Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2018 calendar year, or tax year beginning and	ending					
	Check if applicable:	C Name of organization		D Employer identif	ication number			
	Address change	ROARING FORK CONSERVANCY						
	Name change	Doing business as	ng business as					
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) P.O. BOX 3349	Room/suite	E Telephone number 970-927-1290				
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1 2 1 1 2 2 2			
	Amende			H(a) Is this a group				
	Applica-			for subordinate				
	pending	SAME AS C ABOVE		H(b) Are all subordinates				
$\overline{\mathbf{I}}$	Tax-exe	mpt status: $X = 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1)	or 527	1 ` ´	a list. (see instructions)			
		WWW.ROARINGFORK.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile; CO			
	art I	Summary	•	•	<u> </u>			
	1 E	Briefly describe the organization's mission or most significant activities: ${ t SEE \ }$	SCHEDU	LE O				
Governance	<u> </u>							
22	2 (Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.			
9	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3				
		lumber of independent voting members of the governing body (Part VI, line 1b)			13			
S. C.	5 5 ⊺	otal number of individuals employed in calendar year 2018 (Part V, line 2a)			8			
Ξ	6 ⊺	otal number of volunteers (estimate if necessary)			317			
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12						
_	b N	let unrelated business taxable income from Form 990-T, line 38						
				Prior Year	Current Year			
Revenue	8 6	Contributions and grants (Part VIII, line 1h)		1,299,197.	•			
	9 5	Program service revenue (Part VIII, line 2g)		130,033. 93.				
Ą	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		52,002.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,481,325.	-			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>			
		Benefits paid to or for members (Part IX, column (A), lines 1-3)		0.				
	145 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		477,138.				
Fxpenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		60,431.				
Pen	b T	otal fundraising expenses (Part IX, column (D), line 25) 230, 20		,				
Ϋ́	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		351,029.	1,030,105.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		888,598.				
		Revenue less expenses. Subtract line 18 from line 12		592,727.	-439,334.			
or	Se	•	Ве	ginning of Current Year	End of Year			
t Assets	20 T	otal assets (Part X, line 16)		4,054,192.	4,019,001.			
L As	별 21 T	otal liabilities (Part X, line 26)		187,425.	591,568.			
Net		let assets or fund balances. Subtract line 21 from line 20		3,866,767.	3,427,433.			
	art II	Signature Block						
		ies of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer		l Date				
Sig		,		Date				
He	re	RICK LOFARO, EXECUTIVE DIRECTOR Type or print name and title						
			Ιr	Date Check	PTIN			
Da:		Print/Type preparer's name DENISE JURGENS, CPA Preparer's signature	'	if	00007330			
Pai		DENISE JURGENS, CPA Firm's name ▶ REESE HENRY & COMPANY, INC.		self-emplo	84-0803727			
	· -	Firm's address \(\int 400 \) EAST MAIN ST., SUITE 2		Firm's EIN ▶	0± 0003141			
030	Jonly	ASPEN, CO 81611		Phone no 95	0-925-3771			
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		1 Holle Ho. 2 1	X Yes No			
. 110	.,	= ====================================			100 140			

ROARING FORK CONSERVANCY 84-1375379 Page **2** Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO INSPIRE PEOPLE TO EXPLORE, VALUE, AND PROTECT THE ROARING FORK WATERSHED. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ______ Yes X No If "Yes," describe these changes on Schedule O. 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. 578,029. including grants of \$ 260,683. (Code:) (Expenses \$) (Revenue \$ DEVELOPMENT OF WATER MONITORING PROGRAM WITH LOCAL SCHOOLS, WORK ON RIVER RESTORATION PROJECTS, DEVELOP VIDEO TAPE FOR USE IN EDUCATING LAND OWNERS ABOUT RIVER HABITAT AND PRESERVATION. 164,131. including grants of \$) (Expenses \$ VARIOUS PROJECTS: \$16,257 CRYSTAL RIVER ASSESSMENT: WATERSHED PLAN: \$24,948 BLUE CREEK RANCH: \$184 FIRST RESPONDERS: \$121,550 CATTLE CREEK PROJECT: \$1,192 (Code:) (Expenses \$ including grants of \$) (Revenue \$ Other program services (Describe in Schedule O.)) (Revenue \$ including grants of \$ 742,160. Total program service expenses

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ROARING FORK CONSERVANCY 84-1375379 Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х If "Yes." complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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20b

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Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			۱
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩.
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			X
07	complete Schedule L, Part II	26		_^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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

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					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100	110		
	filed for the calendar year ending with or within the year covered by this return	2a	8					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions							
За				За		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х		
b	If "Yes," enter the name of the foreign country:		,					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).					
5a				5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribut	vices p	rovided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired					
	to file Form 8282?			7c		X		
d	f "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f				
_								
_								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	, , , , , , , , , , , , , , , , , , , ,			8				
9	Sponsoring organizations maintaining donor advised funds.							
	, , , , , , , , , , , , , , , , , , , ,			9a				
				9b				
10	Section 501(c)(7) organizations. Enter:	10a						
	Initiation fees and capital contributions included on Part VIII, line 12	10b						
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	מטו	l					
	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	. 14						
~	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
I4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or					
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X		
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2018) ROARING FORK CONSERVANCY 84-1375379 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14							
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other							
	officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			6		Х				
, .	more members of the governing body?	•		7a		х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			, u						
D	persons other than the governing body?		·	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7.5						
а	The governing body?	•	· ·	8a	х					
a b				8b	X					
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached to the committee with authority to act on behalf of the governing body?			OD						
9	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses in Schedule O</i>			9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev		Pada l	3						
	(This Section B requests information about policies not required by the internal Ret	<u>renue C</u>	.oae.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			ioa						
				10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	501010	ming the form.	114						
12a	The state of the s			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120						
ŭ	in Schedule O how this was done	,		12c	х					
13	5.11			13	X					
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approval			17						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	ерепает							
•	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b		х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	h a							
iou	taxable entity during the year?			16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			iou						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	•							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			100						
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	d 990-T	(Section 501(c)(3)s	onlv) :	availah	ole				
.5	for public inspection. Indicate how you made these available. Check all that apply.	555 1	(2001.311 00 1(0)(0)3	J. 1197 6						
	Own website Another's website X Upon request Other (explain	in Cab	adula Ol							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial					
13	statements available to the public during the tax year.		microst policy, and	iii iai iC	ıuı					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and	records -							
20	THE ORGANIZATION - 970-927-1290	no and								
	PO BOX 3349, BASALT, CO 81621									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organize	I -	orga T	niza			npen	sate		irector, or trustee.	<u> </u>
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		(do not check more than one			than c		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of other	
	week (list any	To.						from the	from related organizations	compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itutio	cer	Key employee	hest o	Former			organizations
	line)	пg	lust	Officer	Key	Hig	For			
(1) RICK LOFARO	40.00	ļ						07.004	•	10 504
EXECUTIVE DIRECTOR	4 00	Х						87,984.	0.	10,504.
(2) STEPHEN ELLSPERMAN	4.00	∤							•	
DIRECTOR	F 00	Х						0.	0.	0.
(3) PAT MCMAHON	5.00	٠,,		,,						
PRESIDENT	4 00	Х		Х				0.	0.	0.
(4) GEORGE W. KELLY III VICE PRESIDENT	4.00	х		х				0.	0.	0.
(5) DON SCHUSTER	3.00	^		^				0.	0.	· ·
DIRECTOR	3.00	х						0.	0.	0.
(6) LARRY YAW	3.00	^						0.	0.	<u></u>
DIRECTOR	3.00	Х						0.	0.	0.
(7) JIM LIGHT	2.00	25							0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(8) RICK NEILEY	3.00								0.1	
DIRECTOR		Х						0.	0.	0.
(9) JENNIFER SAUER	3.00									
TREASURER		Х		Х				0.	0.	0.
(10) TED BORCHELT	3.00									
DIRECTOR		Х						0.	0.	0.
(11) DICK KIPPER	2.00									
DIRECTOR		Х						0.	0.	0.
(12) MICHELLE SCHINDLER	3.00									
SECRETARY		Х		Х				0.	0.	0.
(13) DIANE SCHWENER	3.00	1								
DIRECTOR		Х						0.	0.	0.
(14) JEFF CONKLIN	3.00	 								_
DIRECTOR		Х						0.	0.	0.
		4								
		-								
		1								
_		-	\vdash		_					
		1								
		l		<u> </u>	<u> </u>			l	l	000

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Part VIII Section A Officers Directors Trustees Key Employees and Highest Compensated Employees (centiqued)

Section A. Officers, Directors, Trus	tees, Key Emp	DIOY	ees,	and	ı nıç	gnes	i C	ompensated Employee	S (continued)					
(A)	(B) (C) Average Position							(D) (E)		(F)				
Name and title	Average Position (do not check more than one box, unless person is both an							Reportable	Reportable	•		Estimated		
	week					is both or/trust		compensation from	compensation from related	- 1	amount of other		ΣT	
	(list any	ctor						the	organization	- 1	com	pensa	tion	
	hours for	r direc				ted		organization	(W-2/1099-MIS			om th		
	related	stee o	ruste			pensat		(W-2/1099-MISC)			_	anizat		
	organizations below	ıal tru	onal t		ployee	com						d relat		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	วทร	
	,	=	느	0	¥	E E	Œ							
		Ш												
		$[\]$												
		П												
		Н												
		Ш												
1b Sub-total								87,984.		0.	1	0,5	04.	
1b Sub-total c Total from continuation sheets to Part VI	Section A							0.		0.		0 / 5	0.	
d Total (add lines 1b and 1c)								87,984.		0.	1	0,5		
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable			-		
compensation from the organization												V	0	
O Did the consected that the form of the consected the consected that the consected the consected the consected that the consected the consected the consected that the consected the consected that the co	.P						1			ſ		Yes	No	
3 Did the organization list any former officer,	•			•	•	•					3		Х	
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3			
and related organizations greater than \$150											4		Х	
5 Did any person listed on line 1a receive or a														
rendered to the organization? If "Yes." com											5		Х	
Section B. Independent Contractors														
1 Complete this table for your five highest con										ensat	ion fro	om		
the organization. Report compensation for t	ne calendar ye	tai e	HUII	ig w	illi C	וועע זכ	111111	(B)	zar.		((<u>.)</u>		
Name and business	address							Description of s	ervices	С		nsatio	n	
KORU LIMITED 2551 DOLORES WAY, CARBOND	ALE CO	8	16	23				CONSTRUCTION		1	5.0	1,0	53	
2331 Bollonds Will, Cimbons	1111, 00							CONDINCTION			, 50	<u> </u>	55•	
							\dashv							
O Total number of independent control of the	aludiae but		n:4	14~ 1	th	na lle		abaya) who received re-	ara than					
2 Total number of independent contractors (in \$100,000 of compensation from the organiz		זנ וווז	IIITEC	ı (O 1	thos 1		rea	above) who received mo	ore trian					

Form 990 (2018) ROARING FORK CONSERVANCY
Part VIII Statement of Revenue

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		Check if Schedule O conta	ains a resnonse	or note to any line	e in this Part VIII			
		Officer if Octional Officer	ans a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns	1a					012 011
ran	b	Membership dues	1b					
Y,G	С	Fundraising events	1c	295,026.				
Contributions, Gifts, Grants and Other Similar Amounts	d		11					
s, G	е	Government grants (contributi	ons) 1e	21,070.				
ion	f	All other contributions, gifts, grant	ts, and					
but		similar amounts not included above	/e 1f	663,981.				
d di	g	Noncash contributions included in lines	la-1f: \$	5,500.				
a Co	h	Total. Add lines 1a-1f		>	980,077.			
				Business Code				
ė	2 a		ORING	541700	52,414.	52,414.		
r Š	b	PROGRAM FEES		541700	52,286.	52,286.		
S	С							
eve	d	·						
Program Service Revenue	е							
P.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			104,700.			
	3	Investment income (including			_	_		
		other similar amounts)			5.	5.		
	4	Income from investment of tax	exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	b							
	С	· /						
	d	(, ,						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	· /						
	d	3 ()		·····				
ě	8 a	Gross income from fundraising						
en		including \$ 295,0						
Other Revenu		contributions reported on line	•	102 470				
er		Part IV, line 18		103,479.				
ᅙ		Less: direct expenses		124,041.	-21,362.			-21,362.
		Net income or (loss) from fund			-21,302.			-21,302.
	9 a	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
ŀ	C	Miscellaneous Revenue		Business Code				
ŀ	11 ^	REAL ESTATE TRA		541610	155,018.	155,018.		
	ii a b	OFFIED T11001/F	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	900099	960.	960.		
	C				J 0 0 •	, , , ,		1
	d							
	e			•	155,978.			
	12	Total revenue See instructions		······ [1 219 398	260 683.	0.	-21 362.

Form 990 (2018) ROARING FORK CONSERVANCY

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 (C) Management and general expenses (B)
Program service
expenses (**D**)
Fundraising (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 87,984. 68,493. 9,324. 10,167. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 440,100. 264,833. 36,424. 138,843. Pension plan accruals and contributions (include 7,866. 6,455. 581 830. section 401(k) and 403(b) employer contributions) 58,233. <u>46,</u>587. 5,823. 5,823. Other employee benefits 9 34,444. 25,504. 5,064. 3,876. 10 Payroll taxes Fees for services (non-employees): Management 2,122. 2,122. Legal 49,653. 904. 2,285. 46,464. Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,460. 9,460. column (A) amount, list line 11g expenses on Sch O.) 50,970. 5,578. 59. 45,333. Advertising and promotion 12 23,872. 17,538. 3,884. 2,450. 13 Office expenses 9,603. 7,683. 960. 960. Information technology 14 Royalties 15 39,357. 6,479. 47,775. 1,939. 16 Occupancy 12,676. 10,340. 1,249. 1,087. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 17,123. 17,123. 20 Payments to affiliates 21 49,332. 39,466. 4,933. 4,933. Depreciation, depletion, and amortization 22 13,642. 13,642. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 545,489. 545,489. WRITE-OFF OF PLANNING C PROGRAM EXPENSES 185,749. 181,349. 4,400. 4,971. PROFESSIONAL DUES/MEMBE 12,639. 388. 7,280. All other expenses 1,658,732. 742,160. 686,366. 230,206. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2018)

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Form 990 (2018) ROARING FORK CONSERVANCY

Part X Balance Sheet

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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 128,584. 200,206. Cash - non-interest-bearing 1 287,288. 864,917. Savings and temporary cash investments 319,403. 61,708. Pledges and grants receivable, net 3 39,745. 62,139. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 5,981. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 97,689. 133,670. 3,401,679. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,567,873. 15 Other assets. See Part IV, line 11 15 4,054,192. 4,019,001. **Total assets.** Add lines 1 through 15 (must equal line 34) 16 16 53,932. 177,442. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 537,636. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u>9,98</u>3. 187,425. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,124,560. 3,104,840. 27 Unrestricted net assets 2,742,207. 322,593. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 3,866,767. 3,427,433. Total net assets or fund balances 33 4,054,192. 4,019,001. Total liabilities and net assets/fund balances

Form **990** (2018)

ROARING FORK CONSERVANCY 84-1375379 Page 12 Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,219,398. Total revenue (must equal Part VIII, column (A), line 12) 1,658,732. Total expenses (must equal Part IX, column (A), line 25) 2 2 -439,334. Revenue less expenses. Subtract line 2 from line 1 3,866,767. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 3,427,433. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were 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? **2**c If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Х Act and OMB Circular A-133? 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 in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROARING FORK CONSERVANCY

Employer identification number

84-1375379 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY

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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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 654,748. 1299197. include any "unusual grants.") 930,450. 1288805. 980,077. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 654,748. 1299197. 930,450. 1288805. 980,077. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 489,398. 4663879. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1299197. 930,450 1288805. 654,748. 980,077. 5153277. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 93. 5. 912 1,523. 1,032. 3,565. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 23,694. 155,978. 48,053. 38,483. 80,887. 347,095. assets (Explain in Part VI.) 5503937. 11 Total support. Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 899,607. First five 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 14 84.74 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2017 Schedule A, Part II, line 14 82.46 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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(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) (b) 2015 (c) 2016 (d) 2017 (a) 2014 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 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 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 its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five 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		>
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19	a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/39	%, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organiza	tion	>
ı	33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	n 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 suppo	rted c	organization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructio	ons ▶

Schedule A (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY

84-1375379 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	50		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
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	_		
	9b		
	9с		
	10a		
	.54		
	106		
- ^	10b	·	0040
n 9	90 or 99	U-EZ)	2018

Public Disclosure Copy Schedule A (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY 84-1375379 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions, Yes No Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
- a 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

За

84-1375379 Page 6 Schedule A (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990 or 990-EZ) 2018

emergency temporary reduction (see instructions)

instructions)

84-1375379 Page 7 Schedule A (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 **c** From 2015 **d** From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 ROARING FORK CONSER	VANCY	84-1375379 Page 8
Part VI	Supplemental Information. Provide the explanations requester IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 (See instructions.)	uired by Part II, line 10; Part II, line 17a or , 11b, and 11c; Part IV, Section B, lines 1 s, 2a, 2b, 3a, and 3b; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROARING FORK CONSERVANCY

Employer identification number 84-1375379

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s 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 wi	riting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	X Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a his	storically importan	t land area
	X Protection of natural habitat	Preservation of a ce	rtified historic stru	cture
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation	easement on the last
	day of the tax year.		He	ld at the End of the Tax Year
а	Total number of conservation easements		2a	15
b	Total acreage restricted by conservation easements		2b	269.38
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic struct	:ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			ing the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located 1	_	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds?		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing con	servation easeme	nts during the year
	▶ <u>1050</u>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements d	uring the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	-		
				Yes No
9	In Part XIII, describe how the organization reports conservation	-		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's	s accounting for
Do	conservation easements. rt III Organizations Maintaining Collections of A	Art Historical Tracquires or O	thar Cimilar A	
Pa			uller Sillillar A	35615.
	Complete if the organization answered "Yes" on Form 9			
па	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhibit	,	ance of public serv	rice, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC	•		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	iblic service, provi	de the following amounts
	relating to these items:			
	(i) Developed included on Forms COO Dest VIII Pro- 4		. ^	
	(i) Revenue included on Form 990, Part VIII, line 1			
•	(ii) Assets included in Form 990, Part X		• \$_	
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	sures, or other similar assets for financia	• \$_	
2	(ii) Assets included in Form 990, Part X	sures, or other similar assets for financia 6 (ASC 958) relating to these items:		

84-1375379 Page 2 ROARING FORK CONSERVANCY Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Other h Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: 10 c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other Description of property (a) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 130,360. 130,360. 1a Land 40,404. 3,191,976. 3,232,380. Buildings Leasehold improvements 26,453. 7,904. 18,549 d Equipment 110,175. 49,381. 60,794 e Other 3,401,679. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2018

ROARING FORK CONSERVANCY 84-1375379 Page **3** Schedule D (Form 990) 2018 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)(5) (6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 ROARING FORK CONSERVANCY 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. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 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. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 II, LINE 5: EACH CONSERVATION EASEMENT HAS AN AGREEMENT. ROARING FORK CONSERVANCY ADHERES TO THE TERMS OF THE AGREEMENT FOR MONITORING AND INSPECTION. PART II, LINE 9: EASEMENTS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS AS NONE HAVE BEEN PURCHASED. ALL HAVE BEEN DONATED.

832054 10-29-18 Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

N	lama	of :	tha	organiz	ation	

Employer identification number

ROARING	FORK CONSERVANCY				84-13/5	3/9
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	ered "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indictions 	e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with policial or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
WOODS CONSULTING LLC - 11299	PLEDGES AND FUNDRAISING	Yes	No			
FRYING PAN RD, BASALT, CO	EVENTS		Х	340,046.	57,273.	282,773.
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contribu	▶ utions	340,046. or has been notified	57,273. it is exempt from reg	282,773. gistration

Schedule G (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY

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Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
		or randraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			RIVER	RIVER CENTER		(d) Total events (add col. (a) through
			RENDEVOUS	GRAND OPENIN	1	col. (c))
Φ			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	340,046.	17,750.	40,709.	398,505.
	2	Less: Contributions	277,276.	17,750.		295,026.
\Box	3	Gross income (line 1 minus line 2)	62,770.		40,709.	103,479.
	4	Cash prizes				
se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
비	8	Entertainment				
	9	Other direct expenses		25,928.		124,841.
	10	Direct expense summary. Add lines 4 through			>	124,841. -21,362.
\Box		Net income summary. Subtract line 10 from I				-21,362.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T	T T		
<u>e</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c)
Вè		Cross revenue				
-	1_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
•	Г					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	ototoo?		Yes No
						tes No
b	11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended. or te	erminated during the tax v	ear?	Yes No
		Yes," explain:				
	_					

Sch	edule G (Form 990 or 990-EZ) 2018 ROARING FORK CONSERVANCY 84-	<u> 13753</u>	79 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 🔲 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Y	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	TY	es No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Y	es No
L	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	''	es No
L.			
Pa	organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. linor	a 0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 163	5 9, 90, 100,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
<u>(I</u>) NAME OF FUNDRAISER: WOODS CONSULTING LLC		
<u>(I</u>) ADDRESS OF FUNDRAISER: 11299 FRYING PAN RD, BASALT, CO 8162	1	
_			

Schedule G	i (Form 990 or 990-EZ)	ROARING FORK	. CONSERVANCY	84-1375379	Page 4
Part IV	Supplemental Inf	ROARING FORK formation (continued)			-
		(30			

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

ROARING FORK CONSERVANCY

Employer identification number 84-1375379

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION WAS FORMED TO PROTECT AND ENHANCE THE HABITAT OF THE
ROARING FORK RIVER AND ITS CORRIDOR, TO PROMOTE THE AWARENESS OF THE
IMPORTANCE OF THE RIVER CORRIDORS, AND TO ENSURE THE QUALITY OF LIFE
FOR THE PEOPLE IN THE ROARING FORK VALLEY.
FORM 990, PART VI, SECTION A, LINE 2:
LARRY YAW & VALERIE YAW ARE RELATED.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD RECEIVES A COPY OF THE 990 BEFORE ISSUANCE AND IS ASKED TO
RECOMMEND CHANGES WITHIN 2-3 DAYS.
FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS, A CONFLICT OF INTEREST STATEMENT IS COMPLETED BY EACH
BOARD MEMBER. ANY CONCERNS ARE DISCUSSED WITH THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 15A:
ANNUALLY THE BOARD MEETS TO DISCUSS THE EXECUTIVE DIRECTOR'S COMPENSATION
PACKAGE. THE BOARD USES INFORMATION THEY DEEM APPROPRIATE FOR
COMPARABILITY PURPOSES.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO INTERESTED PARTIES BY REQUEST.

4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

2018

Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 1
Identifying number

	ARING FORK CONSERVAN					AGE 10		84-1375379
Pa	rt I Election To Expense Certain Propert	y Under Section 1	'9 Note: If you have	any listed p	roperty,	complete Part		
	Maximum amount (see instructions)							1,000,000.
	Total cost of section 179 property place							
	Threshold cost of section 179 property by							2,500,000.
4	Reduction in limitation. Subtract line 3 fr	rom line 2. If zero	or less, enter -0					
5	Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing separate	ly, see instructi	ons		5	
6	(a) Description of pro	perty	(b) Cos	st (business use	only)	(c) Elected c	ost	
7 I	Listed property. Enter the amount from I	line 29			7			
8	Total elected cost of section 179 proper	ty. Add amounts	in column (c), lines (and 7			. 8	
	Tentative deduction. Enter the smaller							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the sn							
	Section 179 expense deduction. Add lin							
	Carryover of disallowed deduction to 20			_	13			
	e: Don't use Part II or Part III below for li				1.0			
_	rt II Special Depreciation Allowan			include liste	d prope	tv.)		
14 5	Special depreciation allowance for quali							
	the tax year	1 1 3 (771		3	14	
	Property subject to section 168(f)(1) elec							
								49,332.
	IT III MACRS Depreciation (Don't		nerty. See instruction				. 10	10,000
	materie Depresiduen (Ben t		Section A					
17	MACRS deductions for assets placed in	sonvice in tax ve		0010			17	
	If you are electing to group any assets placed in service	-				.	i ''	
10	Section B - Assets I					eral Depreciat	ion Systa	m
	Occilon B - Assets i		(c) Basis for deprecia	<u>_</u>		Deprecial	ion Gyste	····
		(b) Month and		ion /_				
	(a) Classification of property	(b) Month and year placed in service	(business/investment only - see instruction	use (C) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
100		year placed	(business/investment	use (C		(e) Convention	(f) Method	(g) Depreciation deduction
	3-year property	year placed	(business/investment	use (C		(e) Convention	(f) Method	(g) Depreciation deduction
19a b	3-year property 5-year property	year placed	(business/investment	use (C		(e) Convention	(f) Method	(g) Depreciation deduction
b	3-year property 5-year property 7-year property	year placed	(business/investment	use (C		(e) Convention	(f) Method	(g) Depreciation deduction
b c d	3-year property 5-year property 7-year property 10-year property	year placed	(business/investment	use (C		(e) Convention	(f) Method	(g) Depreciation deduction
b c d	3-year property 5-year property 7-year property 10-year property 15-year property	year placed	(business/investment	use (C		(e) Convention	(f) Method	(g) Depreciation deduction
b c d e	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	year placed	(business/investment	use (C	period	(e) Convention		(g) Depreciation deduction
b c d	3-year property 5-year property 7-year property 10-year property 15-year property	year placed	(business/investment	use (C	period 25 yrs.		S/L	(g) Depreciation deduction
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed	(business/investment	use (C	25 yrs. 7.5 yrs.	MM	S/L S/L	(g) Depreciation deduction
b c d e	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed	(business/investment	use (C)	25 yrs. 7.5 yrs. 7.5 yrs.	MM	S/L S/L S/L	(g) Depreciation deduction
b c d e f g	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	year placed	(business/investment	use (C)	25 yrs. 7.5 yrs.	MM MM MM	S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	year placed in service	(business/investment only - see instruction	use (C) (S) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	year placed in service	(business/investment only - see instruction	use (C) (S) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl	year placed in service	(business/investment only - see instruction	use (s)	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L s/L ation Syst	
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b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year	/ / / / / aced in Service	(business/investment only - see instruction	use (s)	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. he Altern 12 yrs. 30 yrs.	MM	S/L	
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year Summary (See instructions.)	/ // // // // // // // // // // // // /	(business/investment only - see instruction	use (C)	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
b c d e f g h i e c d Pa 21 1 22 1	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year IT IV Summary (See instructions.) Listed property. Enter amount from line	/ // // // // // // // // // // 28	During 2018 Tax Yo	ear Using t	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. he Alteri 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
b c d e f g h i e c d Pa 221	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year IT IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines 1	/ // // aced in Service // // aced in Service	During 2018 Tax You	ear Using t	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. he Alteri 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM	S/L	tem

Form 4562 (2018)

ROARING FORK CONSERVANCY

84-1375379 Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V 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? 24b If "Yes," is the evidence written? No Yes Nο Yes (c) (e) (i) (f) (g) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis use only) service use percentage 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 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L · S/L % % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 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) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No Yes No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal 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. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 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 **39** Do you treat all use of vehicles by employees as personal use? 40 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? 41 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 (b) (f) (c) (d) (e) Description of costs Amortization for this year Code section begins amount period or percentage 42 Amortization of costs that begins during your 2018 tax year 43 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Form **8868**

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return. ▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print ROARING FORK CONSERVANCY 84-1375379 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour P.O. BOX 3349 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 81621-3349 BASALT, CO Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 10 Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION The books are in the care of ▶ PO BOX 3349 - BASALT, CO 81621 Telephone No. ► 970 – 927 – 1290 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

any nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2019)

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instructions