# Form 990-EZ

Department of the Treasury

Internal Revenue Service

#### **Short Form** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Pevenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 and total assets less than \$2,500,000 are total ass ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2008

Open to Public Inspection

|   |            |  | and ending  |  |                                      | , 20               |  |
|---|------------|--|---|--|--------------------------------------|--------------------|--|
| B Check if applicable: Please C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number |            |  |   |  |                                      |                    |  |
| [] A  | ddress     | change use IRS   |   |  |                                      |                    |  |
| □ N   | ame ch     | hange label or print or  |   | 20   | -2570273                             |                    |  |
| In  | tial reti  | um type. The Global Mountain Fund Inc  |   | E Te   | E Telephone number                   |                    |  |
| Tre   | erminat    | tion Specific  |   |  |                                      | 0-9808             |  |
| HA  | mended     | Instruct 139 Madison NE  |   |  | oup Exer                             |                    |  |
| HA  | pplication |  |   | 0.0  | mber                                 |                    |  |
|   |            | ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must  | attach  | G Accounting n   |                                      |                    |  |
| ******  |            | a completed Schedule A (Form 990 or 990-EZ).   |   | Other (specif  |                                      |                    |  |
| W   | ebsite     |  |   |  | if the organization is not required  |                    |  |
|   |            | zation type (check only one) - X 501(c)(3 ) ◀ (insert no.) 4947(a)(1) or   | 527   |  | th. B (Form 990, 990-EZ, or 990-PF). |                    |  |
| -   | neck       |  |   |  |                                      |                    |  |
| 20000000  |            | n is not required, but if the organization chooses to file a return, be sure to file a   |   |  | anyilot iii                          | ore than \$25,000. |  |
| -   |            | s 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 9   |   | <b>▶</b> \$  |                                      | 127,535.           |  |
|   | irt I      | Revenue, Expenses, and Changes in Net Assets or Fund Ba  |   |  | tructions                            |                    |  |
|   | 100        |  |   |  | 4                                    | 127,535.           |  |
|   | 1          | [2]  |   |  | 2                                    | 127,333.           |  |
|   | 2          |  |   |  |                                      |                    |  |
|   | 3          |  |   |  | 3                                    |                    |  |
|   | 4          | 1  | 1   | [  | 4                                    |                    |  |
|   | 1 3        | a Gross amount from sale of assets other than inventory  |   |  | ľ                                    |                    |  |
|   |            | b Less: cost or other basis and sales expenses   |   |  |                                      |                    |  |
| ٥   | ١.         | c Gain or (loss) from sale of assets other than inventory(Subtract line 5b from I  |   | ach schedule).  <br>▶□   | 5c _                                 |                    |  |
| Revenue   | 6          |  |   |  |                                      |                    |  |
| 8   | 1          | a Gross revenue (not including \$ of contributions   | a. î  |  |                                      |                    |  |
| œ   |            | ,  | a   |  |                                      |                    |  |
|   | 1          | b 2000; direct expenses care, and and along expenses   | b   |  |                                      |                    |  |
|   |            | c Net income or (loss) from special events and activities (Subtract line 6b from   |   |  | 6c                                   |                    |  |
|   | 7          | 7 a Gross sales of inventory, less returns and allowances  | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO |  |                                      |                    |  |
|   | 1          | E 2003. COST OF GOODS COST   | b   |  |                                      |                    |  |
|   | 1          | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .   |   |  | 7c                                   |                    |  |
|   | 8          |  |   |  | 8                                    | 107.535            |  |
| 7.  | 9          |  |   | V 100 CONTROL OF THE   | 9                                    | 127,535.           |  |
|   | 10         |  |   |  | 10                                   |                    |  |
|   | 11         |  | 11  |  |                                      |                    |  |
| Ses   | 12         |  | 12  |  |                                      |                    |  |
| Expenses  | 13         | 5 - 10 mars a mars a section at the first property of the difference and the property of the p | 13  | 520.   |                                      |                    |  |
| Ĕ   |            |  | 15  |  |                                      |                    |  |
|   | 15         | 15 Printing, publications, postage, and shipping   |   |  |                                      |                    |  |
|   | 16         |  | 22 27 7   | - C - 1 - C - C - C - C - C - C - C - C  | 16                                   | 120,992.           |  |
| _   | 17         |  |   |  | 17                                   | 121,512.           |  |
| 97  | 18         |  |   | 18   | 6,023.                               |                    |  |
| S   | 19         | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | M   |  |                                      |                    |  |
| Net Assets  |            | end-of-year figure reported on prior year's return)  |   | CONTRACTOR SERVICES SERVICES SERVICES SERVICES SERVICES  | 19                                   | 34,397.            |  |
| ž   |            | 高 - TOP septim a resonance settle a neither a freeze arrestant - a and a neither and and the arrest and the a   |   | SHOUSE STATE OF THE SHOP OF TH | 20                                   |                    |  |
|   | 21         |  |   |  |                                      | 40,420.            |  |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, ile Form 990 instead of Form 990-EZ.              |            |  |   |  |                                      |                    |  |
| 0220000   |            | (See the instructions.)  |   | Beginning of ye  |                                      | (B) End of year    |  |
|   |            | n, savings, and investments  |   | 38,409.  | 22                                   | 16,398.            |  |
|   |            | l and buildings  | ···:;   | 11,228.  | 23                                   | 24,022.            |  |
|   |            | er assets (describe >  | —'├—  | 40 633   | 24                                   | 40 400             |  |
|   |            | l assets I liablilities (describe ► SEE STMT   | ···:\-  | 49,637.<br>15,240.   | 25                                   | 40,420.            |  |
|   |            | 26   | 40.420.   |  |                                      |                    |  |
|   | PERSON 2   | assets or fund balances (line 27 of column (R) must agree with line 21)  | CONTRACTOR CONTRACTOR   | 34.397.  | 141                                  | 40.4/11            |  |

Rev. 1

| Form 990-EZ (2008) The Global Mountain   |  |  | 20.               | -25/02        | 2.73 Page 2         |
|--|--|--|-------------------|---------------|---------------------|
| Part III Statement of Program Service Accomp   | olishments (See  | the instructions.)                     |                   | E             | xpenses             |
| What is the organization's primary exempt purpose? See   | (Required  | for 501(c)(3) & (4)                    |                   |               |                     |
| Describe what was achieved in carrying out the organization's  | organizations and 4947(a)(1)                                 |  |                   |               |                     |
| describe the services provided, the number ofpersons benefite  |  |  | 9.5               |               | tional for others.) |
| 28 See attached description  |  |  |                   | 1             |                     |
|  |  |  |                   | İ             |                     |
|  |  |  |                   | 1             |                     |
| (Grants \$ ) If this amount include  | s foreign grants, check h                                    | ere                                    | <b>▶</b> IT       | 28a           | 110,992.            |
| 29   | o broight grants, oncor in                                   | 0.0                                    | •                 | 200           | 110/332.            |
|  |  |  |                   |               |                     |
|  |  |  |                   |               |                     |
| (Grants \$ ) If this amount include  | s foreign grants, check h                                    |  | <del>- 11</del> 1 | 29a           |                     |
| FOR STATE OF THE PARTY OF THE P | s bleigh grants, check h                                     | eie                                    | 1 1               | 294           |                     |
| 30   |  |  |                   |               |                     |
|  |  |  |                   |               |                     |
| (Grants \$ ) If this amount include  | s foreign grants, check h                                    |  | -TT               | 30a           |                     |
| 31 Other program services (attach schedule)  |  |  |                   | Sua           |                     |
| [2개 - 경] 경향 후 10류(2개) (2조  | s foreign grants, check h                                    |  |                   | 240           |                     |
| 32 Total program service expenses (add lines 28a through 3   |  |  |                   | 31a<br>32     | 110,992.            |
| Part IV List of Officers, Directors, Trustees, an  |  | ### ### ### ### ### ### ### ### ### ## |                   | 5 ITM 144     |                     |
| List of Officers, Directors, Trustees, at  |  | (List each one ev                      | _                 | tributions to | (e) Expense         |
| (a) Name and address   | (b) Title & average<br>hours per week<br>devoted to position | (If not paid,                          | employee b        | enefit plans  | account and         |
| Bob Doak DVM   | President  | enter -0)                              | & defen           | red comp.     | other allowances    |
| 139 Madiso Albuquerqu NM 87108   | 20   | 0                                      |                   |               |                     |
| Scott MacLennan  | Exec Dir   |  |                   |               | +                   |
| 139 Madiso Albuquerqu NM 87102   | 40   | 0                                      | i                 |               | 1                   |
|  | -  |  | +                 |               |                     |
| Dorothy Kammerer-Doak  | Director   |  |                   |               | 1                   |
| 139 Madiso Albuquerqu NM 87108   | 1  | 0                                      | 1                 |               | -                   |
| David Diaz   | Director<br>20   | 0                                      |                   |               | 1                   |
| 139 Madiso Albuquerqu NM 87108   |  |  |                   |               |                     |
| Ari Stern MD   | Director   | _                                      |                   |               |                     |
| 139 Madiso Albuquergu NM 87108   | 1  | 0                                      | -                 |               |                     |
| Amanda Padoan  | Director   |  | 1                 |               |                     |
| 139 Madiso Albuquerqu NM 87108   | 1  | 0                                      |                   |               |                     |
| Scott Max MacLennan  | Treasurer  |  |                   |               |                     |
| 139 Madiso Albuquerqu NM 87108   | 4  | 0                                      |                   |               | -                   |
|  | 4  |  |                   |               |                     |
|  |  |  |                   |               |                     |
|  | -  |  |                   |               |                     |
|  |  |  |                   |               |                     |
|  | 4  |  | 1                 |               | ì                   |
|  |  | 1 (A)                                  | -                 |               |                     |
|  | 4  |  |                   |               |                     |
| 5 ANY SAL STORY OF THE SALES OF |  |  |                   |               | <del> </del>        |
|  | -  |  |                   |               |                     |
|  |  | -                                      | 1                 |               | <u> </u>            |
|  | -  |  |                   |               |                     |
|  |  |  |                   |               | +                   |
|  | ┥  | ¥.                                     | 1                 |               |                     |
|  | <del> </del>   | 1                                      | 1                 |               |                     |
|  | 1  |  | 1                 |               | 1                   |
|  | <b></b>  | <b></b>                                | 1                 |               | 1                   |
|  | 1  |  |                   |               |                     |
|  |  | <del> </del>                           |                   |               |                     |
|  | 1  |  |                   |               |                     |
|  |  |  |                   |               |                     |
|  | 7  |  |                   |               |                     |

| Far  | Other Information (Note the statement requirements in the instructions or Part VI.)  |         | Yes        | No    |  |  |
|------|--|---------|------------|-------|--|--|
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed                | $\Box$  | 100        | 110   |  |  |
| -    | description of each activity   | 33      |            | х     |  |  |
| 34   | Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes,"                       | 1       |            |       |  |  |
| 22   | attach a conformed copy of the changes   | 34      |            | х     |  |  |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others),     |         |            |       |  |  |
| •    | but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.      |         |            |       |  |  |
| а    | Did the organization have unrelated business gross income of\$1,000 or more or section 6033(e) notice, reporting,          | 1 1     |            |       |  |  |
| •    | and proxy tax requirements?  | 35a     | 1          | х     |  |  |
| b    | If "Yes," has it filed a tax return onForm 990-T for this year?  | 35b     |            | _~    |  |  |
| 36   | Was there a liquidation, dissolution, termination, or substantial contraction during the gar? If "Yes,"                    | 330     |            |       |  |  |
| 30   | complete applicable parts of Schedule N  |         |            |       |  |  |
| 27.  |  | .  36   |            | X     |  |  |
| 37a  |  | ]       | F VS       | v     |  |  |
| ь    | Did the organization file Form1120-POL for this year?  | 37b     | s 92       | X     |  |  |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or keyemployeeer were              |         | 11         |       |  |  |
| 120  | any such loans made in a prior year and still unpaid at the start of the period covered by this return?                    | 38a     |            | Х     |  |  |
|      | If "Yes," complete Schedule L, Part II and enter the total amount involved   | 4       |            |       |  |  |
| 39   | Section 501(c)(7) organizations. Enter:  |         |            |       |  |  |
| a    | Initiation fees and capital contributions included on line 9   | 4       |            |       |  |  |
| b    | Gross receipts, included on line 9, for public use of club facilities  | 1       |            |       |  |  |
| 40 a |  |         |            |       |  |  |
|      | section 4911 ▶; section 4912 ▶; section 4955 ▶   | ls 1    | î          | e e   |  |  |
| b    | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during |         | , Y        |       |  |  |
|      | the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I  | 40b     |            | Х     |  |  |
| C    | Enter amount of tax imposed on organization managers or disqualified persons during the year under                         |         |            |       |  |  |
|      | sections 4912, 4955, and 4958  |         |            |       |  |  |
| d    | Enter amount of tax on line 40c reimbursed by the organization   | 10 A    |            |       |  |  |
| 0    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  |         |            |       |  |  |
|      | If "Yes," complete Form 8886-T.  | . 40e   |            | X     |  |  |
| 41   | List the states with which a copy of this return is filed.   |         |            |       |  |  |
| 42a  | The books are in care of ▶ Mountain Fund Telephone no. ▶ 505-830-9808  | L 85 82 |            |       |  |  |
|      | Located at ▶ 139 Madison NE NM Albuquerque ZIP+4 ▶ 87108-  | W - 255 |            | 1750  |  |  |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority           |         | 30 - X - S |       |  |  |
|      | over a financial account in a foreign country (such as a bank account, securities account, or other mancial                |         | Yes        | No    |  |  |
|      | account)?  | 42b     |            | x     |  |  |
|      | If "Yes," enter the name of the foreign country: ▶   |         | t.         | 8 20  |  |  |
|      | See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank                    |         |            |       |  |  |
|      | and Financial Accounts.  |         |            |       |  |  |
| c    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?                         | . 42c   | v          | ľ     |  |  |
| ·    | If "Yes," enter the name of the foreign country: NP  | 420     |            |       |  |  |
| 40   |  |         |            |       |  |  |
| 43   |  |         | • • • • •  | L     |  |  |
|      | and enter the amount of tax-exempt interest received or accrued during the taxyear   | 700     |            |       |  |  |
|      |  | ĵ       | v -        |       |  |  |
|      |  | 7       | Yes        | No    |  |  |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of                     | 1       |            |       |  |  |
|      | Form 990-EZ  | . 44    | l          | X     |  |  |
| 45   | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must          |         |            |       |  |  |
|      | be completed instead of Form 990-EZ  | . 45    |            | X     |  |  |
|      | Form   | 990-I   | EZ (       | 2008) |  |  |

| Part VI            | Section 501(c)(3) organiza   |                              | ion 501(c)(3) organ  | nizations must a             | nswer questions 46 | - 49              |        | age 4  |
|--------------------|--|------------------------------|----------------------|------------------------------|--------------------|-------------------|--------|--------|
| 46 Did 1           | and complete the tables for lines :<br>the organization engage in direct or in   |                              | activities on hehalt | fof or in concept            | ion to             |                   | Yes    | No     |
|                    | didates for public office? If "Yes," com   |                              |                      | ±335                         |                    | 46                | 162    | X      |
|                    | the organization engage in lobbying a  |                              |                      |                              |                    |                   |        | X      |
|                    | e organization operating a school as   |                              | 1.5                  |                              |                    |                   |        | Х      |
|                    | the organization make any transfers to   |                              |                      |                              |                    |                   |        | Х      |
|                    | es," was the related organization(s) a   |                              |                      |                              |                    |                   |        |        |
|                    | nplete this table for the five highest con<br>n received more than \$100,000 of con                                      |                              |                      |                              |                    | es) who           |        |        |
|                    |  | (b) Title and average        | (c) Compensa         | tion (d) C                   | ontributions to    | (e) Ex            | pense  |        |
| (a) Na             | me and address of each employee  | hours per week               | 2.5 22               |                              | e benefit plans &  |                   | nt and |        |
|                    | paid more than \$100,000   | devoted to position          |                      | deferre                      | d compensation     | other all         | lowand | es     |
| NONE               |  | _                            |                      |                              |                    | - 100 Vio. 50 - 1 | -      |        |
|                    |  |                              |                      |                              |                    |                   |        |        |
| Total number       | of other employees paid over \$100,000 I   |                              |                      |                              |                    |                   |        |        |
|                    | he organization. If there is none, enter<br>ame and address of each independer   | 723-374372                   | ean \$100,000        | (b) Type o                   | of service         | (c) Comp          | ensati | on     |
|                    |  |                              |                      |                              |                    |                   |        | 2      |
|                    |  |                              |                      |                              |                    |                   |        |        |
| Total num          | ber of other independent contractors   | each receiving over \$100    | ,000▶                |                              |                    |                   |        |        |
| Sign               | Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. De Signature of officer |                              |                      |                              |                    | ge                |        |        |
| Here               | Type or print name and title.  |                              |                      |                              |                    |                   |        | 93.5   |
| Paid<br>Preparer's | Preparer's signature   | WAA                          | Date 10/14/10        | Check if self-<br>employed ▶ |                    | 25121             | .2     | instr. |
| Use Only           | if self-employed), Misking 8267  | ael Sczekan a<br>So Xenia Ct | and Co PC            | CPAs                         | EIN ▶84-           | 09665             | 54     |        |
|                    | address, and ZIP + 4 Cente   | ennial CO 801                | 112-                 |                              | Phone no.▶303      | 3-770-            | 335    | 6      |
| May the IF         | RS discuss this return with the prepare  | r shown above? See inst      | ructions             |                              | <u> </u>           | X Yes             |        | No     |
|                    |  |                              |                      |                              | F                  | orm <b>990-</b>   | EZ (   | 2008)  |

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

OMB No. 1545-0047 2008

> Open to Public Inspection

Name of the organization Employer identification number The Global Mountain Fund Inc 20-2570273 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check onlyne organization.) A church, convention of churches, or association of churches described isection 170(b)(1)(A)(i). 2 A school described insection 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(III). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described isection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.) A community trust described insection 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % ofits support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Sessection 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Sesection 509(a)(4) (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Seaction 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated Type I b Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publiclysupported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... (li) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (III) Type of organization (v) Did you (vi) is the (vii) Amount of (IV) is the organorganization (described on lines 1-9 ization in col. organization in support notify the above or IRC section (i) listed in your organization in col. (i) (see instructions)) governing cal. (i) of your organized document? support? in the U.S.? Yes No Yes No Yes No

Total

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

Schedule A (Form 990 or 990-EZ) 2008

# Support Schedule for Organizations Described in Section 509(a)(2)

|     | (Complete only if you checked the b  | oox on line 9 of l                              | Part I.)          |   |  |                                       |  |
|-----|--|---|-------------------|---|--|---------------------------------------|--|
| Sec | tion A. Public Support   |   |                   |   |  |                                       |  |
| Cal | endar year (or fiscal year beginning in)   | (a) 2004  | (b) 2005          | (c) 2006                                | (d) 2007                                 | (e) 2008                              | (f) Total                              |
| 1   | Gifts, grants, contributions, and  | A   |                   |   |  |                                       |  |
|     | membership fees received. (Do not  |   | }                 | ł                                       | 1  |                                       |  |
|     | include any "unusual grants.")   |   | 8972.             | 71380.                                  | 97635.                                   | 127535.                               | 305522.                                |
| 2   | Gross receipts from admissions, merchan-   |   |                   |   |  |                                       |  |
|     | dise sold or services performed, or facilities   |   |                   |   |  | i                                     |  |
|     | facilities furnished in any activity that is rela-   |   | l i               | ì                                       |  |                                       |  |
|     | ted to the organization's tax-exempt purpose   |   |                   |   |  |                                       |  |
| 3   | Gross receipts from activities that are not an unrelated trade or business under section 513   |   |                   |   |  |                                       |  |
| 4   | Tax revenues levied for the organization's   |   |                   |   |  |                                       |  |
|     | benefit and either paid to or expended on  |   |                   | İ                                       |  |                                       | i                                      |
|     | its behalf   |   |                   |   |  |                                       |  |
| 5   | The value of services or facilities  |   |                   |   |  |                                       |  |
|     | furnished by a governmental unit to the  |   | \ \ \             | · ·                                     |  |                                       |  |
|     | organization without charge  |   |                   |   |  |                                       |  |
| 6   | Total. Add lines 1-5   |   | 8972.             | 71380.                                  | 97635.                                   | 127535.                               | 305522.                                |
| 7 a | Amounts included on lines 1, 2, and 3  |   |                   |   |  |                                       |  |
|     | received from disqualified persons   |   |                   |   |  |                                       | 550 6444 6450                          |
| b   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |   |                   |   |  |                                       |  |
| C   | Add lines 7a and 7b  |   |                   |   |  |                                       |  |
| 8   | Public support (Subtract line 7c form line 6)  |   |                   |   | J-14-14-00-00-1-00-1-00-1-00-1-00-1-00-1 | 74                                    | 305522.                                |
| Sec | tion B. Total Support  |   |                   |   |  |                                       |  |
|     | lendar year (or fiscal year beginning in)  | (a) 2004  | (b) 2005          | (c) 2006                                | (d) 2007                                 | (e) 2008                              | (f) Total                              |
| 9   | Amounts from line 6  |   | 8972.             | 71380.                                  | 97635.                                   | 127535.                               | 305522.                                |
|     | Gross income from interest, dividends  |   |                   |   |  |                                       |  |
|     | payments received on securities loans,   |   | 1 1               |   |  |                                       |  |
|     | rents, royalties and income from similar   |   |                   |   |  |                                       | l ·                                    |
|     | sources  |   |                   |   |  |                                       |  |
| n.  | Unrelated business taxable income (less  |   |                   |   |  |                                       |  |
| D   | 100000 00000 00000 00000 00000 00000 0000  |   |                   |   |  | 0                                     |  |
|     | section 511 taxes) from businesses   |   |                   |   |  |                                       |  |
|     | acquired after June 30,1975  |   |                   |   |  | 10                                    |  |
|     | Add lines 10a and 10b  |   |                   |   |  |                                       | <u> </u>                               |
| 11  | Net income from unrelated business   |   | 1                 |   |  |                                       |  |
|     | activities not included in line 10b, whether   |   |                   |   |  | l                                     |  |
|     | or not the business is regularly carried on  |   |                   |   |  |                                       |  |
| 12  | Other income. Do not include gain or   |   | i i               |   |  | i i                                   |  |
|     | loss from the sale of capital assets   |   |                   |   |  |                                       |  |
|     | (Explain in Part IV.)  |   |                   |   |  | <u> </u>                              |  |
| 13  | Total support. (Add lines 9, 10c, 11 and 12.)  |   |                   |   |  |                                       | 305522.                                |
| 14  | First five years. If the Form 990 is for the orga  | anization's first,                              | second, third, bu | rth, or fifth tax ye                    | ar as a section                          | 501(c)(3)                             |  |
|     | organization, check this box and stop here .   |   |                   |   |  | · · · · · · · · · · · · · · · · · · · | ▶ 🛚                                    |
| Sec | tion C. Computation of Public Suppo  | ort Percenta                                    | ge                |   |  |                                       |  |
| 15  | Public support percentage for 2008 (line 8, co   | lumn (f) divided                                | by line 13, colum | nn (f))                                 |  | 15                                    | 100.00 %                               |
| 16  | Public support percentage from 2007 Schedul  | ie A, Part IV-A,                                | line 27g          |   |  | 16                                    | 100.00 %                               |
| Sec | tion D. Computation of Investment I  | ncome Perce                                     | entage            |   |  | 794 104                               | Sala dell'esta                         |
|     | Investment income percentage 6r2008 (line 1  |   |                   | column (f)                              |  | 17                                    | 0.00 %                                 |
| 18  | Investment income percentage form2007 Scho   | 0.00  |                   |   |  |                                       | 0.00 %                                 |
|     | a 33 1/3 % support tests - 2008. If the organizat  |   |                   |   |  |                                       |  |
|     | not more than 33 1/3 %, check this boxandste   |   |                   |   |  |                                       |  |
| h   | 33 1/3 % support tests - 2007. If the organization   | 생물이 생각한 맛있었다. 회원생활기 () 원인 6                     |                   | M. T                                    |  |                                       | ************************************** |
|     | is not more than 33 1/3 %, check this boxand   |   |                   |   |  |                                       |  |
| 20  | Private foundation. If the organization did not  | handida og men militar samlik fin et amenet – e |                   | [10] [10] [10] [10] [10] [10] [10] [10] |  |                                       |  |
| _   | Copyright form software only, 2008 Universal Tax Systems   |   |                   | US990A\$3 Rev. 1                        |  | le A (Form 990 d                      |  |

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

The Global Mountain Fund Inc 20-2570273 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trushot treated as a private bundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private fundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater 41) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete anyof the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not fle Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the fling requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

These instructions will be issued separately.