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Extended to November 16, 2015

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

Department of the Treasury Internal Revenue Service

Form

990

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



AF	or th	e 2014 calendar year, or tax year beginning and	ending	-									
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number								
	Addre	ROARING FORK CONSERVANCY											
		84-1	375379										
	Initial return	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number									
	Final returr	P.O. BOX 3349		970-1	927-1290								
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,171,050.								
	Amen	BASALI, CO 81021-3349		H(a) Is this a group re									
	Appli tion pendi	F Name and address of principal officer. INTERCO		for subordinates	? Yes 🔀 No								
	-	same as C above		H(b) Are all subordinates in	cluded? Yes No								
		empt status: $X = 501(c)(3) = 501(c)() = (insert no.) = 4947(a)(1)$	or 🛄 527	lf "No," attach a	list. (see instructions)								
		te: > www.roaringfork.org		H(c) Group exemption									
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1996 N	State of legal domicile: CO								
Pa	art I		~ 1 1	1									
ø	1	Briefly describe the organization's mission or most significant activities: See	Schedu	le O									
Activities & Governance													
/ern	2	Check this box Lift the organization discontinued its operations or dispo		1 1	sets. 12								
g	3				9								
~ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>9</u> 11								
ties	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			250								
tivi	6	Total number of volunteers (estimate if necessary)			<u> </u>								
A		Total unrelated business revenue from Part VIII, column (C), line 12			0.								
		Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year								
•	8	Contributions and grants (Part VIII, line 1h)		698,445.	930,450.								
nue	9	Program service revenue (Part VIII, line 2g)		127,680.	114,362.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,026.	912.								
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,001.	47,885.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		835,152.	1,093,609.								
	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)		0.	0.								
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		379,037.	401,334.								
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		74,470.	66,870.								
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	57.										
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		321,945.	416,272.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		775,452.	884,476.								
	19	Revenue less expenses. Subtract line 18 from line 12		59,700.	209,133.								
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year								
sset 3alar	20	Total assets (Part X, line 16)		2,470,435.	2,671,871.								
et A	21	Total liabilities (Part X, line 26)		13,527.	5,830.								
	22	Net assets or fund balances. Subtract line 21 from line 20		2,456,908.	2,666,041.								
Pa	art II	Signature Block											

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

Sign Here	Signature of officer RICK LOFARO, EXECUTIVE Type or print name and title	DIRECTOR		Date								
Paid	Print/Type preparer's name Denise Jurgens, CPA	Preparer's signature	Date	Check PTIN if self-employed PO0087338								
Preparer	Firm's name REESE HENRY & CO			Firm's EIN 84–0803727								
Use Only												
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No								
432001 11-0	D7-14 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2014)								

	PUBLIC DISCLOSURE COF	ργ	
	990 (2014) ROARING FORK CONSERVANCY t III Statement of Program Service Accomplishments	84-1375379	Page 2
	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 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	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	ces?Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses,	and
4a	(Code:) (Expenses \$ 553,496. including grants of \$) (including grants of \$) (inclu	HOOLS, WORK ON	
4b	(code:)(Expenses \$ 143,826. including grants of \$)(VARIOUS PROJECTS: CRYSTAL RIVER ASSESSMENT: \$97,406 COAL BASIN RESTORATION PROJECT: \$22,320 FRYING PAN BIOLOGICAL PROJECT: \$24,100	Revenue \$)
-4c	(Code:) (Expenses \$ including grants of \$) (i	Revenue \$)
4d	Other program services (Describe in Schedule O.)	· · · · · · · · · · · · · · · · · · ·	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 697, 322.)	
		Г О	

Form 990 (2014)	ROARING	FORK	CONSERVANCY
Part IV	Checl	dist of Required Sch	edules	

			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	X	
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			37
	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			37
_	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	_		v
_	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			v
_	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,	_	v	
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			x
~	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
11	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	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	115		
Ū	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	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
U U	ה יוסט נט ההיט בטמ, שט נהט טוקמוזבמנטה מננמטה מ טטף טו ונט מטטונט ווהמוטומו טומלטוווט ווט וט וווט וטנוווט וונט ה			

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	rt IV Checklist of Required Schedules (continued)			0
			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
a a	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		х
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	07		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	·		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
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 11	l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	l		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l		
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	r a "No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		<u> </u>	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x	
10	in Schedule O how this was done	<u>12c</u>	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	x	
a h	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	15b		
16-				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable antity during the year?	16-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 23
U				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements?			
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed ►CO			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	v) availat		
10	for public inspection. Indicate how you made these available. Check all that apply.	11 avaiial		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finan	cial	
13	statements available to the public during the tax year.	and mall	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 970-927-1290			
	PO BOX 3349, BASALT, CO 81621			

Form 990 (2014)

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average		not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	(do not chec box, unless p officer and a		rson	is bot	h an	compensation	compensation	amount of
	week					1/1/1/1/15		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Ter			organizations
	line)	Indiv	Insti	Officer	Key (High emp	Former			
(1) RICK LOFARO	40.00									
EXECUTIVE DIRECTOR		Х						73,740.	0.	7,134.
(2) STEPHEN ELLSPERMAN	4.00									
DIRECTOR		Х						0.	0.	0.
(3) RAMSEY KROPF	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) DIANE SCHWENER	4.00									
PAST PRESIDENT		Х						0.	0.	0.
(5) DON SCHUSTER	3.00									
DIRECTOR		х						0.	0.	0.
(6) LARRY YAW	3.00									
DIRECTOR		Х						0.	0.	0.
(7) JIM LIGHT	2.00									
DIRECTOR		Х						0.	0.	0.
(8) RICK NEILEY	4.00									
VICE PRESIDENT		X		х				0.	0.	0.
(9) JENNIFER SAUER	3.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(10) TED BORCHELT	3.00									_
DIRECTOR		х						0.	0.	0.
(11) JACQUE WHITSITT	2.00									_
TOWN OF BASALT REPRESENTAT		X						0.	0.	0.
(12) VALERIE YAW	2.00									_
DIRECTOR		X						0.	0.	0.
		<u> </u>					<u> </u>			

	990 (2014) ROARING B									84-13	753	379	Page 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C		es (continued)			
	(A) (B) Name and title Average hours per week				hours per do not check more than one box, unless person is both an compensation compensation							(F Estim amou oth	ated nt of er
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	comper from organiz and re organiz	the zation lated
											+		
с	Sub-total Total from continuation sheets to Part VI	I, Section A							73,740. 0. 73,740.		0. 0. 0.		134. 0. 134.
2	Total (add lines 1b and 1c) Total number of individuals (including but ne										•		
	compensation from the organization											Ye	0 es No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			-	•	•		•			3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	ompe	ensa	atior	n and	l otl				4	x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-						5	x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con the organization. Report compensation for t	-	-						n the organization's tax	· · · ·	ensa		า
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation		
								_					
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis D	stec	d above) who received n	nore than			

Form	990	2014) ROARING FORK CONSERVA	NCY		84-1375	379 Page 9
Pa	rt VII	I Statement of Revenue				
		Check if Schedule O contains a response or note to any lir	ne 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a				
		Membership dues 1b				
Ğ, G		Fundraising events 1c 234,847.				
ar ,		Related organizations 1d				
s, 0		Government grants (contributions) 1e 143,883.				
rsi		All other contributions, gifts, grants, and				
ibut		similar amounts not included above If 551,720.				
dit	g	Noncash contributions included in lines 1a-1f: \$ 1,292.				
and	-	Total. Add lines 1a-1f	930,450.			
		Business Code				
ø	2 a		114,362.	114,362.		
e Ž	b					
Se	с					
eve	d					
Program Service Revenue	е					
P.	f	All other program service revenue				
	g	Total. Add lines 2a-2f	114,362.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	912.			912.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses				
		Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other	-			
		assets other than inventory	-			
	b	Less: cost or other basis				
		and sales expenses	-			
		Gain or (loss)				
		Net gain or (loss)				
an	8 a	Gross income from fundraising events (not				
ven		including \$ 234,847. of				
Other Revenue		contributions reported on line 1c). See				
Jer		Part IV, line 18 a 77,273. Less: direct expenses b 77,441.	-			
oŧ			-168.			-168.
		Net income or (loss) from fundraising events	100.			100.
	9 a	Gross income from gaming activities. See				
	h	Part IV, line 19 a Less: direct expenses b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	10 a	and allowances a				
	Ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory				
	C	Miscellaneous Revenue Business Code				
	11 2	ROARING FORK CLUB FEES 541610	48,053.	48,053.		
	b		,	,,		
	c					
		All other revenue				
		Total. Add lines 11a-11d	48,053.			
	12		1,093,609.		0.	744.

	990 (2014) ROARING FORK t IX Statement of Functional Expense			84-13	75379 Page 1
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respons			<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	73,740.	73,740.		
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	257,758.	232,761.	24,997.	
8	Pension plan accruals and contributions (include	c 010			
	section 401(k) and 403(b) employer contributions)	6,210.	5,746.	464.	
9	Other employee benefits	37,307.	34,149.	3,158.	
0	Payroll taxes	26,319.	24,332.	1,987.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	2,220.		2,220.	
С	Accounting	24,515.		24,515.	
	Lobbying	66.070			
е	Professional fundraising services. See Part IV, line 17	66,870.			66,870
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	15 105	4.4.955		
	column (A) amount, list line 11g expenses on Sch 0.)	15,186.	14,855.	331.	
12	Advertising and promotion	38,109.		3,685.	24,637
13	Office expenses	17,237.	7,379.	4,273.	5,585
4	Information technology	12,003.		12,003.	
15	Royalties	48 500	45 080	1 (5 (
16	Occupancy	47,526.	45,870.	1,656.	
17	Travel	5,430.	5,304.	62.	64
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,553.	6,768.	210.	575
20	Interest				
21	Payments to affiliates	0 400	0 505		
22	Depreciation, depletion, and amortization	8,482.	2,587.	5,895.	
3	Insurance	7,085.	6,544.	541.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CRYSTAL RIVER ASSESSMEN	97,406.	97,406.		
b	JOHN DENVER SANCTUARY P	59,288.	59,288.		
c	FRYING PAN BIOLOGICAL P	24,100.	24,100.		
d	FRYING PAN ECONOMIC STU	20,687.	20,687.		
	All other expenses	29,445.	26,019.		3,426
5	Total functional expenses. Add lines 1 through 24e	884,476.	697,322.	85,997.	101,157
26	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 (2014) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 171,918. 57,686. Cash - non-interest-bearing 1 1 766,536. 867,942. 2 2 Savings and temporary cash investments 400,953. 39,353. 599,023. 3 3 Pledges and grants receivable, net 49,175. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 550. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 623,889. basis. Complete Part VI of Schedule D _____ 10a 71,934. 550,361. b Less: accumulated depreciation 10b 551,955. 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 540,764. 546,090. 15 Other assets. See Part IV, line 11 15 2,470,435. 2,671,871. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 13,527. 17 5,830. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 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 25 Schedule D 13,527. 5,830. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 1,275,297. 1,243,753. 1,213,155. 27 Unrestricted net assets 27 1,390,744. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,456,908. 2,666,041. Total net assets or fund balances 33 33 2,470,435. 2,671,871. Total liabilities and net assets/fund balances 34 34

Form	1990 (2014) ROARING FORK CONSERVANCY	84-137	5379	Pa	ge 12
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	1,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2			76.
3	Revenue less expenses. Subtract line 2 from line 1	3			33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,45	6,9	08.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,66	6,0	41.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	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 separat	e 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	e 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 in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

(FORD 990 OF 990-FZ))		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.						OMB No. 1545-0047 2014 Open to Public	
	of the organizati		ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at _W	ww.irs.gov/fo		Inspection identification number
Name	or the organizati		ING FORK C	ONSERVANCY					4-1375379
Part	I Reason			All organizations must co	mplete th	is part.) Se	e instruction		1 10/00/0
The or				For lines 1 through 11, c					
1 2 3 4	A church, col A school des A hospital or	nvention of ch cribed in sect a cooperative search organiz	urches, or associatio i on 170(b)(1)(A)(ii). (hospital service orga	on of churches described	d in section	on 170(b)(1)(b)(1)(A)(ii	I)(A)(i). ii).	\)(iii). Enter	the hospital's name,
5	🗌 An organizati	on operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
_	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	7		•	nental unit described in					
7 🛛	0		-	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
o [_		complete Part II.)						
8 _ 9 _	- ·			(1)(A)(vi). (Complete Par	,	oontributi	ana mamba	ahin faca a	nd areas respire from
9 🗆	•		•	e than 33 1/3% of its sup ct to certain exceptions,				•	•
				(less section 511 tax) fr					
			mplete Part III.)			.5505 2040		iganization	
10			• •	ively to test for public sa	fetv. See	section 50)9(a)(4).		
11 🗌		-	-	ively for the benefit of, to	-			arry out the	purposes of one or
	•	0	•	ed in section 509(a)(1) o	•			•	• •
	lines 11a thro	ough 11d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 11e, 11f, ar	id 11g.	
а	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
	the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting
	organizatio	n. You must d	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ving
	control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
С	Type III fur	nctionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
	its support	ed organizatio	on(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		-		porting organization oper				-	
			•	zation generally must sat	•		•	id an attent	iveness
		·	,	nplete Part IV, Sections					
е		•		written determination fro			а Туре I, Туре	e II, Type III	
				nally integrated support		zation.			
<u>g</u> F	(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount c	f monetary	(vi) Amount of
	organizatior			(described on lines 1-9	listed i	in your document?	suppor	-	other support (see
				above or IRC section (see instructions))	Yes	No	Instruc	tions)	Instructions)

Total

Schedule A (Form 990 or 990 EZ) 2014 ROARING FORK CONSERVANCY

Part II

84-1375379 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	307,260.	217,172.	618,859.	377,670.	930,450.	2,451,411.
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	307,260.	217,172.	618,859.	377,670.	930,450.	2,451,411.
	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)						157,528.
6							2,293,883.
	Public support. Subtract line 5 from line 4.						2,255,005.
		(-) 0010	(1-) 0011	(-) 0010	(4) 0010	(-) 0014	
	ndar year (or fiscal year beginning in)	(a) 2010 307,260.	(b) 2011 217,172.	(c) 2012 618,859.	(d) 2013 377,670.	(e) 2014 930, 450.	(f) Total 2,451,411.
	Amounts from line 4	507,200.	217,172.	010,035.	577,070.	JJ0, 1 J0.	2,431,411.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2,506.	2,350.	1,691.	1,026.	912.	8,485.
_	and income from similar sources	2,300.	2,350.	1,091.	1,020.	912.	0,403.
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			100 000	44 000	40.050	201 015
	assets (Explain in Part VI.)	46,174.	83,938.	100,960.	41,892.	48,053.	321,017.
11	Total support. Add lines 7 through 10						2,780,913.
	Gross receipts from related activities,						,803,068.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (14	82.49 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	73.93 %
16 a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes	-	-	• • • •			
	more, and if the organization meets th						
	organization meets the "facts-and-cire				-		
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2014

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

Page 3

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4 (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						
Ũ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 0	3 received from disqualified persons						
Ł	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.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4 (f) Total
	Amounts from line 6	(,	(0) _0	(0, 2012	(0, 2010	(0)=01	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) c	rganization,
	check this box and stop here						▶∟
Se	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Par	t III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
	Ŭ						

Schedule A (Form 990 or 990-EZ) 2014 ROARING FORK CONSERVANCY

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).*
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
ou		
3b		
3c		
4a		
4b		
4c		
10		
5a		
5b		
5c		
6		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2014 ROARING FORK CONSERVANCY Part IV Supporting Organizations (continued)

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-			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		
	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		
	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	_		<u> </u>
			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			
	the supported organization(s).	1		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
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 <i>Part VI</i> the role played by the organization in this regard.	3b		

A (Form 990 or 990-EZ) 2014 ROARING FORK CONSERVANC	Y		84-1375379 _{Pa}
Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	
$_$ Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970. See instr	uctions. All
other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
t short-term capital gain	1		
coveries of prior-year distributions	2		
ner gross income (see instructions)	3		
d lines 1 through 3	4		
preciation and depletion	5		
rtion of operating expenses paid or incurred for production or			
lection of gross income or for management, conservation, or			
intenance of property held for production of income (see instructions)	6		
ner expenses (see instructions)	7		
justed Net Income (subtract lines 5, 6 and 7 from line 4)	8		
B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
gregate fair market value of all non-exempt-use assets (see			
tructions for short tax year or assets held for part of year):			
erage monthly value of securities	1a		
erage monthly cash balances	1b		
r market value of other non-exempt-use assets	1c		
tal (add lines 1a, 1b, and 1c)	1d		
scount claimed for blockage or other			
tors (explain in detail in Part VI):			
quisition indebtedness applicable to non-exempt-use assets	2		
btract line 2 from line 1d	3		
sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
e instructions).	4		
t value of non-exempt-use assets (subtract line 4 from line 3)	5		
Itiply line 5 by .035	6		
coveries of prior-year distributions	7		
nimum Asset Amount (add line 7 to line 6)	8		
C - Distributable Amount			Current Year
justed net income for prior year (from Section A, line 8, Column A)	1		
ter 85% of line 1	2		
nimum asset amount for prior year (from Section B, line 8, Column A)	3		
ter greater of line 2 or line 3	4		
ome tax imposed in prior year	5		
stributable Amount. Subtract line 5 from line 4, unless subject to			
ergency temporary reduction (see instructions)	6		
	Type III Non-Functionally Integrated 509(a)(3) Supporting other Type III non-functionally integrated supporting organizations must constructions of the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must constructions of prioryear distributions A Adjusted Net Income Short-term capital gain coveries of prioryear distributions Short-term capital gain did lines 1 a, 1b, and 1c) Socont claimed for blockage or other tors (explain in detail in Part VI): Signification synkiton indebtedness applicable to non-exempt-use assets Socont claimed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, instructions). value of non-exempt-use assets (subtract line 4 from	Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete State A Adjusted Net Income State and State Adjusted Net Income State and Adjusted Net Income State and Adjusted Net Income (see instructions) 3 (a)	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructionally integrated supporting organizations must complete Sections A through E. A - Adjusted Net Income (A) Prior Year ishort-term capital gain 1 overries of prior-year distributions 2 ter gross income (see instructions) 3 d lines 1 through 3 4 recitation and depletion 5 tion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions) 6 er expenses (see instructions) 7 usted Net Income 3 - Minimum Asset Amount (A) Prior Year gregate fair market value of all non-exempt-use assets (see runctions for short tax year or assets held for part of year): rarge monthly value of securities 1a an (add lines 1a, 1b, and 1c) 1d count claimed for blockage or other tors (seplain in detail in Part VI): qualitation indebitedness applicable to non-exempt-use assets 2 ustue of non-exempt-use assets 1d count claime for blockage or other tors (seplain in detail in Part VI): qualue of non-exempt-use assets 1d udidue sta, 1b, and 1c) 5 1d

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

	dule A (Form 990 or 990-EZ) 2014 ROARING FORK	CONSERVANCY		84-1375379 Page 7
Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C. line 6			
2	Underdistributions, if any, for years prior to 2014			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c d				
	From 0010			
	From 2013			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
<u>с</u>				
	Excess from 2013			
e	Excess from 2014		Oshadada A	 (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 ROARING FORK CONSERVANCY	84-1375379 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o	r 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

		PUBLIC DIS	SCLOSURE COP	Ϋ́		
60	HEDULE D	Supplement	al Financial Statements		OMB No. 1545	5-0047
	n 990)	201	4			
•		Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to P	ublic
	ment of the Treasury	Information about Schedule D (For	m 990) and its instructions is at _{www.irs.gov}	/form990.	Inspection	n
Nam	e of the organization			Employ	yer identification	
De		ROARING FORK CONSE			84-137537	-
Pa		•	ed Funds or Other Similar Funds or .	Account	(S. Complete if the	
	organization	n answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds	and other account	ts
1	Total number at en	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised fu	inds		
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes	No
6	-		dvisors in writing that grant funds can be used	-		
			or donor advisor, or for any other purpose confe	erring		<u> </u>
Pa	impermissible priva			/ line 7	Yes	No
1			ganization answered "Yes" to Form 990, Part IV	/, line /.		
		servation easements held by the organizat of land for public use (e.g., recreation or e		ly importan	at land area	
	X Protection of		Preservation of a certified			
	X Preservation					
2			fied conservation contribution in the form of a d	conservatio	on easement on the	e last
	day of the tax year	• • •				
				He	eld at the End of the	Tax Year
а	Total number of co	onservation easements		2a		15
b	Total acreage restr	ricted by conservation easements		2b	269.	.38
С			ucture included in (a)	2c		
d			after 8/17/06, and not on a historic structure			
•		al Register		2d	·	
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization di	uring the tax	
А	year ▶	where property subject to conservation ea	sement is located			
5		tion have a written policy regarding the pe				
Ŭ		orcement of the conservation easements i			X Yes	No
6			and enforcing conservation easements during			
7			enforcing conservation easements during the			
8	Does each conserv	vation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)		
	and section 170(h)	(4)(B)(ii)?			Yes	No
9	In Part XIII, describ	be how the organization reports conservation	ion easements in its revenue and expense state	ement, and	d balance sheet, ar	nd
			tion's financial statements that describes the o	organization	n's accounting for	
Da	conservation ease		f Art, Historical Treasures, or Other	Similar	Accoto	
Fa		the organization answered "Yes" to Form		Similar	A33613.	
12		*	SC 958), not to report in its revenue statement	and halanc	se sheet works of a	art
14	-		hibition, education, or research in furtherance of			
		note to its financial statements that descri				u , r , u, ,
b			SC 958), to report in its revenue statement and	balance sł	neet works of art, h	nistorical
			ducation, or research in furtherance of public s			
	relating to these ite					
	(i) Revenue inclue	ded in Form 990, Part VIII, line 1		🕨 💲		
2			asures, or other similar assets for financial gair	n, provide		
	•	Ints required to be reported under SFAS 1	. , .	F .		
a				N A		
b	Assets included in	Form 990, Part X		🕨 💲 _		

Sche	dule D (Form 990) 2014 ROARING		84-1375379 Page 2									
	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe						
3	Using the organization's acquisition, accessi											
	(check all that apply):											
а	Public exhibition	c		Loan or exc	hange progra	ams						
b	Scholarly research	e		Other								
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	ion's exei	mpt purpo	ose in Par	t XIII.			
5	During the year, did the organization solicit o											
	to be sold to raise funds rather than to be ma								Yes	🗌 No		
Par	t IV Escrow and Custodial Arran								ine 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	ssets not	included					
	on Form 990, Part X?								Yes	No No		
b	If "Yes," explain the arrangement in Part XIII											
		·	0						Amount			
с	Beginning balance						1c					
d	Additions during the year											
е	Distributions during the year											
f	Ending balance											
	Did the organization include an amount on F								Yes	No		
	If "Yes," explain the arrangement in Part XIII.											
Par							0.					
	· · · ·		/ears back	(e) Four ye	ears back							
1a	Beginning of year balance	(a) Current year		rior year			<u> </u>					
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities									<u> </u>		
C	and programs											
f	Administrative expenses											
g	End of year balance Provide the estimated percentage of the curr	rant year and belong	l (line 1	a oolump (
2		fent year enu balant	-	g, column (a								
a L	Board designated or quasi-endowment ►	0/	_%									
b	·	%										
С	Temporarily restricted endowment	<u>%</u>										
0-	The percentages in lines 2a, 2b, and 2c should be the second seco		- 1 1		and a dark to be							
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ind administe	erea for ti	ne organiz	zation				
	by:									es No		
	(i) unrelated organizations								3a(i)			
	If "Yes" to 3a(ii), are the related organizations								3b			
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	funds.								
Fai				/ line 11e . C			line 10					
	Complete if the organization answere								(-1) D1			
	Description of property	(a) Cost or o		• •	or other		ccumulate		(d) Book v	alue		
		basis (investr	nent)		(other)	aep	preciation		E 2 0	,718.		
	Land			53	0,718.				530	,/10.		
b	Buildings											
С	Leasehold improvements				0 0 0 0 0		26 4		A	100		
d	Equipment			3	0,922.		26,4		4	,486.		
	Other				2,249.		45,4	78.		,751.		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)				551	,955.		

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 ROARING FORE Part VII Investments - Other Securities.	CONSERVAN		04	-1375379 Page 3
Complete if the organization answered "Yes" t	o Form 990 Part IV	line 11b. See Form 990	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			l-of-year market value
(1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII Investments - Program Related.		1	Deut M. Keine 10	
Complete if the organization answered "Yes" t (a) Description of investment	(b) Book value			1-of-year market value
(1)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other Assets.				
Complete if the organization answered "Yes" t		line 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1) SECURITY DEPOSIT				600.
(2) PLANNING COSTS				545,490.
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15)			546,090.
Part X Other Liabilities.	10.)			510,050
Complete if the organization answered "Yes" t	o Form 990. Part IV.	line 11e or 11f. See Forr	n 990. Part X. line 25	
I. (a) Description of liability		(b) Book value		·
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footno	ote to the organization's	financial statements	that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). CI	neck here if the text of th	ne footnote has been	provided in Part XIII

Sche	dule D (Form 990) 2014 ROARING FORK CONSERVANCY		84-1375379 Page 4
_	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l.	
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	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
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 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		enses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
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	4 a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt 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.

Information about Schedule G (Form 990 or 990-EZ) and it Name of the organization ROARING FORK CONSERVANCY Part I Fundraising Activities. Complete if the organization answered " required to complete this part. Indicate whether the organization raised funds through any of the following act a X Mail solicitations e X Solicitation of	"Yes" to ctivities. of non-g of gover draising o luding o ssional f	Form 990, Part IV, lin Check all that apply. overnment grants nment grants events fficers, directors, trust	Employer ic 84-137 e 17. Form 990-E	
Fundraising Activities. Complete if the organization answered "required to complete this part. 1 Indicate whether the organization raised funds through any of the following ac a X Mail solicitations	ctivities. of non-go of govern draising of luding of ssional f	Check all that apply. overnment grants nment grants events fficers, directors, trust	e 17. Form 990-E	
 required to complete this part. Indicate whether the organization raised funds through any of the following ac a X Mail solicitations e X Solicitation of 	ctivities. of non-go of govern draising of luding of ssional f	Check all that apply. overnment grants nment grants events fficers, directors, trust		
a X Mail solicitations e X Solicitation o	of non-go of govern draising o luding of ssional f	overnment grants nment grants events fficers, directors, trust	rees or	
 b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (inclukely employees listed in Form 990, Part VII) or entity in connection with profess b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant compensated at least \$5,000 by the organization. 	to agree	e e	XY	
or entity (fundraiser)	ii) Did ndraiser e custody control of ributions?		(v) Amount paid to (or retained by fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
WOODS CONSULTING LLC - 11299 pledges and fundraising Yes FRYING PAN RD, Basalt, CO events	s No X	1,007,723.	66,870	. 940,853.
Total 3 List all states in which the organization is registered or licensed to solicit contr or licensing. CO	ributions	1,007,723. s or has been notified	66,870 it is exempt from	,

Pa	rti	Fundraising Events. Complete if the of fundraising event contributions and g	ne organization answered	I "Yes" to Form 990 Par		
en		or junoraising event contributions and g	raaa inaama an Farm 000			
en			(a) Event #1 RIVER RENDEVOUS	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
3 I			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	312,120.			312,120.
_	2	Less: Contributions	234,847.			234,847.
	3	Gross income (line 1 minus line 2)	77,273.			77,273.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				77,441.
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				77,441. -168.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
۳	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes %	└── Yes %	└── Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
9 a	Ent Is t	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	lucts gaming activities: activities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:	-			Yes No

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014 ROARING FORK CONSERVANCY 84-1375379 Page 3 11 Does the organization conduct gaming activities with nonmembers? Yes 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a b An outside facility 13b 9 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name
to administer charitable gaming? Yes No. 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
13 Indicate the percentage of gaming activity conducted in: 13a 9 a The organization's facility 13a 9 b An outside facility 13b 9 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 9
a The organization's facility 13a 9 b An outside facility 13b 9 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 9
b An outside facility 13b 9 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 9
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?
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party:
Name
Address 🕨
16 Gaming manager information:
Name
Gaming manager compensation 🕨 \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b 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 > \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:
(i) Name of Fundraiser: WOODS CONSULTING LLC
(i) Address of Fundraiser: 11299 FRYING PAN RD, Basalt, CO 81621

Part IV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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 A, line 2:

LARRY YAW & VALERIE YAW ARE RELATED.

Form 990, Part VI, Section B, line 11:

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.



Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2

Attachment

Attach to your tax return.

Department of the Treasury

Internal Revenue Service (99) Information	n about Form 456	2 and its se	parate instru	ctions	s is at	www.irs.aov/fa	orm4562.	Sequence No. 179
Name(s) shown on return			Busine	ess or ac	ctivity to	which this form rela	ites	Identifying number
	1017				0.0	D 10		04 1275270
ROARING FORK CONSERVA						Page 10		84-1375379
Part I Election To Expense Certain Prope	rty Under Section 1	19 Note: If yo	ou have any lis	ted pr	operty	, complete Pai		
1 Maximum amount (see instructions)								500,000.
2 Total cost of section 179 property plac								2,000,000
3 Threshold cost of section 179 property							·····	2,000,000
4 Reduction in limitation. Subtract line 3								
5 Dollar limitation for tax year. Subtract line 4 from line 6 (a) Description of pr		-0 If married fil	ing separately, see (b) Cost (busin			(c) Elect	····· •	
6 (a) Description of pr	operty			033 030	only)			
7 Listed and the Fater the survey for	- line - 00				-			
7 Listed property. Enter the amount from					7		8	
8 Total elected cost of section 179 prope								
9 Tentative deduction. Enter the smaller10 Carryover of disallowed deduction from								
11 Business income limitation. Enter the s								
12 Section 179 expense deduction. Add I		•		'				
13 Carryover of disallowed deduction to 2					_		12	
Note: Do not use Part II or Part III below for				🚩	13			
Part II Special Depreciation Allowa				de list	ed pro	nerty)		
14 Special depreciation allowance for qua		-	-					
the tax year	1 1 3 (0	14	
15 Property subject to section 168(f)(1) ele								
								7,643
Part III MACRS Depreciation (Do no								
	· · ·		ection A	,				
17 MACRS deductions for assets placed	in service in tax ve	ars beginnir	na before 2014	4			17	839
18 If you are electing to group any assets placed in ser						ь Г		
Section B - Assets							iation Syste	em
(a) Classification of property	(b) Month and year placed		r depreciation nvestment use		Recover	(e) Conventio	n (f) Method	(g) Depreciation deduction
	in service		instructions)		period			(g) Depresiation deduction
19a 3-year property								
b 5-year property	-							
c 7-year property	-							
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				2	25 yrs.		S/L	
	/			27	7.5 yrs.	MM	S/L	
h Residential rental property	/			27	7.5 yrs.	MM	S/L	
	/			3	9 yrs.	MM	S/L	
i Nonresidential real property	/					MM	S/L	
Section C - Assets I	Placed in Service	During 201	4 Tax Year Us	sing t	he Alte	ernative Depre	eciation Sys	stem
20a Class life							S/L	
b 12-year				1	2 yrs.		S/L	
c 40-year	/			4	l0 yrs.	MM	S/L	
Part IV Summary (See instructions.)								
21 Listed property. Enter amount from line	e 28						21	
22 Total. Add amounts from line 12, lines	14 through 17, line	es 19 and 20	0 in column (g), and	line 21			
Enter here and on the appropriate lines	s of your return. Pa	artnerships a	and S corporat	tions -	see in	str	22	8,482.
23 For assets shown above and placed in	service during the	e current yea	ar, enter the					
portion of the basis attributable to sec	tion 263A costs	<u></u>	<u></u>		23			

Foi	rm 4562 (2014)		RING FO										-1375		
P	art V Listed Proper			ertain otł	ner vehic	cles, cer	tain aircı	raft, ce	ertain com	puters,	and prop	perty us	ed for en	tertainm	ent,
	recreation, or a Note: For any through (c) of S	vehicle for w ^l	hich vou are u	sing the and Sec	standaro tion C if	d mileag applica	le rate or ble.	dedu	cting lease	e expen	se, comp	oleteonl	y 24a, 24	lb, colur	nns (a)
			on and Other					nstruc	tions for li	mits for	passeng	er auto	mobiles.)		
24a	Do you have evidence to s						es	_	24b If "Y					Yes	No
		(b)	(c)		(d)	$\overline{}$	(e)		(f)	1	(g)	1	(h)		<u> </u>
	(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percenta	Cost or		(bu	Basis for depreciation (business/investment use only)			Recovery Method		I/ Depreciation		Elected section 179 cost	
25	Special depreciation all	l wance for a			/ placed	in sonviv	co durino	n tha t	l av vear ar	u nd					
20	used more than 50% in			• • •	•			•			25				
26	Property used more that										20				
20				6					1	1					
		: :	-	6											
			-	6											
27	Property used 50% or l	ess in a quali	,	-											
<u></u>				6						S/L -					
		: :	-	6						S/L -					
		: :	-	6						S/L -					
28	Add amounts in column	· ·		-	e and or	line 21	. page 1				28				
	Add amounts in column												29		
		(),					on Use								
Co	mplete this section for ve	hicles used	by a sole prop	rietor. p	artner. c	or other	"more th	an 5%	owner."	or relate	d persor	n. If vou	provided	vehicle	s
	our employees, first ans														
,															
				(a)	(b)		(c)		(d)		(e)	(f	·)
30	Total business/investment	miles driven d	urina the		nicle			Ιv	/ehicle		Vehicle		Vehicle		icle
	year (do not include com		•												
31	Total commuting miles														
	Total other personal (no														
-	driven	-													
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•													
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa														
	use?														
			- Questions f	or Emp	loyers W	Vho Pro	vide Vel	nicles	for Use b	y Their	Employe	es			
Ans	swer these questions to	determine if	you meet an e	xceptior	n to com	pleting	Section	B for v	ehicles us	ed by e	employee	s who a	are not m	ore than	5%
ow	ners or related persons.														
37	Do you maintain a writte	en policy stat	tement that pr	ohibits a	all persor	nal use o	of vehicle	es, inc	luding cor	nmuting	g, by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	tement that pr	ohibits p	personal	use of v	/ehicles,	excep	ot commut	ting, by	your				
	employees? See the ins	structions for	vehicles used	l by corp	oorate of	fficers, c	directors	, or 1%	6 or more	owners					
39	Do you treat all use of v	ehicles by er	mployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain	informat	tion from	your	employee	s about					
	the use of the vehicles,	and retain th	e information	received	1?										
41	Do you meet the require	ements conc	erning qualifie	d autom	iobile de	monstra	ation use	?							
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," do no	ot comp	lete Sec	tion B fo	or the c	covered ve	hicles.					
P	art VI Amortization														
	(a) Description o	f costs	Data	(b)		(c) Amortizat	ole		(d) Code		(e)		٨٣	(f) nortization r this year	
				amortization begins		amount	ť		section		Amortiza period or per		fo	r this year	
42	Amortization of costs th	at begins du	ring your 201	4 tax yea	ar:										
				: :											
				: :								[
43	Amortization of costs th	at began be	fore your 2014	l tax yea	ar							43			
<u>44</u>	Total. Add amounts in o	column (f). Se	ee the instruct	<u>ions for</u>	where to	o report	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	44			