Form <b>990</b> (Rev. January 2020)	l
Department of the Treasury Internal Revenue Service	

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# Public Disclosure Copy Return of Organization Exempt From Income Tax

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

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

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

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OMB No. 1545-0047 g **Open to Public** . Inspection

AI	-or m	and and a second and and and and and and and and and a	enaing		
B	Check if applicab	c Name of organization		D Employer identific	ation number
	Addre	ROARING FORK CONSERVANCY			
	Name		84-13753	79	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	,	
	Final return			970-927-1	
	terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,307,842.	
	Amen return	ded DACATE CO 81621-3340		H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer: RICK LOFARO		for subordinates	
	pendi	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🗴 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) d	or 527	If "No," attach a	list. (see instructions)
J	Websi	te: VWW.ROARINGFORK.ORG		H(c) Group exemption	
K	orm o	organization: 🚺 Corporation Trust Association Other 🕨	L Year (	of formation: 1996 N	State of legal domicile: CO
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O	
Governance					
rna	2	Check this box I if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			10
		Number of independent voting members of the governing body (Part VI, line 1b)			9
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			14
, iti	6	Total number of volunteers (estimate if necessary)		6	321
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	······	980,077.	785,480.
Revenue	9	Program service revenue (Part VIII, line 2g)		104,700.	96,226.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5.	469.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		134,616.	281,390.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,219,398.	1,163,565.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		628,627.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		020,027.	612,894.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	A 77	0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)  114,84		1,030,105.	396,639.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,658,732.	1,009,533.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-439,334.	154,032.
o	19	Revenue less expenses. Subtract line 18 from line 12			
ts or				ginning of Current Year 4 , 019 , 001 •	End of Year 3,882,843.
Assets	20	Total assets (Part X, line 16)		591,568.	301,378.
et A	1	Total liabilities (Part X, line 26)			3,581,465.
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		3,427,433.	3,301,403.
P		Signature Diock			

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

		Cignoture of officer			Data		
Sign		Signature of officer			Date		
Here		RICK LOFARO, EXECUTIVE	DIRECTOR				
		Type or print name and title					
	Prin	t/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	DEI	NISE JURGENS, CPA			if self-employed	P0008733	8
Preparer		n's name 🕨 REESE HENRY & COM			Firm's EIN 🕨 84	-0803727	
Use Only	Firm	n's address 🕨 400 EAST MAIN ST	., SUITE 2				
		ASPEN, CO 81611			Phone no. 970 -	925-3771	
May the II	RS di	scuss this return with the preparer shown above	ve? (see instructions)			X Yes	No
932001 01-2	0-20	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b>	(2019)

	Public Disclosure Copy
Form	990 (2019) ROARING FORK CONSERVANCY 84-1375379 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSPIRE PEOPLE TO EXPLORE, VALUE, AND PROTECT THE ROARING FORK WATERSHED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$690,899. including grants of \$) (Revenue \$07,243.)
	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.
4b	(Code:         ) (Expenses \$ 66,898.         including grants of \$ ) (Revenue \$ )           VARIOUS PROJECTS:         ) (Revenue \$ )
	CRYSTAL RIVER ASSESSMENT: \$1,445 WATERSHED PLAN: \$64,109
	CATTLE CREEK PROJECT: \$1,344
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 757,797.

ROARING FORK CONSERVANCY

Pa	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2019)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			
	Schedule J	23		<u> </u>
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			v
	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	04-		
<b>ا</b> م	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\frac{1}{2}$	24u		
258	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		_ <u></u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
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 X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	1.00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14	L C		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	0		
9	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966?	02		
a b	Did the appropriate provide the destribution to a dense dense adviser or related person?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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 income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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 CONSERVANCY
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X

Sec	tion A. Governing Body and Management					21
					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	10		165	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
2	official diverter tructer or law englaves			2		х
2	Did the organization delegate control over management duties customarily performed by or under the			<b>–</b>		
3						х
			filod?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X
6 7-	Did the organization have members or stockholders?			0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					х
	more members of the governing body?			<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			6	v	
a	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					37
600	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
				10b	37	
11a		y befor	e filing the form?	<u>11a</u>	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ine	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CO					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i>	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, an	d finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records  🕨			
	THE ORGANIZATION - 970-927-1290					
	PO BOX 3349, BASALT, CO 81621					

Form 990 (2019)

84-1375379

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 Form 990 (2019)
 ROARING
 FORK
 CONSERVANCY
 84-1

 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more	<b>i</b> than c	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week					1711 US		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(W-2/1033-10130)	organization
	organizations	truste	ial tru		oyee	ompei		(		and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) RICK LOFARO	40.00									
EXECUTIVE DIRECTOR		х						84,307.	0.	12,487.
(2) PAT MCMAHON	5.00									
PRESIDENT		Х		х				0.	0.	0.
(3) GEORGE W. KELLY III	4.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) LARRY YAW	3.00									
DIRECTOR		Х						0.	0.	0.
(5) JIM LIGHT	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JENNIFER SAUER	3.00									
TREASURER		Х		X				0.	0.	0.
(7) TED BORCHELT	3.00									•
DIRECTOR		Х						0.	0.	0.
(8) MICHELLE SCHINDLER	3.00								•	•
SECRETARY		Х		Х				0.	0.	0.
(9) DIANE SCHWENER	3.00								0	0
DIRECTOR	2.00	Х			<u> </u>			0.	0.	0.
(10) JEFF CONKLIN	3.00							•	0	0
DIRECTOR		Х						0.	0.	0.
										000

	990 (2019) ROARING H									84-13	<u>375</u> 2	379	Р	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,				
	(A) Name and title	<b>(B)</b> Average hours per week	box, offic	not c unles	Pos heck i ss per	more rson i:	than o s both r/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fr org and	pensa om th anizat d relat anizati	e ion ed
1b	Subtotal						I		84,307.		0.	1	2,4	87.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.	1	2,4	0.
2	Total number of individuals (including but n compensation from the organization							o re		000 of reportable			_ / _	0
													Yes	No
3	Did the organization list any <b>former</b> officer,	-			·	•		Ũ				•		v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ner compensation from t			3		X
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		x
Sec	tion B. Independent Contractors						211							
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	oensat	ion fro	om	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompei		n
											_			
2	Total number of independent contractors (in \$100,000 of compensation from the organia	-	ot lin	nitec	d to f	thos C		ed	above) who received mo	ore than				

				FORK	CONSERVA	NCY		84-1375	379 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
									sections 512 - 514
nts	1		Federated campaigns			4			
àraı our		b	Membership dues	1b					
∆n G		С	Fundraising events	1c	128,058.				
ar ,		d	Related organizations	1d					
s, C		е	Government grants (contributions)	1e	84,792.				
r Si		f	All other contributions, gifts, grants, an	d					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above	1f	572,630.				
dotri		g	Noncash contributions included in lines 1a-1f	1g \$					
Col		h	Total. Add lines 1a-1f		►	785,480.			
					<b>Business Code</b>				
e	2	а	PROGRAM FEES		541700	78,284.	78,284.		
vic		b	EASEMENTS/MONITOR	ING	541700	17,942.	17,942.		
Ser		с				-	-		
am evel		d							
Program Service Revenue		e							
Pro		f	All other program service revenue						
			Total. Add lines 2a-2f			96,226.			
	3	3	Investment income (including divid						
	-		other similar amounts)			469.	469.		
	4		Income from investment of tax-exe						
	5		Royalties						
	Ŭ			(i) Real	(ii) Personal				
	6	a	Gross rents 6a	()		1			
			Less: rental expenses 6b			1			
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			· · · · · ·	Securities	(ii) Other				
	'	a	assets other than inventory <b>7a</b>			1			
		h	Less: cost or other basis			1			
Ð		D							
evenue		-				1			
eve									
r B			Net gain or (loss) Gross income from fundraising events						
Other Re	8	а	including \$ 128,058						
0			contributions reported on line 1c).						
			Part IV, line 18		315,119.				
		h	Less: direct expenses		144,277.	-			
			Net income or (loss) from fundraisi		<u>, , , , , , , , , , , , , , , , , , , </u>	170,842.			170,842.
			Gross income from gaming activitie	-		1/0/0110			1/0/0110
	5	u	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming a	·····					
			Gross sales of inventory, less retur						
		-	and allowances		a				
		þ	Less: cost of goods sold						
			Net income or (loss) from sales of i	·····	<u>-</u>				
		-			Business Code				
sno	11	a	REAL ESTATE TRANSI	FER F	541610	106,840.	106,840.		
nec			OTHER INCOME	·- <b>-</b>	900099	3,708.	3,708.		
ella wer		č				,	,		
Miscellaneous Revenue			All other revenue						
Σ			Total. Add lines 11a-11d			110,548.			
	12		Total revenue. See instructions			1,163,565.	207,243.	0.	170,842.

Sectio	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must corr	nplete column (A).	
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	84,307.	65,631.	8,934.	9,74
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		216 226	44.200	10 01
	Other salaries and wages	407,607.	316,296.	44,362.	46,94
3	Pension plan accruals and contributions (include	0 600	E 440	C 0 7	<u>^-</u>
	section 401(k) and 403(b) employer contributions)	8,680.	7,118. 57,367.	607.	95 8,61
9	Other employee benefits	74,155.	57,367.	8,171.	8,61
D	Payroll taxes	38,145.	29,695.	4,042.	4,40
1	Fees for services (nonemployees):				
	Management	405		405	
	Legal	425.		425.	
	Accounting	16,989.		16,989.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	11 100	11 100		
_	column (A) amount, list line 11g expenses on Sch 0.)	<u>11,100.</u> 47,276.	<u>11,100.</u> 23,369.	282.	22 62
	Advertising and promotion	26,052.	20,092.	3,448.	<u>23,62</u> 2,51
3	Office expenses	11,580.	9,264.	1,158.	1,15
1	Information technology	11,500.	9,204.	1,100.	1,15
5	Royalties	33,610.	15,869.	15,757.	1,98
3		11,611.	9,591.	1,010.	1,01
7		11,011.	9,391.	1,010.	1,01
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	17,078.		17,078.	
)	Interest	±/,0/0•		±1,010•	
1	Payments to affiliates	97,352.	77,882.	9,735.	9,73
2		15,242.	15,242.		21,2
3 1	Insurance	13,474.	13,414.		
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	95,861.	92,302.		3,55
b	PROFESSIONAL DUES/MEMBE	12,463.	6,979.	4,891.	59
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,009,533.	757,797.	136,889.	114,84
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

84-1375379 Page 11 ROARING FORK CONSERVANCY Form 990 (2019) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 148,801. 200,206. 1 1 Cash - non-interest-bearing 287,288. 302,586. 2 Savings and temporary cash investments 2 61,708. 62,638. 3 Pledges and grants receivable, net 3 62,139. 46,142. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 5,981. 8,578. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 3,503,863. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 189,765. 3,401,679. 3,314,098. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 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 Other assets. See Part IV, line 11 15 15 4,019,001. 3,882,843. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 53,932. 7,084. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 537,636. 294,294. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 591,568. 301,378. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$   $\overline{X}$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 3,104,840. 27 3,271,844. 322,593. Net assets with donor restrictions 309,621. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 3,427,433. 3,581,465. 32 32 4,019,001. 3,882,843. 33 33 Total liabilities and net assets/fund balances

Form 990 (2019)

Form	rm 990 (2019) ROARING FORK CONSERVANCY 84-137537						
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1,163				
2							
3	Revenue less expenses. Subtract line 2 from line 1	3			32.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,42	7,4	<u>33.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,581	L,4	<u>65.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>					
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	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						
с	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?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?						
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form 990 (2019)

F	Public	Disclos	sure	e C	copy	/	
SCHEDULE A (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					OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service							Open to Public
Name of the organization	Go to www.irs.gov	/Form990 for instruction	ons and the	latest in		Employer	Inspection identification number
ROA	RING FORK C	ONSERVANCY				8	4-1375379
Part I Reason for Public	<b>c Charity Status</b> (	All organizations must co	omplete this	part.) See	e instructions.		
<ul> <li>The organization is not a private four</li> <li>1 A church, convention of a</li> <li>2 A school described in set</li> <li>3 A hospital or a cooperation</li> </ul>	churches, or associatic ction 170(b)(1)(A)(ii).(	n of churches described Attach Schedule E (Forn	l in <b>section</b> n 990 or 990	<b>170(b)(1</b> ) )-EZ).)			
4 A medical research organ city, and state:			•		•	iii). Enter	the hospital's name,
5 An organization operated section 170(b)(1)(A)(iv).		llege or university owned	l or operated	d by a gov	vernmental un	it describe	ed in
6 A federal, state, or local g	government or governn	nental unit described in	section 170	(b)(1)(A)(	v).		
7 X An organization that norr	•	ntial part of its support f	rom a goverr	nmental u	init or from the	e general p	public described in
section 170(b)(1)(A)(vi). 8 A community trust descr		(1)(A)(vi) (Complete Par	+ 11 )				
9 An agricultural research of			-	l in coniur	nction with a l	and-arant	college
or university or a non-land university:	-			-		-	-
10 An organization that norr	mally receives: (1) more	than 33 1/3% of its sup	port from co	ntribution	ns, membersh	p fees, an	d gross receipts from
activities related to its ex							-
income and unrelated bu		(less section 511 tax) fro	om businesse	es acquire	ed by the orga	anization a	fter June 30, 1975.
See section 509(a)(2). (0 11 An organization organize		ively to test for public sa	foty Soo co	nction 50	0(2)(4)		
12 An organization organize	-		-			rv out the i	ourposes of one or
more publicly supported	-	-	-			•	-
lines 12a through 12d that	-						
a Type I. A supporting of	rganization operated, s	upervised, or controlled	by its suppo	orted orga	nization(s), ty	pically by g	giving
the supported organiza	ation(s) the power to re	gularly appoint or elect a	majority of	the direct	ors or trustee	s of the su	pporting
organization. <b>You mus</b>	•						
		or controlled in connec					
0	11 0 0	anization vested in the s	ame persons	s that con	trol or manag	e the supp	oorted
organization(s). You m		g organization operated	in connectio	n with a	nd functionally	(intograto	d with
		). You must complete				megrate	u with,
		porting organization oper				ed organiz	ation(s)
		ation generally must sat				-	
requirement (see instru	ictions). You must cor	nplete Part IV, Sections	A and D, a	nd Part V	Ι.		
e Check this box if the o	rganization received a	written determination fro	m the IRS th	nat it is a <sup>-</sup>	Type I, Type II	, Type III	
		nally integrated supporti	ng organizat	ion.			[]
f Enter the number of supported	•						
g Provide the following informat (i) Name of supported organization	(ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organiz in your governing <b>Yes</b>	document?	(v) Amount of support (see ins		(vi) Amount of other support (see instructions)
			[				
 Total							

#### Schedule A (Form 990 or 990-EZ) 2019 ROARING FORK CONSERVANCY 84-1375 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(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.)

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1288805.	654,748.	1299197.	980,077.	1104298.	5327125.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1288805.	654,748.	1299197.	980,077.	1104298.	5327125.
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)						602,758.
6	Public support. Subtract line 5 from line 4.						4724367.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1288805.	654,748.	1299197.	980,077.	1104298.	5327125.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,523.	1,032.	93.	5.	478.	3,131.
9	Net income from unrelated business	-					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	23,694.	38,483.	80,887.	155,978.	106,840.	405,882.
11	<b>Total support.</b> Add lines 7 through 10					-	5736138.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	569,351.
	First five years. If the Form 990 is for						
	organization, check this box and <b>stop</b>	-			•		
Sec	tion C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	82.36 %
15	Public support percentage from 2018					15	84.74 %
16a	33 1/3% support test - 2019. If the c					ore, check this bo>	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization quali						. —
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					e e gan	
h	10% -facts-and-circumstances test	•	• •	<b>,</b>	•		
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18							
	8 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) 2019

Schedule A (Form 990 or 990-EZ) 2019 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-) 0010	(6) Tatal
		<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	) (f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) org	anization,
_	check this box and stop here						
	ction C. Computation of Public					<del></del>	
	Public support percentage for 2019 (li			column (f))		15	%
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	<b>33 1/3% support tests - 2019.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
h	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2018.</b> If the						▶□
N	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
	ate realization in the organizatio	and not oncon a	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	., 5, 155, 51668 1			····· 🔽 🗖

#### Schedule A (Form 990 or 990-EZ) 2019 ROARING FORK CONSERVANCY

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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1

Yes

No

10b

Sche	dule A (Form 990 or 990-EZ) 2019 ROARING FORK CONSERVANCY	84-137537	9 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
<u> </u>	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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		
2	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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ructions).		
a L	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c o	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity Activities Test. <b>Answer (a) and (b) below.</b>	' (see instructions)	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2a		
h	that these activities constituted substantially all of its activities.	<u> 2</u> a		
D	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	04		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
		04		1

trustees of each of the supported organizations? Provide details in Part VI. b 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.

3b

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	dule A (Form 990 or 990 EZ) 2019 ROARING FORK CONSERVANC			84-1375379 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 ROARING FORK	CONSERVANCY	8	4-1375379 Page 7				
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year				
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
_7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
_1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
<u>a</u>	From 2014							
b	From 2015							
C	From 2016							
	From 2017							
	From 2018							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
<u> </u>								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
5	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
Ŭ	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
	Excess from 2010							

Schedule A (Form 990 or 990-EZ) 2019

Sobodulo A	(Form 990 or 990-EZ) 2019 ROARING FORK CONSERVANCY 84-1375379 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	Public E	Di	sclosure Cop	У		
SC	HEDULE D Suppleme	ent	al Financial Statements	•	OMB No. 1545-0047	
(Form 990) ► 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.						
Depart	Open to Public					
Interna	I Revenue Service Go to www.irs.gov/F	ormg	990 for instructions and the latest information.	1	Inspection	
Nam	e of the organization ROARING FORK CON	NGF	RVANCY	Em	ployer identification number 84-1375379	
Par				ccoui		
	organization answered "Yes" on Form 990, Part					
			(a) Donor advised funds	<b>(b)</b> Fur	nds 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 adviso		-			
6	are the organization's property, subject to the organizat				Yes No	
6	Did the organization inform all grantees, donors, and do for charitable purposes and not for the benefit of the do		0 0	-		
			or donor advisor, or for any other purpose comer	•		
Par						
1	Purpose(s) of conservation easements held by the orga					
	X Preservation of land for public use (for example, r	recrea	ation or education) 📃 Preservation of a hist	orically	important land area	
	X Protection of natural habitat		Preservation of a cert	ified hi	storic structure	
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	ı quali	ified conservation contribution in the form of a co	nserva	ation easement on the last	
	day of the tax year.				Held at the End of the Tax Year	
	Total number of conservation easements			<u>2a</u>	<u>15</u> 369.38	
				2b	309.30	
с Ь	Number of conservation easements on a certified histor Number of conservation easements included in (c) acqu			<u>2c</u>		
u	listed in the National Register			2d		
3	Number of conservation easements modified, transferre				during the tax	
	year 🕨	,	, , , , ,		5	
4	Number of states where property subject to conservation	on ea	sement is located			
5	Does the organization have a written policy regarding the					
	violations, and enforcement of the conservation easemed	ents i	it holds?		X Yes No	
6	Staff and volunteer hours devoted to monitoring, inspec					
_	▶ <u>1050</u>					
7	Amount of expenses incurred in monitoring, inspecting,	, hano	dling of violations, and enforcing conservation ea	Isemen	its during the year	
8	\$ Does each conservation easement reported on line 2(d)	) abo	$v_{0}$ satisfy the requirements of section $170/b)(4)/P$	\ <i>(</i> i)		
0	and section 170(h)(4)(B)(ii)?				Yes No	
9	In Part XIII, describe how the organization reports cons					
	balance sheet, and include, if applicable, the text of the		-			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collection			Simila	ır Assets.	
	Complete if the organization answered "Yes" on					
1a	If the organization elected, as permitted under FASB AS					
	of art, historical treasures, or other similar assets held for			nce of	public	
h	service, provide in Part XIII the text of the footnote to its			o choo	tworks of	
U	If the organization elected, as permitted under FASB As art, historical treasures, or other similar assets held for					
	provide the following amounts relating to these items:	Public		e or pu		
	(i) Revenue included on Form 990, Part VIII, line 1			►	\$	
				•	\$	
2	If the organization received or held works of art, historic					
	the following amounts required to be reported under FA			-		
а	Revenue included on Form 990, Part VIII, line 1			. 🕨	\$	
b	Assets included in Form 990, Part X	<u></u>		. 🕨	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization acquisition, accession, and other records, check any of the following that make significant use of its continued)         a       Debice exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Previse acciption of the organization solicit or receive donations of art, historial resaures, or other similar assets       to be solic trais funds ather than to be maintained as gard of the organization answered "Yes" on Form 990, Part XII.         5       Diring the year, did the organization solicit or receive donations of art, historial resaures, or other similar assets       to be solic trais funds ather than to be maintained as gard of the organization answered "Yes" on Form 990, Part XI, Ine 9, or resported an amount on Form 990, Part X, Ine 21.       Yes       No         b       11 'tes,' explain the arrangement in Part XIII and complete the following table:       Yes       No         b       11 'tes,' explain the arrangement in Fart XIII. Check here if the explanation include an amount on Form 990, Part X, Ine 21, for secrew or custodial account liability?       Yes       No         b       Dist the organization include an amount on Form 990, Part X, Ine 21, for secrew or custodial account liability?       Yes       No         b       Orthorization       Incequarization include an amount on Form 990, Part X, Ine	Sche								
a Celeton terms (sheck all that apply):       a Celeton terms (sheck all that apply):       b Celeton terms (sheck all that apply):         b Scholarly research       b Celeton         c Provide a complexitation's collections and explain how they further the organization's exempt purpose in Part XIII.         5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solicit or loss (undis random terms to be maintained as part of the organization collection?         Part I Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.       Test for the organization and the organization collection?         l Is the organization and pert XIII and complete the following table:       Amount       to be form 900, Part X, line 21.         c Beginning balance       1e       Amount       to be form 900, Part X, line 21.         c Beginning balance       1e       1e       1e         d Additions during the year       1e       1e       1e         d Detrobutions during the year       1e       1e       1e       1e         d Childring balance       1e       1e       1e       1e       1e         d Additions during the year       1e       1e <th>Par</th> <th>t III   Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Historica</th> <th>l Treasures, oi</th> <th>r Other S</th> <th>imilar Asse<sup>-</sup></th> <th>ts <sub>(continu</sub></th> <th>ed)</th>	Par	t III   Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, oi	r Other S	imilar Asse <sup>-</sup>	ts <sub>(continu</sub>	ed)
a       Public exhibition       d       Loan or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the following that	make sign	ificant use of its	6	
b       Scholary research       e       Other		collection items (check all that apply):							
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 980, Part X, line 21.         1a       Is the organization and expl., trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1b       Preside and annow         1c       Intermediant include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1b       Both organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1c       Intermediant include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1c       Intermediant include an amount on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Dimo year         1a       No	а	Public exhibition	c	l 🔄 Loan d	or exchange progra	ım			
4 Provide a description of the organization's collections and explain how they furthe the organization's exempt purpose in Part XIII.     5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     ParLTW Escrow and Custodial Arrangements. Complete if the organization answered "Vest" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Eeginning balance     Ceginning balance     Ceginning balance     If     Call Distributions during the year     If     Call Distributions     If Distrib	b	Scholarly research	e	e 🗌 Other					
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization is collection?       Yes       No         Part IV       Escrow and Oustodial Arrangements. Complete it the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21.       Is the organization an agent, fustbee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.       Yes       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       It al.       Amount       10       Amount       10       Amount       10       Additions during the year       10       Id.       Distributions       Id.       Distributions       No       Distributions       No       Distributions       Id.       Distributions       Distributions <td< th=""><td>с</td><td>Preservation for future generations</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	с	Preservation for future generations							
tops sold to raise funds: rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization and the year       Is the organization during the year       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes, ''explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If ''es', 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: the organization answered 'Yes' on Form 990, Part X, line 21.       Image: the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment FundS.       Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: the organization answered 'Yes' on Form 990, Part X, line 10.       Image: the organization answer	4	Provide a description of the organization's co	ollections and explai	n how they furt	her the organizatio	n's exempt	t purpose in Pa	rt XIII.	
Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or 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 (III and complete the following table:       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Amount</li> <li>Amount</li> <li>Amount</li> <li>Amount</li> <li>Ted table</li> <li>Ted tab</li></ul>	5	During the year, did the organization solicit of	or receive donations of	of art, historica	l treasures, or othe	er similar as	sets _		
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?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         •       Beginning balance         •       1d         •       Distributions during the year         •       Editions during the year         •       Distributions during the year         •       Editions during the year         •       Distributions         •       If the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "ves" on Form 980, Part IX, line 10.         •       Other expenditures for facilities         and programs					n's collection?				No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       It         c       Beginning balance       It       Amount       It         d       Additions during the year       It       It       It         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       It       It         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       Trives,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Ito       Ito         Part V       Endowment Funds. Complete if the construction answered 'Yes' on Form 900, Part IX, line 10.       Ito       Ito         1a       Beginning of year balance       (a) Drior year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Administrative explanation asswered 'Yes' on Form 90, Part X, line 10.       Ito       Ito	Par			ete if the orgar	ization answered "	Yes" on Fo	orm 990, Part IV	', line 9, or	
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Pert V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year (b) Prior year       (c) Two years back (d) Three years back (e) Four years back if a drams or scholarships         b       Contributions       (a) Current year end balance (line 1g, column (a) held as:       a dord organs         c       Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       a Board designated or quasi-endowment >		reported an amount on Form 990, Pa	rt X, line 21.						
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contrib	outions or other ass	ets not inc	luded		
c       Beginning balance       Image: Control of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 10, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years loak       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (d) Three years back       (e) Four years back         1b       Contributions       (f) Three years back       (f) Three years back       (f) Three years b		on Form 990, Part X?					L	Yes	No No
c       Beginning balance       1c       1d         d       Additions during the year       1e       1d         f       Ending balance       1f       1e         2a       Distributions during the year       1f       1f         2a       Distributions during the year       1f       1e         Part V       Endowment Funds.       Complete if the explanation has been provided on Part XIII       1e         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       1e         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       1       1       1d       1d       1d         c       Athinistative expenses       1       1d       1d       1d       1d         a drants or scholarships <td>b</td> <td>If "Yes," explain the arrangement in Part XIII</td> <td>and complete the fo</td> <td>llowing table:</td> <td></td> <td></td> <td></td> <td></td> <td></td>	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10.       If Yes, "explain the arrangement in Part XIII Check here if the explanation nanswered Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Grants or scholarships       (a) Current year end balance (line 1g, column (a) held as:       a dordinative expenses       (a) Current year end balance (line 1g, column (a) held as:       a back for year balance         9 End of year balance       %       %       b Permanent endowment ▶%       %       b Permanent endowment ▶%       Yes No         9 Ch of year balance								Amount	
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         f       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Bod the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         a       Contributions       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         a       Contributions of the current year end balance (line 1g, column (a) held as:       Image: Complete if the organization if the organization that are held and administered for the organization by:       Image: Complete if the organizations         b       Permanent endowment \books of the organization is endowment funds.       Image: Complete if the organizations is endowment funds.         c       Term endowment funds not in the possession of	С	Beginning balance					1c		
f       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Image: State S	d	Additions during the year					1d		
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part K, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (b) Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶	е	Distributions during the year					1e		
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Reat in stars or scholarships       (a) Contributions       (a) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Premanent bacoment       (c) Provide the estimated procentage of the current year end balance (line 1g, column (a)) held as:       a) Saord designated or quasi-endowment       (f) Provide the estimated procentage of the current year end balance (line 1g, column (a)) held as:       a) Premanent endowment baco	f	Ending balance							
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (c) Two	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial acco	unt liability	?L	Yes	No No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance									
1a       Beginning of year balance	Par	<b>Endowment Funds.</b> Complete		swered "Yes"					
b       Contributions			(a) Current year	(b) Prior ye	ear (c) Two year	rs back <b>(d</b> )	Three years bac	k <b>(e)</b> Four y	ears back
c       Net investment earnings, gains, and losses	<b>1</b> a								
d Grants or scholarships	b	Contributions							
e       Other expenditures for facilities and programs	С								
and programs	d								
f       Administrative expenses	е	-							
g End of year balance									
2       Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       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 by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations so its is a required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (investment)</li> <li>basis (other)</li> <li>(b) Cost or other basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value desclose</li> <li>(d) Book value desclose</li> <li>(d) Book value desclose</li> <li>(e) Accumulated depreciation</li> <li>(f) Book value desclose</li> <li>(f) Book value desclose</li> <li>(f) Cost or other basis (investment)</li> <li>(f) Cost or other basis (other)</li> <li>(f) Cost or other depreciation</li> <li>(f) Book value desclose</li> <li>(f) Cost or other basis (f) Cos</li>	f	Administrative expenses							
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         c Term endowment ▶%         a Are there endowment Indus not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations	g	,							
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		•	e (line 1g, colu	mn (a)) held as:				
c       Term 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 by:	а			_%					
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 by:	b								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)	С		- · ·						
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (b) Cost 29,527. 12,520. 17,007.		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
(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?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b       Buildings         1a       Land         b       Buildings         c       Leasehold improvements         d       Equipment         29,527.       12,520.         111,596.       56,031.	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are h	eld and administer	ed for the c	organization	<b>—</b>	
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b       basis (investment)         basis (other)       cepreciation         1a       Land         b       Buildings         c       Leasehold improvements         d       Equipment         c       Leand         29,527.       12,520.         17,007.       0ther		-							<u>es No</u>
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       130, 360.       130, 360.         b       Buildings       3, 232, 380.       121, 214.       3, 111, 166.         c       Leasehold improvements       29, 527.       12, 520.       17, 007.         e       Other       111, 596.       56, 031.       55, 565.									
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       130,360.       130,360.         b Buildings       3,232,380.       121,214.       3,111,166.         c Leasehold improvements       29,527.       12,520.       17,007.         e Other       0ther       111,596.       56,031.       55,565.									
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       130,360.       130,360.       130,360.         b       Buildings       3,232,380.       121,214.       3,111,166.         c       Leasehold improvements       29,527.       12,520.       17,007.         e       Other       111,596.       56,031.       55,565.	b				le R?			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land130,360.130,360.130,360.b Buildings3,232,380.121,214.3,111,166.c Leasehold improvements29,527.12,520.17,007.e Other111,596.56,031.55,565.	_			wment funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land130,360.130,360.130,360.b Buildings3,232,380.121,214.3,111,166.c Leasehold improvements29,527.12,520.17,007.e Other111,596.56,031.55,565.	Fai					<b>B</b>	10		
basis (investment)         basis (other)         depreciation           1a Land         130,360.         130,360.           b Buildings         3,232,380.         121,214.         3,111,166.           c Leasehold improvements         29,527.         12,520.         17,007.           e Other         111,596.         56,031.         55,565.								( ) = .	
1a Land       130,360.       130,360.         b Buildings       3,232,380.       121,214.       3,111,166.         c Leasehold improvements       29,527.       12,520.       17,007.         e Other       111,596.       56,031.       55,565.		Description of property		• • •	' I	• •		(d) Book	value
b Buildings       3,232,380.       121,214.       3,111,166.         c Leasehold improvements       29,527.       12,520.       17,007.         e Other       111,596.       56,031.       55,565.				nent)	( )	aepre	ciation	1 2 0	260
c Leasehold improvements         29,527.         12,520.         17,007.           e Other         111,596.         56,031.         55,565.						1 0	1 214		
d Equipment         29,527.         12,520.         17,007.           e Other         111,596.         56,031.         55,565.				3	, 434, 300.	12	11,214.	з, <u>тт</u>	,100.
e Other					20 527	1	2 5 2 0	1 🗆	007
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Schedule D (Form 990) 2019

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	ARING FORK CONSERVA	ANCY	84-1375379 Page 3
Part VII Investments - Other S	ecurities.		
		IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (includi	ing name of security) (b) Book valu	e (c) Method of valuation: Cost o	or end-of-year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, c	ol. (B) line 12.) <b>&gt;</b>		
Part VIII Investments - Program		· · · · ·	
Complete if the organization	answered "Yes" on Form 990, Part I	IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investme	ent (b) Book valu	e (c) Method of valuation: Cost o	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, c			
Part IX Other Assets.	JI. (B) IIIIe 13.) ►		
	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. F Part X Other Liabilities.	<u> </u>		. 🕨
		IV, line 11e or 11f. See Form 990, Part X, lin	(b) Book value
1. (a) Description (1) Federal income taxes	or hability		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, F	Part X, col. (B) line 25.)		. ▶

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

Sche	dule D (Form 990) 2019 ROARING FORK CONSERVANC	Y	84-1375379 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3,)</u>	
Pa	t 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.

	Pu	blic Disclo	)S	u	re Coj	2	<b>/</b>				
SCHEDULE G		ntal Information Regarding			-		•	OMB No. 1545-0047			
(Form 990 or 990-EZ)	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.										
Dependence of the Treesury	Attach to Form 990 or Form 990-EZ. Open to Public										
Department of the Treasury Internal Revenue Service	a anent of the freedouty										
Name of the organization		FORK CONSERVANCY					Employer id	entification number			
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1					
required to	complete this part	t.									
1 Indicate whether th a X Mail solicita	•	e X Solicitat	•		Check all that apply. overnment grants						
	email solicitations			-	-						
c X Phone solici		g 🔀 Special	fundra	ising (	events						
<b>d</b> X In-person so <b>2 a</b> Did the organization		or oral agreement with any individual	(incluc	lina of	ficers, directors, trus	tees	or				
•		art VII) or entity in connection with p	•	•		,	Ye	es 🛛 🔀 No			
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fu	ndraiser is to b	De			
					l						
(i) Name and addres		(ii) Activity	(iii) fundr have c	Did aiser ustody	(iv) Gross receipts	tò (	Amount paid or retained by)	(vi) Amount paid to (or retained by)			
or entity (fund	draiser)	(, /	or control of Trom activity				fundraiser ted in col. <b>(i)</b>	organization			
			Yes	No							
Total				►							
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from r	egistration			
or licensing.											

Schedule G (Form 990 or 990-EZ) 2019

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Schedule G (Form 990 or 990-EZ) 2019 ROARING FORK CONSERVANCY Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RIVER			(add col. (a) through
			RENDEVOUS		1	col. (c))
đ			(event type)	(event type)	(total number)	
nue						
Sevenue	1	Gross receipts	315,119.		12,750.	327,869.
щ						
	2	Less: Contributions	128,058.			128,058.
	3	Gross income (line 1 minus line 2)	187,061.		12,750.	199,811.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ben	6	Rent/facility costs				
Ě						
rect	7	Food and beverages				
ā						
			144,277.			144,277.
	9	Other direct expenses				144,277.
	10	1			•	55,534.
Pa	irt I	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		990 Part IV line 19 or		55,554.
		\$15,000 on Form 990-EZ, line 6a.		550, 1 art IV, inte 15, 611	cported more than	
		+·····································		(b) Pull tabs/instant		(d) Total gaming (add
Ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	1	Gross revenue				
	-					
	2	Cash prizes				
sea		• • • • • • • • • • • • • • • • • • • •				
Expenses	3	Noncash prizes				
Ě						
Direct	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	Νο	Νο	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		P	
	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	En <sup>:</sup> Is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ucts gaming activities:	states?		Yes No
а	En <sup>:</sup> Is t	ter the state(s) in which the organization condu	ucts gaming activities:	states?		Yes No
а	En <sup>:</sup> Is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ucts gaming activities:	states?		Yes No
a b	En Ist If "	ter the state(s) in which the organization condu the organization licensed to conduct gaming a 'No," explain:	ucts gaming activities: ctivities in each of these s	states?		
a b 10a	Ent I Is t If " 	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a 'No," explain: ere any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s	states?		
a b 10a	Ent I Is t If " 	ter the state(s) in which the organization condu the organization licensed to conduct gaming a 'No," explain:	ucts gaming activities: ctivities in each of these s	states?		
a b 10a	Ent I Is t If " 	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a 'No," explain: ere any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s	states?		

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 ROARING FORK CONSERVANCY 84	-1375379	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	. 13a	%
k	An outside facility	13b	%
14	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?	Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party $ ightarrow$ \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Public Disclosure Copy								
	84-1375379	Page 4						
Schedule G (Form 990 or 990-EZ)         ROARING         FORK         CONSERVANCY           Part IV         Supplemental Information (continued)								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Name of the organization

#### Public Disclosure Copy

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.

Employer identification number 84–1375379

OMB No. 1545-0047

ROARING FORK CONSERVANCY

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 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.

		-		sure (	•		
- <b>4562</b>				Amortizatio			OMB No. 1545-0172
			Attach to your ta		,		2019
Department of the Treasury nternal Revenue Service (99)	► Go t		-	tions and the latest	t information.		Attachment Sequence No. 179
Name(s) shown on return		9		Business or activity to whi			Identifying number
ROARING FORK				FORM 990 PA			84-1375379
Part I Election To Exp	ense Certain Proper	rty Under Section 17	9 Note: If you have	any listed property, o	complete Part		
1 Maximum amount (se	,						1,020,000.
2 Total cost of section							
3 Threshold cost of sec						<u>3</u> 4	2,550,000.
4 Reduction in limitatio						4	
<ul><li>5 Dollar limitation for tax year.</li><li>6</li></ul>	(a) Description of pro			st (business use only)	(c) Elected		
0	(-) + +		(-)		(-)		
7 Listed property. Ente			in a luna (a) line a (				
8 Total elected cost of							
9 Tentative deduction.							
0 Carryover of disallow				· · · –			
<ul><li>I1 Business income limi</li><li>I2 Section 179 expense</li></ul>			•	,			
<b>3</b> Carryover of disallow					<u></u>	12	
Note: Don't use Part II or							
		,	,	nclude listed propert	tv.)		
4 Special depreciation			· · · · · · · · · · · · · · · · · · ·		•		
	•			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	14	
5 Property subject to s							
6 Other depreciation (ir	ncluding ACRS)						97,353.
B	<u>u</u> /		perty. See instructio				97,353.
	<u>u</u> /			ns.)			97,353.
Part III MACRS De	preciation (Don't	include listed pro	perty. See instructio Section A	ns.)		16	97,353.
Part III         MACRS De           7         MACRS deductions f           8         If you are electing to group a	preciation (Don't or assets placed in ny assets placed in serv	include listed pro n service in tax yea ice during the tax year in	perty. See instructio Section A ars beginning before to one or more general asso	ns.) 2019 et accounts, check here		<u>16</u> <u>17</u>	
Part III         MACRS De           7         MACRS deductions f           8         If you are electing to group a	preciation (Don't or assets placed in ny assets placed in serv	include listed pro n service in tax yea ice during the tax year in Placed in Service	perty. See instructio Section A ars beginning before to one or more general asso a During 2019 Tax V	ns.) 2019 et accounts, check here <b>fear Using the Gene</b>		<u>16</u> <u>17</u>	
Part III         MACRS De           7         MACRS deductions f           8         If you are electing to group a	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro n service in tax yea ice during the tax year in	perty. See instructio Section A ars beginning before to one or more general asso	2019 det accounts, check here fear Using the Generation (d) Recovery period		<u>16</u> <u>17</u>	
Part III MACRS De 7 MACRS deductions f 8 If you are electing to group a Si (a) Classification c	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	2019 det accounts, check here fear Using the Generation (d) Recovery period	eral Deprecia	16 17 	m
Part III MACRS De 7 MACRS deductions f 8 If you are electing to group a Si (a) Classification c	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	2019 det accounts, check here fear Using the Generation (d) Recovery period	eral Deprecia	16 17 	m
Part III MACRS De 7 MACRS deductions f 8 If you are electing to group a So (a) Classification c 9a 3-year property	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	2019 det accounts, check here fear Using the Generation (d) Recovery period	eral Deprecia	16 17 	m
Part III     MACRS De       7     MACRS deductions f       8     If you are electing to group a       (a) Classification c       9a     3-year property       b     5-year property	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	2019 det accounts, check here fear Using the Generation (d) Recovery period	eral Deprecia	16 17 	m
Part III MACRS De MACRS deductions f B If you are electing to group a (a) Classification c (a) Classification c 9a 3-year property b 5-year property c 7-year property	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	2019 det accounts, check here fear Using the Generation (d) Recovery period	eral Deprecia	16 17 	m
Part III MACRS De MACRS deductions f MACRS deductions f Is If you are electing to group a (a) Classification c (a) Classification c (a) Classification c (a) Classification c (b) 5-year property b) 5-year property c) 7-year property d) 10-year property	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	2019 det accounts, check here fear Using the Generation (d) Recovery period	eral Deprecia	16 17 	m
Part III MACRS De MACRS deductions f If you are electing to group a (a) Classification c (a) Classification c (b) 5-year property c 7-year property d 10-year property e 15-year property	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	2019 det accounts, check here fear Using the Generation (d) Recovery period	eral Deprecia	16 17 	m
Part III       MACRS De         17       MACRS deductions f         18       If you are electing to group a         18       If you are electing to group a         (a) Classification of         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property	preciation (Don't for assets placed in ny assets placed in serv ection B - Assets of property	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	ns.) 2019 2019 2019 2019 2019 2019 2019 2019	eral Deprecia	16 17 tion Syste (f) Method	m
Part III       MACRS De         I7       MACRS deductions f         I8       If you are electing to group a         Si       (a) Classification c         (a) Classification c       (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property	preciation (Don't for assets placed in ny assets placed in serv ection B - Assets of property	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	ns.) 2019 et accounts, check here fear Using the Gene ion use (d) Recovery period	(e) Convention	16 17 tion Syste (f) Method	m
Part III       MACRS De         I7       MACRS deductions f         I8       If you are electing to group a         Si       (a) Classification c         (a) Classification c       (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property	include listed pro	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax</b> (c) Basis for depreciat (business/investment	ns.) 2019 2019 2019 2019 2019 2019 2019 2019	(e) Convention	16 17 tion Syste (f) Method S/L S/L S/L S/L	m
Part III       MACRS De         I7       MACRS deductions f         I8       If you are electing to group a         String       (a) Classification of         (a) Classification of       (a) Classification of         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental         i       Nonresidential re	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property	include listed pro n service in tax year ice during the tax year in Placed in Service (b) Month and year placed in service  / / / / / / / / / / / / / / / / / /	perty. See instructio Section A ars beginning before to one or more general asso <b>a During 2019 Tax</b> (c) Basis for deprecial (busises/investment only - see instruction	ns.) 2019 et accounts, check here <b>fear Using the Gene</b> (d) Recovery period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention (e) Convention	16 17 tion Syste (f) Method S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
<ul> <li>If MACRS deductions f</li> <li>If you are electing to group a</li> <li>Si</li> <li>(a) Classification of (a) Classification</li></ul>	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property	include listed pro n service in tax year ice during the tax year in Placed in Service (b) Month and year placed in service  / / / / / / / / / / / / / / / / / /	perty. See instructio Section A ars beginning before to one or more general asso <b>a During 2019 Tax</b> (c) Basis for deprecial (busises/investment only - see instruction	ns.) 2019 et accounts, check here <b>fear Using the Gene</b> (d) Recovery period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention (e) Convention	16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
Part III       MACRS De         17       MACRS deductions f         18       If you are electing to group a         18       If you are electing to group a         (a) Classification c         (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental         i       Nonresidential re         Sec       20a	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property	include listed pro n service in tax year ice during the tax year in Placed in Service (b) Month and year placed in service  / / / / / / / / / / / / / / / / / /	perty. See instructio Section A ars beginning before to one or more general asso <b>a During 2019 Tax</b> (c) Basis for deprecial (busises/investment only - see instruction	ns.) 2019 et accounts, check here <b>fear Using the Gene</b> (d) Recovery period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention (e) Convention	16 17 tion Syste (f) Method S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
Part III       MACRS De         17       MACRS deductions f         18       If you are electing to group a         18       If you are electing to group a         (a) Classification c         (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental         i       Nonresidential re         Sec       20a	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property	include listed pro n service in tax year ice during the tax year in Placed in Service (b) Month and year placed in service  / / / / / / / / / / / / / / / / / /	perty. See instructio Section A ars beginning before to one or more general asso <b>a During 2019 Tax</b> (c) Basis for deprecial (busises/investment only - see instruction	ns.) 2019 2019 2019 2019 2019 2019 2019 2019	(e) Convention (e) Convention	16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
Part III       MACRS De         17       MACRS deductions f         18       If you are electing to group a         18       If you are electing to group a         (a) Classification c         (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         g       25-year property         f       20-year property         h       Residential rental         i       Nonresidential re         Sec       20a         Class life       b         b       12-year	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property	include listed pro n service in tax year ice during the tax year in Placed in Service (b) Month and year placed in service  / / / / / / / / / / / / / / / / / /	perty. See instructio Section A ars beginning before to one or more general asso <b>a During 2019 Tax</b> (c) Basis for deprecial (busises/investment only - see instruction	ns.) 2019 et accounts, check here Year Using the Generic (d) Recovery period (d) Recovery (d)	eral Deprecia  (e) Convention  (e) Convention  (e) MM  MM  MM  MM  MM  Ative Depreci	16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
Part III       MACRS De         17       MACRS deductions f         18       If you are electing to group a         18       If you are electing to group a         (a) Classification c         (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental         i       Nonresidential rental         i       Nonresidential re         Sec       20-year         c       30-year         d       40-year	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property	include listed pro n service in tax year ice during the tax year in Placed in Service (b) Month and year placed in service  / / / / / / / / / / / / / / / / / /	perty. See instructio Section A ars beginning before to one or more general asso <b>a During 2019 Tax</b> (c) Basis for deprecial (busises/investment only - see instruction	ns.) 2019 et accounts, check here Year Using the Generation (d) Recovery period (d) Recovery (d) Reco	eral Deprecia (e) Convention (e) Convention (m)	16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
Part III       MACRS De         17       MACRS deductions f         18       If you are electing to group a         18       If you are electing to group a         (a) Classification c         (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental         i       Nonresidential rental         i       Nonresidential re         Sec       20a         Class life       b         b       12-year         c       30-year	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property I property al property ction C - Assets F	include listed pro in service in tax yea ice during the tax year in Placed in Service (b) Month and year placed in service (c) Another and year placed (c) Another and yea	perty. See instructio Section A ars beginning before to one or more general asso <b>a During 2019 Tax</b> (c) Basis for deprecial (busises/investment only - see instruction	ns.) 2019 2019 2019 2019 2019 2019 2019 2019	eral Deprecia (e) Convention (e) Convention (m)	16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
Part III       MACRS De         17       MACRS deductions f         18       If you are electing to group a         18       If you are electing to group a         (a) Classification c         19a       3-year property         b       5-year property         c       7-year property         d       10-year property         d       10-year property         g       25-year property         f       20-year property         g       25-year property         g       25-year property         g       Class life         b       12-year         c       30-year         d       40-year         Part IV       Summary (Sector)         21       Listed property. Ente	preciation (Don't or assets placed in ny assets placed in serv ection B - Assets of property I property al property ction C - Assets F See instructions.) r amount from line	include listed pro in service in tax yea ice during the tax year in Placed in Service (b) Month and year placed in service (c) Month and year placed (c) Month and (c) M	perty. See instructio Section A ars beginning before to one or more general ass <b>e During 2019 Tax '</b> (c) Basis for deprecial (business/investment only - see instruction During 2019 Tax Ye	ns.) 2019 2019 //ear Using the Generation //ear Using the Generation (d) Recovery period (d) Recovery (d) Recove	eral Deprecia  (e) Convention  (e) Convention  (e) MM  MM  MM  MM  MM  MM  Ative Depreci  MM  MM	16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
Part III       MACRS De         I7       MACRS deductions f         I8       If you are electing to group a         String and the second s	preciation (Don't ior assets placed in ny assets placed in serv ection B - Assets of property l property al property ction C - Assets F See instructions.) r amount from line from line 12, lines	include listed pro In service in tax year ice during the tax year in Placed in Service (b) Month and year placed in service (b) Month and year placed (c) Month and (c	perty. See instructio Section A ars beginning before to one or more general asso <b>b During 2019 Tax Y</b> (c) Basis for depreciat (business/investment only - see instruction During 2019 Tax Ye buring 2019 Tax Ye	ns.) 2019	eral Deprecia  (e) Convention  (f) Conventio	16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction

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	<u>rm 4562 (2019)</u>		RING FO									84-	13/5	3/9	Page <b>2</b>
Ρ	art V Listed Pro	perty (Include au	utomobiles, cei	tain oth	ner vehicl	es, cer	tain aircr	aft, an	d property	used for	r				
	Note: For a	ent, recreation, c any vehicle for w	hich vou are us	sina the	standard	t milead	oe rate o	r dedu	cting lease	expens	e. comr	olete <b>or</b>	uv 24a.		
	24b, colum	ins (a) through (c	) of Section A,	all of S	ection B,	and Se	ection C	if appli	cable.						
		A - Depreciation				ition:	See the i	nstruc	tions for li	mits for p	asseng	er autor	nobiles.)		
<u>24</u>	<b>a</b> Do you have evidence	to support the bu	siness/investmer	nt use cla	aimed?	<u> </u>	/es	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)	! . 4!	(f)	(	g)		(h)		(i)
	Type of property (list vehicles first)	Date placed in	Business/ investment		Cost or		sis for depre usiness/inve		Recovery		hod/		eciation uction		cted on 179
		service	use percentag	e <sup>or</sup>	ther basis		use only	/)	period		ention	ueu	uction		ost
25	Special depreciation	allowance for q	ualified listed p	roperty	placed in	n servio	ce during	the ta	x year and	ł				1	
	used more than 50%	6 in a qualified bu	usiness use		<u></u>				<u></u>		25				
<u>26</u>	Property used more	than 50% in a q	ualified busines	ss use:											
		: :	%	6											
		: :	%	6											
		: :	%	, 5											
27	Property used 50% of	or less in a qualif	ied business u	se:											
		: :	%	ó						S/L -					
		: :	%	ó						S/L -					
		: :	%	6						S/L -				1	
28	Add amounts in colu	umn (h), lines 25	through 27. Er	iter here	e and on	line 21	, page 1				28			1	
	Add amounts in colu											<u>.</u>	29		
					B - Inforr										
Со	mplete this section fo	r vehicles used I	oy a sole propr	ietor, pa	artner, or	other "	'more tha	an 5%	owner," or	related	person.	If you p	rovided \	/ehicles	
to	your employees, first	answer the ques	tions in Sectio	n C to s	see if you	meet a	an except	tion to	completin	g this se	ction fo	r those '	vehicles.		
		•								•					
				(	a)		(b)		(c)	(0	d)	(	e)	(1	f)
30	Total business/investm	ent miles driven d	uring the	-	hicle		hicle	V	/ehicle	Veh	-	-	hicle		icle
	year ( <b>don't</b> include con	nmuting miles)	-												
31	Total commuting mi														
	Total other personal														
	driven													1	
33	Total miles driven du														
	Add lines 30 through	• •												1	
34	Was the vehicle ava			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours														
35	Was the vehicle use														
	than 5% owner or re	, , ,													
36	Is another vehicle av														
			- Questions for	or Empl	overs W	ho Pro	vide Veh	nicles f	for Use by	, Their E	mplove	es	•	<u> </u>	
An	swer these questions												ren't		
	ore than 5% owners or									<b>,</b>	,				
	Do you maintain a w	•		hibits a	ll person	al use o	of vehicle	es. incl	udina com	mutina.	bv vour			Yes	No
	employees?								-						
38	Do you maintain a w														
	employees? See the		-	-				-							
39	Do you treat all use			•	•										
	Do you provide more														
	the use of the vehicl														
41	Do you meet the req														
	Note: If your answer														
Ρ	art VI Amortizatio		e, el 1110 100	,											
		(a)		(b)		(c)			(d)		(e)			(f)	
		ion of costs	Date a	imortization begins		Amortiza amoun			Code section		Amortiza period or per	ation	Ar	nortization or this year	
42	Amortization of cost	s that begins du		-	ar:					I		sonayo			
				: : : :								-+			
43	Amortization of cost	s that began bef			r			1		1		43			
			- ,												

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

Form **8868** 

#### (Rev. January 2020)

#### Public Disclosure Copy Application for Automatic Extension of Time To File an

Exempt Organization Return

OMB No. 1545-0047

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.

Type o						n number (TIN)		
print	ROARING FORK CONSERVANCY	84-1375379						
File by th due date filing you return. Se instructio	e date for Number, street, and room or suite no. If a P.O. box, see instructions.							
1101 0010	BASALT, CO 81621-3349							
Enter t	he Return Code for the return that this application is for (	(file a separat	e application for each return)					
Applic	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above) THE ORGANIZAT	06	Form 8870			12		
<ul> <li>If th</li> <li>box</li> <li>1</li> <li>1</li> <li>t</li> <li>1</li> </ul>	request an automatic 6-month extension of time until he organization named above. The extension is for the o $\mathbf{X}$ calendar year 2019 or	it Group Exe and atta NOVEN rganization's , an	mption Number (GEN) ch a list with the names and TINs of <u>IBER 16, 2020</u> , to file return for: d ending	If this is fo all memb	r the whole g ers the extens opt organizati	roup, check this sion is for.		
2	f this application is for Forms 990-BL, 990-PF, 990-T, 472 any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 60			3a	\$	0.		
e	estimated tax payments made. Include any prior year over	erpayment all	owed as a credit.	3b	\$	0.		
сE	Salance due. Subtract line 3b from line 3a. Include your	payment with	n this form, if required, by					
ı	using EFTPS (Electronic Federal Tax Payment System). S	See instructio	ns.	3c	\$	0.		
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdraw tions.	val (direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	EO for payment		

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

Form 8868 (Rev. 1-2020)