1,113.	1,113.		0.
87	3 WIRELESS USB 2.0 ADAPTERS	012105	SL	3.00	16	210.			210.	210.		0.
88	ADAPTIVE SKI EQUIPMENT	032305	SL	5.00	16	1,514.			1,514.	1,514.		0.
92	TELEPHONE EQUIPMENT	110105	SL	5.00	16	674.			674.	674.		0.
94	2 REVOLUTION PRO COMP MONOSKIS	121505	SL	5.00	16	4,692.			4,692.	4,692.		0.
95	SONY DIGITAL CAMCORDER	051106	SL	5.00	16	1,234.			1,234.	1,234.		0.
99	COMPETITION RADIOS	082807	SL	5.00	16	7,505.			7,505.	7,505.		0.
104	SKIS WITH OUTRIGGERS	010407	SL	5.00	16	2,236.			2,236.	2,236.		0.
106	PHONE SYSTEM	102307	SL	5.00	16	2,413.			2,413.	2,413.		0.
108	SS MONOSKI	040408	SL	5.00	16	2,741.			2,741.	2,741.		0.
109	PROJECTOR	061408	SL	5.00	16	899.			899.	899.		0.
110	SONY HI DEF CAMCORDER	062408	SL	5.00	16	1,430.			1,430.	1,430.		0.
115	SONY CAMCORDER - X2	123107	SL	5.00	16	1,036.			1,036.	1,036.		0.
116	SATELLITE PHONES - 2	050808	SL	5.00	16	741.			741.	741.		0.
120	2 DELL WORKSTATIONS - LAPTOPS	100207	SL	5.00	16	921.			921.	921.		0.
121	PROJECTOR - RACE TEAM	100207	SL	5.00	16	644.			644.	644.		0.
123	2 LAPTOP WORKSTATIONS	111907	SL	5.00	16	2,752.			2,752.	2,752.		0.

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2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
124	2 LAPTOPS	112207	SL	5.00	16	1,565.			1,565.	1,565.		0.
128	ADULT SEAT	022009	SL	5.00	16	770.			770.	770.		0.
129	TUMBLE FORM SEAT FOR CAMO	061209	SL	5.00	16	520.			520.	520.		0.
146	RPC-SS MONOSKI 17" SEAT FRAME - LIGHT	101510	SL	5.00	16	3,420.			3,420.	3,420.		0.
147	3 PR MEGA 11 SKIS MOUNTED FOR ADULTS/	102510	SL	5.00	16	1,650.			1,650.	1,650.		0.
148	MOUNTAIN MAN MONO SKI	112210	SL	5.00	16	3,120.			3,120.	3,120.		0.
151	SNOW SLIDER W/SHORT TUBES FOR KIDS	120311	SL	5.00	16	1,625.			1,625.	1,625.		0.
152	TUMBLE FORM SEAT FOR CAMO	053012	SL	5.00	16	652.			652.	652.		0.
162	5 PAIR SUPERLITE OUTRIGGERS	110512	SL	5.00	16	1,745.			1,745.	1,745.		0.
163	2 SETS OF MEGA BLUE BIRD SKIS FOR BI SK	110812	SL	5.00	16	1,015.			1,015.	1,015.		0.
164	2 HOC GLIDE BI SKI WITH 2 SEATS	010713	SL	5.00	16	4,338.			4,338.	4,338.		0.
165	2 GROOVE MONOSKI PKGS	022113	SL	5.00	16	7,500.			7,500.	7,500.		0.
166	1 HOC2 EDGE MONOSKI PKG	022113	SL	5.00	16	6,025.			6,025.	6,025.		0.
174	MAC BOOK AIR 13.3" - RANCH MANAGER	042015	SL	5.00	16	1,299.			1,299.	1,299.		0.
177	2 IPS DUAL ADULT SKI	082815	SL	5.00	16	6,935.			6,935.	6,935.		0.
179	TESSLER BISKI	102715	SL	5.00	16	5,592.			5,592.	5,592.		0.
180	DYNAMIQUE BISKI	111615	SL	5.00	16	4,100.			4,100.	4,100.		0.
181	NISSIN TORINO MONOSKI	111715	SL	5.00	16	7,640.			7,640.	7,640.		0.

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- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
188	3 BI SKI'S	012020	SL	5.00	16	12,366.			12,366.	10,716.		1,650.
190	2 MONIQUE MONO SKIS - HIGH FRAME	122020	SL	5.00	16	10,900.			10,900.	7,448.		2,180.
191	1 MONIQUE MONO SKI - NRG HIGH BACK	122020	SL	5.00	16	5,799.			5,799.	3,963.		1,160.
192	TANDEM E BIKE - VAN RAAM FUN2GO	050222	SL	4.00	16	15,230.			15,230.	7,933.		3,808.
193	DYNAMIQUE SIT SKI GRIT FREEDOM CHAIR	021323	SL	5.00	16	7,888.			7,888.	2,104.		1,578.
194	- SPARTAN GRIT FREEDOM CHAIR	061523	SL	5.00	16	3,995.			3,995.	799.		799.
195	- SPARTAN NUKE OFFROAD	061523	SL	5.00	16	3,995.			3,995.	799.		799.
196	HANDCYCLE NUKE OFFROAD	040124	SL	5.00	16	15,860.			15,860.	529.		3,172.
197	HANDCYCLE	070123	SL	5.00	16	15,860.			15,860.	2,908.		3,172.
198	VENTANA TANDEM XCOUNTRY SLEDGE	040124	SL	5.00	16	7,864.			7,864.	262.		1,573.
199	NORDIC SIT SKI	111523	SL	5.00	16	3,430.			3,430.	400.		686.
200	SNOW CART	100423	SL	5.00	16	8,200.			8,200.	1,640.		1,640.
201	TETRA SKI	110723	SL	5.00	16	34,025.			34,025.	3,970.		6,805.
202	ADAPTIVE EQUIPMENT (ENABLING TECHNOLOG	052125	SL	5.00	16	16,738.			16,738.			0.
203	ALPINE/DOWNHILL SLIDE AND NORDIC/XC	123124	SL	5.00	16	7,100.			7,100.			592.
204	3 LENZ SKI BIKES	123124	SL	5.00	16	14,700.			14,700.			1,225.
207	IK-126 TAYLOR SINGLE INFLATABLE K	050125	SL	5.00	16	3,245.			3,245.			54.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					330,723.		0.	330,723.	186,996.		30,893.

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2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	TRANSPORTATION EQUIPMENT											
205	2025 FORD TRANSIT	122724	SL	5.00	16	94,000.			94,000.			7,833.
206	TRAILER	110124	SL	5.00	16	9,775.			9,775.			1,140.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUI					103,775.		0.	103,775.	0.		8,973.
	* 990 PAGE 10 TOTAL -					505,013.		0.	505,013.	257,511.		39,866.
	MACHINERY & EQUIPMENT											
160	55 INCH TV	112011	SL	5.00	16	1,900.			1,900.	1,900.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					1,900.		0.	1,900.	1,900.		0.
	* 990 PAGE 10 TOTAL -					1,900.		0.	1,900.	1,900.		0.
	MACHINERY & EQUIPMENT											
154	PLACTIC WALL DIVIDERS	101911	SL	7.00	16	704.			704.	704.		0.
155	TORRANCE TABLE FOR OFFICE	102911	SL	7.00	16	400.			400.	400.		0.
157	CABINetry FOR KITCHEN	111111	SL	7.00	16	258.			258.	258.		0.
170	2 DESKS	112913	SL	5.00	16	391.			391.	391.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					1,753.		0.	1,753.	1,753.		0.
	TRANSPORTATION EQUIPMENT											
186	TRAILER	072717	SL	5.00	16	6,500.			6,500.	6,500.		0.
187	FORD TRANSIT	060618	SL	5.00	16	57,075.			57,075.	57,075.		0.

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2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUI					63,575.		0.	63,575.	63,575.		0.
	* 990 PAGE 10 TOTAL -					65,328.		0.	65,328.	65,328.		0.
	FURNITURE & FIXTURES											
31	SIGNAGE	120298	SL	5.00	16	420.			420.	420.		0.
33	OFFICE PICTURES	031799	SL	5.00	16	363.			363.	363.		0.
34	DESK	012199	SL	5.00	16	150.			150.	150.		0.
35	DESK	021999	SL	5.00	16	150.			150.	150.		0.
37	DESK	082499	SL	5.00	16	150.			150.	150.		0.
93	OFFICE FURNITURE	120605	SL	5.00	16	1,302.			1,302.	1,302.		0.
102	VARIOUS OFFICE FURNITURE	091407	SL	5.00	16	2,105.			2,105.	2,105.		0.
138	1 SOMERSET LATERALFILE	100209	SL	5.00	16	220.			220.	220.		0.
139	SOMERSET 60 DBLPED DESK	100209	SL	5.00	16	373.			373.	373.		0.
168	MAC PRO MINI FOR CONFERENCE RM	100112	SL	5.00	16	619.			619.	619.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE					5,852.		0.	5,852.	5,852.		0.
	MACHINERY & EQUIPMENT											
169	APPLE MAC MINI SERVER	013013	SL	5.00	16	1,000.			1,000.	1,000.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					1,000.		0.	1,000.	1,000.		0.
	* 990 PAGE 10 TOTAL -					6,852.		0.	6,852.	6,852.		0.

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2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
3	OFFICE REMODEL	110197	SL	10.00	16	2,040.			2,040.	2,040.		0.
38	SWAMP COOLER	092099	SL	5.00	16	2,822.			2,822.	2,822.		0.
114	LEASEHOLD IMPROVEMENTS	100107	SL	2.00	16	7,620.			7,620.	7,620.		0.
	* 990 PAGE 10 TOTAL BUILDINGS					12,482.		0.	12,482.	12,482.		0.
	* 990 PAGE 10 TOTAL -					12,482.		0.	12,482.	12,482.		0.
	BUILDINGS											
189	SHED - RANCH OUTDOOR GEAR	042721	SL	15.00	16	8,006.			8,006.	1,646.		534.
	* 990 PAGE 10 TOTAL BUILDINGS					8,006.		0.	8,006.	1,646.		534.
	* 990 PAGE 10 TOTAL -					8,006.		0.	8,006.	1,646.		534.
	* GRAND TOTAL 990 PAGE 10 DEPR					599,581.		0.	599,581.	345,719.		40,400.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					454,023.		0.	454,023.	345,719.		
	ACQUISITIONS					145,558.		0.	145,558.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					599,581.		0.	599,581.	345,719.		

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- NEXT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	<b>BUILDINGS</b>								
161	SNOWMASS OFFICE REMODEL	021112	SL	5.00	70,515.		70,515.	70,515.	0.
	* 990 PAGE 10 TOTAL BUILDINGS				70,515.		70,515.	70,515.	0.
	<b>MACHINERY &amp; EQUIPMENT</b>								
4	4 OFFICE CHAIRS	021597	SL	5.00	352.		352.	352.	0.
6	OFFICE DESK	081397	SL	5.00	206.		206.	206.	0.
9	8 PR. OUTRIGGERS	100195	SL	5.00	800.		800.	800.	0.
10	BI SKI	011096	SL	5.00	2,417.		2,417.	2,417.	0.
11	MONO SKI	011096	SL	5.00	815.		815.	815.	0.
12	MONO SKIS	102296	SL	5.00	3,728.		3,728.	3,728.	0.
13	JR. BI SKI	102296	SL	5.00	2,000.		2,000.	2,000.	0.
14	FREEDOM FACTORY MONO SKI	111296	SL	5.00	2,300.		2,300.	2,300.	0.
15	3 PR. OUTRIGGERS	012097	SL	5.00	893.		893.	893.	0.
16	ENABLING TECH REP. BI SKI	062597	SL	5.00	750.		750.	750.	0.
17	FREEDOM FACTORY MONO SKI	110197	SL	5.00	1,945.		1,945.	1,945.	0.
19	MOUNTAIN MAN BI SKI	120197	SL	5.00	2,025.		2,025.	2,025.	0.
20	MOUNTAIN MAN MONO SKIS	010198	SL	5.00	1,665.		1,665.	1,665.	0.
23	SADDLE PAD	103096	SL	10.00	324.		324.	321.	0.
27	MONO SKI/SEAT/INSERTS	082499	SL	5.00	2,700.		2,700.	2,700.	0.
29	NETWORKING HUB	082499	SL	5.00	649.		649.	649.	0.
40	5 OFFICE CHAIRS	012400	SL	5.00	500.		500.	500.	0.
43	3 WELLMAN CUSTOM CLIMBING GEAR	012400	SL	5.00	2,550.		2,550.	2,550.	0.
47	CLIMBING CHAPS	111099	SL	5.00	2,550.		2,550.	2,550.	0.
48	CART	112499	SL	5.00	550.		550.	550.	0.
49	OFFICE CHAIR	112499	SL	5.00	100.		100.	100.	0.
50	WHEELCHAIR	122199	SL	5.00	1,000.		1,000.	1,000.	0.
51	TWO OUTRIGGERS WITH CLAWS & STRAPS	120700	SL	5.00	1,221.		1,221.	1,221.	0.
53	AMANDA'S MONO SKI FOR PROGRAM	121800	SL	5.00	750.		750.	750.	0.
55	SNOW SLIDER	010401	SL	5.00	1,135.		1,135.	1,135.	0.
60	INSTALL EXTRA DUCT ON SWAMP COOLER	072701	SL	5.00	740.		740.	740.	0.
69	MONO SKI	021503	SL	5.00	3,214.		3,214.	3,214.	0.
71	LONG OUTRIGGERS	031503	SL	5.00	363.		363.	363.	0.
77	SPECIAL PROJECTS COMPUTER	011404	SL	5.00	1,121.		1,121.	1,121.	0.
80	8 DONATED COMPUTERS AT 880 EACH	013004	SL	5.00	9,680.		9,680.	9,680.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

## Public Disclosure Copy

- NEXT YEAR FEDERAL -

CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
81	2 PAIR OUTRIGGERS	022304	SL	5.00	618.		618.	618.	0.
82	RIDER BAR SNOWBOARD	040704	SL	5.00	720.		720.	720.	0.
83	RESERVATION COMPUTER	112403	SL	5.00	881.		881.	881.	0.
84	EXECUTIVE ASSISTANT COMPUTER	011404	SL	5.00	1,113.		1,113.	1,113.	0.
87	3 WIRELESS USB 2.0 ADAPTERS	012105	SL	3.00	210.		210.	210.	0.
88	ADAPTIVE SKI EQUIPMENT	032305	SL	5.00	1,514.		1,514.	1,514.	0.
92	TELEPHONE EQUIPMENT	110105	SL	5.00	674.		674.	674.	0.
94	2 REVOLUTION PRO COMP MONOSKIS	121505	SL	5.00	4,692.		4,692.	4,692.	0.
95	SONY DIGITAL CAMCORDER	051106	SL	5.00	1,234.		1,234.	1,234.	0.
99	COMPETITION RADIOS	082807	SL	5.00	7,505.		7,505.	7,505.	0.
104	SKIS WITH OUTRIGGERS	010407	SL	5.00	2,236.		2,236.	2,236.	0.
106	PHONE SYSTEM	102307	SL	5.00	2,413.		2,413.	2,413.	0.
108	SS MONOSKI	040408	SL	5.00	2,741.		2,741.	2,741.	0.
109	PROJECTOR	061408	SL	5.00	899.		899.	899.	0.
110	SONY HI DEF CAMCORDER	062408	SL	5.00	1,430.		1,430.	1,430.	0.
115	SONY CAMCORDER - X2	123107	SL	5.00	1,036.		1,036.	1,036.	0.
116	SATELLITE PHONES - 2	050808	SL	5.00	741.		741.	741.	0.
120	2 DELL WORKSTATIONS - LAPTOPS	100207	SL	5.00	921.		921.	921.	0.
121	PROJECTOR - RACE TEAM	100207	SL	5.00	644.		644.	644.	0.
123	2 LAPTOP WORKSTATIONS	111907	SL	5.00	2,752.		2,752.	2,752.	0.
124	2 LAPTOPS	112207	SL	5.00	1,565.		1,565.	1,565.	0.
128	ADULT SEAT	022009	SL	5.00	770.		770.	770.	0.
129	TUMBLE FORM SEAT FOR CAMO RPC-SS MONOSKI 17" SEAT FRAME -	061209	SL	5.00	520.		520.	520.	0.
146	LIGHT BLUE 3 PR MEGA 11 SKIS MOUNTED FOR	101510	SL	5.00	3,420.		3,420.	3,420.	0.
147	ADULTS/JRS	102510	SL	5.00	1,650.		1,650.	1,650.	0.
148	MOUNTAIN MAN MONO SKI	112210	SL	5.00	3,120.		3,120.	3,120.	0.
151	SNOW SLIDER W/SHORT TUBES FOR KIDS	120311	SL	5.00	1,625.		1,625.	1,625.	0.
152	TUMBLE FORM SEAT FOR CAMO	053012	SL	5.00	652.		652.	652.	0.
162	5 PAIR SUPERLITE OUTRIGGERS 2 SETS OF MEGA BLUE BIRD SKIS FOR BI	110512	SL	5.00	1,745.		1,745.	1,745.	0.
163	SKIS	110812	SL	5.00	1,015.		1,015.	1,015.	0.
164	2 HOC GLIDE BI SKI WITH 2 SEATS	010713	SL	5.00	4,338.		4,338.	4,338.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

# Public Disclosure Copy

- NEXT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
165	2 GROOVE MONOSKI PKGS	022113	SL	5.00	7,500.		7,500.	7,500.	0.
166	1 HOC2 EDGE MONOSKI PKG	022113	SL	5.00	6,025.		6,025.	6,025.	0.
174	MAC BOOK AIR 13.3" - RANCH MANAGER	042015	SL	5.00	1,299.		1,299.	1,299.	0.
177	2 IPS DUAL ADULT SKI	082815	SL	5.00	6,935.		6,935.	6,935.	0.
179	TESSLER BISKI	102715	SL	5.00	5,592.		5,592.	5,592.	0.
180	DYNAMIQUE BISKI	111615	SL	5.00	4,100.		4,100.	4,100.	0.
181	NISSIN TORINO MONOSKI	111715	SL	5.00	7,640.		7,640.	7,640.	0.
188	3 BI SKI'S	012020	SL	5.00	12,366.		12,366.	12,366.	0.
190	2 MONIQUE MONO SKIS - HIGH FRAME	122020	SL	5.00	10,900.		10,900.	9,628.	1,272.
191	1 MONIQUE MONO SKI - NRG HIGH BACK	122020	SL	5.00	5,799.		5,799.	5,123.	676.
192	TANDEM E BIKE - VAN RAAM FUN2GO	050222	SL	4.00	15,230.		15,230.	11,741.	3,489.
193	DYNAMIQUE SIT SKI	021323	SL	5.00	7,888.		7,888.	3,682.	1,578.
194	GRIT FREEDOM CHAIR - SPARTAN	061523	SL	5.00	3,995.		3,995.	1,598.	799.
195	GRIT FREEDOM CHAIR - SPARTAN	061523	SL	5.00	3,995.		3,995.	1,598.	799.
196	NUKE OFFROAD HANDCYCLE	040124	SL	5.00	15,860.		15,860.	3,701.	3,172.
197	NUKE OFFROAD HANDCYCLE	070123	SL	5.00	15,860.		15,860.	6,080.	3,172.
198	VENTANA TANDEM	040124	SL	5.00	7,864.		7,864.	1,835.	1,573.
199	XCOUNTRY SLEDGE NORDIC SIT SKI	111523	SL	5.00	3,430.		3,430.	1,086.	686.
200	SNOW CART	100423	SL	5.00	8,200.		8,200.	3,280.	1,640.
201	TETRA SKI	110723	SL	5.00	34,025.		34,025.	10,775.	6,805.
202	ADAPTIVE EQUIPMENT (ENABLING TECHNOLOGIES) ALPINE/DOWNHILL SLIDE AND NORDIC/XC SLIDE	052125	SL	5.00	16,738.		16,738.		3,348.
203	3 LENZ SKI BIKES	123124	SL	5.00	7,100.		7,100.	592.	1,420.
204	IK-126 TAYLOR SINGLE INFLATABLE	123124	SL	5.00	14,700.		14,700.	1,225.	2,940.
207	KAYAK 4	050125	SL	5.00	3,245.		3,245.	54.	649.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				330,723.		330,723.	217,889.	34,018.
	TRANSPORTATION EQUIPMENT								
205	2025 FORD TRANSIT	122724	SL	5.00	94,000.		94,000.	7,833.	18,800.
206	TRAILER	110124	SL	5.00	9,775.		9,775.	1,140.	1,955.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				103,775.		103,775.	8,973.	20,755.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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- NEXT YEAR FEDERAL - CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT				505,013.		505,013.	297,377.	54,773.
160	55 INCH TV	112011	SL	5.00	1,900.		1,900.	1,900.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				1,900.		1,900.	1,900.	0.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT				1,900.		1,900.	1,900.	0.
154	PLACTIC WALL DIVIDERS	101911	SL	7.00	704.		704.	704.	0.
155	TORRANCE TABLE FOR OFFICE	102911	SL	7.00	400.		400.	400.	0.
157	CABINETRY FOR KITCHEN	111111	SL	7.00	258.		258.	258.	0.
170	2 DESKS	112913	SL	5.00	391.		391.	391.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				1,753.		1,753.	1,753.	0.
	TRANSPORTATION EQUIPMENT								
186	TRAILER	072717	SL	5.00	6,500.		6,500.	6,500.	0.
187	FORD TRANSIT	060618	SL	5.00	57,075.		57,075.	57,075.	0.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				63,575.		63,575.	63,575.	0.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES				65,328.		65,328.	65,328.	0.
31	SIGNAGE	120298	SL	5.00	420.		420.	420.	0.
33	OFFICE PICTURES	031799	SL	5.00	363.		363.	363.	0.
34	DESK	012199	SL	5.00	150.		150.	150.	0.
35	DESK	021999	SL	5.00	150.		150.	150.	0.
37	DESK	082499	SL	5.00	150.		150.	150.	0.
93	OFFICE FURNITURE	120605	SL	5.00	1,302.		1,302.	1,302.	0.
102	VARIOUS OFFICE FURNITURE	091407	SL	5.00	2,105.		2,105.	2,105.	0.
138	1 SOMERSET LATERALFILE	100209	SL	5.00	220.		220.	220.	0.
139	SOMERSET 60 DBLPED DESK	100209	SL	5.00	373.		373.	373.	0.
168	MAC PRO MINI FOR CONFERENCE RM	100112	SL	5.00	619.		619.	619.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				5,852.		5,852.	5,852.	0.
	MACHINERY & EQUIPMENT								
169	APPLE MAC MINI SERVER	013013	SL	5.00	1,000.		1,000.	1,000.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHALLENGE ASPEN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				1,000.		1,000.	1,000.	0.
	* 990 PAGE 10 TOTAL - BUILDINGS				6,852.		6,852.	6,852.	0.
3	OFFICE REMODEL	110197	SL	10.00	2,040.		2,040.	2,040.	0.
38	SWAMP COOLER	092099	SL	5.00	2,822.		2,822.	2,822.	0.
114	LEASEHOLD IMPROVEMENTS	100107	SL	2.00	7,620.		7,620.	7,620.	0.
	* 990 PAGE 10 TOTAL BUILDINGS				12,482.		12,482.	12,482.	0.
	* 990 PAGE 10 TOTAL - BUILDINGS				12,482.		12,482.	12,482.	0.
189	SHED - RANCH OUTDOOR GEAR	042721	SL	15.00	8,006.		8,006.	2,180.	534.
	* 990 PAGE 10 TOTAL BUILDINGS				8,006.		8,006.	2,180.	534.
	* 990 PAGE 10 TOTAL -				8,006.		8,006.	2,180.	534.
	* GRAND TOTAL 990 PAGE 10 DEPR				599,581.		599,581.	386,119.	55,307.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone