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CLIENT'S COPY



ROARING FORK CONSERVANCY P.O. BOX 3349 BASALT, CO 81621-3349

Dear Board Members:

Enclosed is the organization's 2023 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2024.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Mark S Kavasch, CPA

### Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 84-1375379 ROARING FORK CONSERVANCY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P.O. BOX 3349 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BASALT, CO 81621-3349 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION PO BOX 3349 - BASALT, CO 81621 Telephone No. 970-927-1290 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and ending							
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identifi	cation number					
	Addres	ROARING FORK CONSERVANCY								
	Name change			84-13753	79					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite   E Telephone number								
	Final return/	P.O. BOX 3349	970-927-	1290						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	<b>G</b> Gross receipts \$ 2,142,200.						
	Ameno return	BASALI, CO 01021-3349		H(a) Is this a group re	H(a) Is this a group return					
	Application			for subordinates	? Yes X No					
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No					
			(a)(1) or 5	<del>_</del>	list. See instructions					
	Vebsit			H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Ye	ar of formation: 1996   N	M State of legal domicile; CO					
Pa	rt I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{SI}}$	SE SCHED	OLE O						
anc										
Activities & Governance	l	Check this box if the organization discontinued its operations or o	•	ı	sets.					
90		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line		3	10					
જ	ı	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			16					
ties		Total number of individuals employed in Calendar year 2025 (Fart V, line 2a)  Total number of volunteers (estimate if necessary)			100					
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
	_~			Prior Year	Current Year					
4	8	Contributions and grants (Part VIII, line 1h)		980,699.	1,904,158.					
Revenue		Program service revenue (Part VIII, line 2g)		112,072.	100,624.					
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		688.	1,346.					
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,223.	58,151.					
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		1,131,682.	2,064,279.					
	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.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)	796,163.	847,391.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)								
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		403,048.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,199,211.	2,177,020.					
	19	Revenue less expenses. Subtract line 18 from line 12		-67,529.	-112,741.					
S OF				Beginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		3,783,822.	3,922,841.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		3,517,219.	518,363. 3,404,478.					
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		3,311,219.	J,404,470.					
		Ities of perjury, I declare that I have examined this return, including accompanying sch	edules and state	ments, and to the hest of my	knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information			into wroago and bonon, it is					
		, , , , , , , , , , , , ,								
Sigi	n	Signature of officer		Date						
Her		RICK LOFARO, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid		MARK S KAVASCH, CPA		if self-employ						
Prep	arer	Firm's name REESE HENRY & COMPANY, INC.		Firm's EIN 8	4-0803727					
Use	Only	Firm's address 400 E MAIN ST STE 2								
		ASPEN, CO 81611		Phone no. 97	0-925-3771					
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

1 0	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSPIRE PEOPLE TO EXPLORE, VALUE, AND PROTECT THE ROARING FORK WATERSHED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 867,180. including grants of \$) (Revenue \$ 161,112. MITCH PROJECTS AND PROJECTS, DEVELOP VIDEO TAPE FOR USE IN EDUCATING LAND OWNERS ABOUT RIVER HABITAT AND PRESERVATION.
4b	(Code:) (Expenses \$968,986. including grants of \$) (Revenue \$) VARIOUS PROJECTS: CATTLE CREEK PROJECT: \$5,501 CRYSTAL RIVER PROJECT: \$774,779 DROUGHT RESILIENCY PROJECT: \$100,512 FRYINGPAN WINTER RELEASE PROJECT: \$75,169 KEEP IT CLEAN PROJECT: \$6,560 OUTSTANDING WATERS PROJECT: \$539 RIVER FLOAT PROJECT: \$5,926
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program convice expenses 1 836 166.

# Form 990 (2023) ROARING FORK CONSERVANCY Part IV Checklist of Required Schedules

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

Form 990 (2023) ROARING FORK CONSERVANCY

Part IV Checklist of Required Schedules (continued)

			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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					
	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					
	Schedule K. If "No," go to line 25a	24a		X		
b	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?	24c				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l		
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	l				
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1,77		
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v		
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v		
05	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051				
20	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?	200		X		
07	If "Yes," complete Schedule R, Part V, line 2	36				
37						
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х			
Pa		<u> </u>	22			
	Chack if School up O contains a response or note to any line in this Part V					
	Check if Scriedule O contains a response of note to any line in this Part V		Yes	No		
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   1b   1a					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	+				
Ü	(manalalia a) unimpia parta prima unimpa uni	1c	Х			
	gambling) winnings to prize winners?	110				

Form 990 (2023) ROARING FORK CONSERVANCY

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

			V	NI.
20	Entay the number of employees reported on Form W.2. Transmitted of Wage and Tay Statements		Yes	No
Za	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Ditti	3a	- 21	Х
	IS NOT THE CONTRACT OF THE CON	3b		- 21
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	<del>4</del> a		21
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
oa	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2023) ROARING FORK CONSERVANCY 84-13/53/9 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

C						X			
Sec	tion A. Governing Body and Management								
		1 1	401		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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 th	e direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х			
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or								
	more members of the governing body?			7a		Х			
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
				7b		Х			
8									
	a The governing body?								
b	Each committee with authority to act on behalf of the governing body?			8a 8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			- 0.0					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
	This occion b requests information about politics not required by the information	venue Gode.,			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		[	10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
_		.apro.o, aaroo,		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	l						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	on Schedule O how this was done	,		12c	Х				
13	Did the organization have a written whistleblower policy?		[	13		Х			
14			- [	14	Х				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 50	01(c)(3)s	only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	n on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	licy, and	financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records							
	THE ORGANIZATION - 970-927-1290								
	PO BOX 3349, BASALT, CO 81621								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((	C)		Jan	(D)	(E)	(F)
Name and title	Average hours per week	box	not c	Pos heck ss per	ition more rson i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RICK LOFARO	40.00			٠,				100 000	0	10 204
EXECUTIVE DIRECTOR (2) RANA DERSHOWITZ	1.00			Х				108,000.	0.	18,304.
DIRECTOR	1.00	Х						0.	0.	0.
(3) PAT MCMAHON	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) GEORGE W. KELLY III DIRECTOR	1.00	Х						0.	0.	0.
(5) JEFF CONKLIN	2.00								-	
SECRETARY		Х		Х				0.	0.	0.
(6) LARRY YAW	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JIM LIGHT	1.00	77							0	0
(8) MICHELLE SCHINDLER	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) DAVID KNIGHT	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) DON SCHUSTER DIRECTOR	1.00	Х						0.	0.	0.
(11) DIANE SCHWENER	2.00	22	$\vdash$	$\vdash$		$\vdash$			•	- 0 •
VICE-PRESIDENT	2000	Х		х				0.	0.	0.
		<u> </u>								
										000

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued).   (A)		990 (2023) ROARING E	FORK CON	ISE	RV	'AN	CY	-			84-13	375	379	Page 8
Name and title    Average   Position   Control of the Control of t	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
to subtotal  C Total from continuation sheets to Part VII, Section A  D Id to compensation from the organization in line 12 is 1 in the organization from the organization from the organization from the organization in line 12 is 1 in the organization from the organization is at any former officer, clustes, key employee, or highest compensation from the organization and other compensation from the organization is at any former officer, director, trustes, key employee, or highest compensation from the organization is at any former officer, director, trustes, key employee, or highest compensation from the organization is at a profession or individual and or interest that situation or individual for services and organization is at a profession from the organization is at the organization. Report compensation from any unrelated organization or individual for services and the organization. Report compensation from the organization is at the organization. Report compensation from the organization or individual for services.  1 Complete this table for your live highest compensation from any unrelated organization or individual for services.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization or individual for services.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the calendar year ending with or within the organization or individual for services.		. ,								` '			(	F)
Subtotal   108,000		Name and title			not c	heck	more	than o						
Compensation   Comp														
Total from continuation sheets to Part VII, Section A			(list any	ctor										
Total from continuation sheets to Part VII, Section A			1	or dire	au au			ted		1 "		SC/	fror	n the
Total from continuation sheets to Part VII, Section A				ustee	truste		90	suadı		1 -	1099-NEC)			
Total from continuation sheets to Part VII, Section A			"	dual tr	ntional		nploye	st con	15	1099-NEC)				
Total from continuation sheets to Part VII, Section A  C Total from continuation sheets to Part VII, Section A  D. D. D. D. S. O. D. D. D. S. O. D.			line)	Individ	Institu	Office	Key en	Highe emplo	Forme				0.94	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1				1										
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1				4										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1										100 000		_	1.0	204
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than													18	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No													1 Ω	
compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than											000 of roportable	_	10	, 504.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	2	, , , , , , , , , , , , , , , , , , ,	ot illflited to th	ose	liste	ual	ove	) WII	O IE	eceived more than \$100,	ooo or reportable	;		1
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Compensation  Compensation  1 Compensation of services  1 Compensation  Compensation  Compensation  Compensation		compensation from the organization											Y	es No
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Compensation  Compensation  1 Compensation of services  1 Compensation  Compensation  Compensation  Compensation	3	Did the organization list any <b>former</b> officer.	director, trusto	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													3	Х
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	4													
rendered to the organization? If "Yes," complete Schedule J for such person		and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4	X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Compensation	5	Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than			plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than														
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1		•	•								ensa	tion from	1
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			the calendar ye	ear e	ndır	ng w	ith c	or wi	thin T		ear.		(0)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than			address	NC	ME	₹.					ervices	С		ation
				-110		_			$\dashv$				•	
									_					
						_								
	2	·	•	ot lin	nited	to t	_		ted	above) who received mo	ore than			

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Check ii deficacie d'editains à response e	or riote to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts nts		Federated campaigns 1a					
iral our	b	Membership dues 1b					
A, G	С	Fundraising events 1c	247,512.				
a iii	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e	991,144.				
Sign		All other contributions, gifts, grants, and					
uti			665,502.				
QË	g		,				
Contributions, Gifts, Grants and Other Similar Amounts	_			1,904,158.			
O a		Total. Add lines 1a-1f	Business Code	1,001,100.			
		EAGEMENTS (MONTEODING		F7 011	F7 011		
<u>c</u> e	2 a	EASEMENTS/MONITORING	541700	57,844.	57,844.		
Program Service Revenue	b	PROGRAM FEES	541700	42,780.	42,780.		
Se	С						
ar. eve	d						
og B	е						
Pr	f	All other program service revenue					
		Total. Add lines 2a-2f		100,624.			
	3	Investment income (including dividends, interes		,			
	•	other similar amounts)		1,346.			1,346.
	4	Income from investment of tax-exempt bond pr		2,0100			
	5	Royalties(i) Real	(ii) Personal				
			(II) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>o</u>	-	and sales expenses					
Revenue	_	Gain or (loss) 7c					
eVe		( )					
er B		Net gain or (loss)					
	8 а	Gross income from fundraising events (not					
ğ		including \$ 247,512. of					
		contributions reported on line 1c). See	FF F04				
		Part IV, line 18 8a	75,584.				
	b	Less: direct expenses 8b	77,921.				
	С	Net income or (loss) from fundraising events		-2,337.			-2,337.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a	<u></u>				
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 4	·	2,571.				
	L		0.				
		Less: cost of goods sold 10b	0.	2 571	2 571		
-	С	Net income or (loss) from sales of inventory	Dualing Co.	2,571.	2,571.		
<u>s</u>		DDAI DOMAND ND 2220000 -	Business Code	F0 F0F	F0 F0F		
90 n		REAL ESTATE TRANSFER F	541610	50,797.	50,797.		
ang	b	OTHER INCOME	541900	7,120.	7,120.		
Miscellaneous Revenue	С						
Ais. B	d	All other revenue					
_	е	Total. Add lines 11a-11d		57,917.			
	12	Total revenue See instructions		2 064 279.	161 112.	0.	-991.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 108,000. 83,780. 11,790. 12,430. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 592,379. 459,533. 64,669. 68,177. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 68,208. 87,615. 9,287. 10,120. Other employee benefits 9 59,397. 46,241. 6,296. 6,860. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 30,870. 30,870. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 4,317. 4,317. 34,152. 15,150. 200. 18,802. Advertising and promotion 12 15,573. 12,459. 1,557. 1,557. 13 Office expenses 19,094. 15,276. 1,909. 1,909. Information technology 14 Royalties 15 29,434. 45,674. 83,454. 8,346. 16 Occupancy 11,833. 9,467. 1,183. 1,183. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 13,997. 2,799. 11,198. 20 Payments to affiliates 21 80,147. 100,183. 10,018. 10,018. Depreciation, depletion, and amortization 22 18,891. 15,113. 1,889. 1,889. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 774,779. 774,779. CRYSTAL RIVER PROJECT DROUGHT RESILIENCY 100,512. 100,512. 75,169. 75,169. FRYING PAN WINTER RELEA 25,204. 25,204. d PROGRAM EXPENSES 21,601. 18,578. 3,017. 6. e All other expenses 2,177,020. 1,836,166. 199,557. 141,297. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,327.	1	386,193.
	2	Savings and temporary cash investments			598,601.	2	463,606.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		114,339.	4	15,896.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	onsL		5	
	6	Loans and other receivables from other disqualif	sons (as defined				
હ		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			25,448.	8	25,448.
Ä	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,617,029.			
	b	Less: accumulated depreciation	3,035,451.	10c	3,031,698.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,656.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa			3,783,822.	16	3,922,841.
	17	Accounts payable and accrued expenses			11,611.	17	274,134.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
jab		controlled entity or family member of any of thes			254 202	22	0.4.4 0.00
_	23	Secured mortgages and notes payable to unrela			254,992.	23	244,229.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay		1			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			266,603.	25	518,363.
	26	Total liabilities. Add lines 17 through 25	· ·	e X	200,003.	26	310,303.
ý		Organizations that follow FASB ASC 958, che	ck nere				
nce		and complete lines 27, 28, 32, and 33.			3,344,185.	07	3,229,951.
ala	27				173,034.	27	174,527.
d B	28	Net assets with donor restrictions			1/3,034.	28	1/4,52/-
Ë		Organizations that do not follow FASB ASC 95	oo, cne	eck nere			
P	200	and complete lines 29 through 33.				20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
\SS(	30	Paid-in or capital surplus, or land, building, or eq				30	
et A	31	Retained earnings, endowment, accumulated inc			3,517,219.	31 32	3,404,478.
ž	32	Total liabilities and not assets/fund balances		3,783,822.	33	3,922,841.	
	33	Total liabilities and net assets/fund balances			3,703,022.	აა	3,722,041.

Form **990** (2023)

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)		2,06					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,17					
3	Revenue less expenses. Subtract line 2 from line 1	3	-11 3,51					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
column (B)) 10 3								
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 on Schedule	Ο.						
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	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization ROARING FORK CONSERVANCY 84-1375379 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1104298.	818,572.	923,056.	980,699.	1904158.	5730783.
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	1104298.	818,572.	923,056.	980,699.	1904158.	5730783.
	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)						44,030.
6	Public support. Subtract line 5 from line 4.						5686753.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1104298.	818,572.	923,056.	980,699.	1904158.	5730783.
	Gross income from interest,		·	•	,		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	478.	326.	365.	688.	1,346.	3,203.
9	Net income from unrelated business						- 7
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	106,840.	77.070.	118,934.	46,751.	57.917.	407,512.
11	<b>Total support.</b> Add lines 7 through 10					3 1 / 2 = 1 1	6141498.
	Gross receipts from related activities,	etc (see instruction	ins)			12	486,470.
	First 5 years. If the Form 990 is for the	•	,				,
	organization, check this box and stop	-		•			
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.60 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	86.93 %
	33 1/3% support test - 2023. If the o			line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies						T
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
80	check this box and stop here ction C. Computation of Publi						
	· · · · · · · · · · · · · · · · · · ·			(0)		1.5	
	Public support percentage for 2023 (I					15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Investigation					16	<u>%</u>
	•			no 10 nolumn (f)\		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from					18   2 1/30/ and line 1	7 is not
198	33 1/3% support tests - 2023. If the						
L	more than 33 1/3%, check this box ar						
ĸ	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						
20	i ilvate loulluation. Il the organizatio	in ala not check a	DON OH HITE 14, 196	a, or rob, brieck ti	ווט טטא מווע שכל וווט		

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	.03	.10
1		
-		
_		
2		
3a		
0:		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
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Par	t IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	// how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion L	D. All Type III Supporting Organizations			
		r		Yes	No
		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	,	ganization maintained a close and continuous working relationship with the supported organization(s).  ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		orted organizations played in this regard.	3		
Sect	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	k 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 governmental entity (see ins	truction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	<b>2</b> a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI.		
	OT ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2023 ROARING FORK CONSERVANC			84-1375379 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

6

Schedule A (Form 990) 2023

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Pai	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued	d)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s ;	3	
4	Amounts paid to acquire exempt-use assets		4	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		(	6	
7	Total annual distributions. Add lines 1 through 6.		•	7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10	0	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI

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

SCHEI	DULE	Α,	PART	II,	LINE	10,	EXPI	LANAT	ION	FOR	OTHER	 INCOME:	
RFC I	FEES												
2019	AMOU	NT:	\$	106	,840.								
2020	AMOU	NT:	\$	77,0	070.								
2021													
2022	AMOU	NT:	\$		440								
2023	AMOU	NT:	\$	50,7									
OTHER	RINC	OME											
2022	AMOU	NT:	\$	14,3	341.								
			\$										
					_								

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CARTER BROOKSHER	129,002.	6,172.
PAT AND BARB MCMAHON	152,301.	29,471.
PATRICK MCMAHON	131,217.	8,387.
Total Excess Contributions to Schedule A, Part II, Line 5		44,030.

## Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

	ROARING FORK CONSERVANCY	84-1375379
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	in is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
·		
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribut	
Special Rules		
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts (b) instead of the contributor name and address), II, and III.	scientific,
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box ous, charitable, etc., et received nonexclusively
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990- iling requirements of Schedule B (Form 990)	

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

## ROARING FORK CONSERVANCY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$62,198.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$93,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 60,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$37,679.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## ROARING FORK CONSERVANCY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 628,213.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$127,499.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZiP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## ROARING FORK CONSERVANCY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	G FORK CONSERVANCY  Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ection 501	84-1375379 (c)(7), (8), or (10) that total more than \$1,000 for the year.
f	from any one contributor. Complete columns (a)	through (e) and the following line en	trv. For ora	anizations
c	completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 or	less for the	year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additional s	pace is needed.		
No.	(h) Dumaga of sift	(a) Has of wift		(d) Description of how wift is held
No. m rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
-   -				
-				
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
	,			•
-				
-		<del></del>		
-				
.				
No.	(h) Dumage of sift	(a) Has of wift		(d) Description of how wift is hold
rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
-   -				
-				
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
  -  -	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
- - -	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
No.			Re	
No.	Transferee's name, address, ar	(c) Use of gift	Re	(d) Description of how gift is held
No.			Re	
No.			Re	
			Re	
			Re	
		(c) Use of gift		
No. m rt I				
No. m rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(c) Use of gift		
	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-t1 -  	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  dd ZIP + 4		(d) Description of how gift is held
	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  dd ZIP + 4		(d) Description of how gift is held
No. m ttl	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  dd ZIP + 4		(d) Description of how gift is held
-t1 -  	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  dd ZIP + 4		(d) Description of how gift is held
	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  dd ZIP + 4		(d) Description of how gift is held
	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  (d ZIP + 4  (c) Use of gift	ft Re	(d) Description of how gift is held
	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  dd ZIP + 4	ft Re	(d) Description of how gift is held
  	(b) Purpose of gift  Transferee's name, address, ar	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift	ft Re	(d) Description of how gift is held

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ROARING FORK CONSERVANCY

**Employer identification number** 84-1375379

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Б.			
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	X Preservation of land for public use (for example, recreati		f a historically important land area
	X Protection of natural habitat	Preservation o	f a certified historic structure
_	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		-
b			
	Number of conservation easements on a certified historic stru-	***************************************	2c
a	Number of conservation easements included on line 2c acquir		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year	oment is leasted 1	
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	cian and voluntees means devoted to mornioring, inspecting, i	ianaming of violations, and officioning cont	servation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Pai	t III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	t make sig	gnificant ι	ise of its		
	collection items (check all that apply).									
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	am				
b	Scholarly research	e	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	t IV Escrow and Custodial Arran		te if the	organization	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi		-						_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance								7	
	Did the organization include an amount on Fo						:y?	L	Yes	☐ No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds Complete if				· · · · ·			vooro hook	(a) Four	vooro book
		(a) Current year	(b) F	Prior year	(c) Two yea	IS DACK	(a) Tillee y	ears back	(e) Four y	reals back
	Beginning of year balance					+				
b	Contributions									
C	Net investment earnings, gains, and losses									
	Grants or scholarships					+				
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		. /: 1.	l (a)	\					
2	Provide the estimated percentage of the curr	•	· ·	j, column (a)	neid as:					
a	Board designated or quasi-endowment	%	_%							
b	Permanent endowment  Term endowment									
C	The percentages on lines 2a, 2b, and 2c short	, -								
22	Are there endowment funds not in the posse	•	ation tha	t are hold ar	nd administa	rod for the				
Ja	organization by:	ssion of the organiza	ation tha	i are rielu ar	iu auriii iistei	red for tile	7		Г	res No
	(i) Unrelated organizations?								3a(i)	110
	(m) D 1 1 1 1 1 0								3a(ii)	_
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir							3b	_
4	Describe in Part XIII the intended uses of the								OD	
	t VI Land, Buildings, and Equipm		WITHOUTE I	ariao.						
	Complete if the organization answered		), Part IV	/, line 11a. S	ee Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulate	ed l	(d) Book	value
	Becomption of property	basis (investr		` '	(other)		reciation		(u) Doon	valuo
1a	Land	,			0,360.				130	,360.
	Buildings				8,810.	4	46,59	97.	2,882	
	Leasehold improvements			,	•		, , , ,			
	Equipment			5	8,210.		53,53	30.	4	,680.
	Other				9,649.		85,20			,445.
_	. Add lines 1a through 1e. (Column (d) must e		X. line 1					-	3,031	

ROARING	FORK	CONSERVANCY	84-1375379	Page 3

Complete if the	s - Other Securities organization answered "Yes" o	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
	ategory (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives				
Closely held equity interest	ests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	000 Dort V line 10 and (D)\			
art VIII Investments	990, Part X, line 12, col. (B))  - Program Related.			
	_	on Form 990 Part IV line	11c. See Form 990, Part X, line 13.	
	of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)		(a) Doon raide	(c) meaned or raination occurs.	a or your marries raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form art IX Other Asset	S	Same COO Deat IV Pro-	11 d O o o Form 200 Park V For 45	
Complete ii the		Description	11d. See Form 990, Part X, line 15.	(b) Book value
(4)	(α)	Sescription		(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
•				
<b>(9)</b> al. (Column (b) must equa	<u>l Form 990, Part X, line 15, col.</u> i <b>ties</b>	. <u>(B))</u>		
(9) al. (Column (b) must equa art X Other Liabili Complete if the	ties organization answered "Yes" o		11e or 11f. See Form 990, Part X, line 25	j.
(9) al. (Column (b) must equa art X Other Liabili Complete if the	ties			i. (b) Book value
(9) al. (Column (b) must equa art X Other Liabili Complete if the	ities organization answered "Yes" o ) Description of liability			
(9) al. (Column (b) must equa art X Other Liabili Complete if the (a) (1) Federal income taxes	ities organization answered "Yes" o ) Description of liability			
(9) al. (Column (b) must equal art X Other Liabilia Complete if the (a) (1) Federal income taxes (2)	ities organization answered "Yes" o ) Description of liability			
al. (Column (b) must equal art X Other Liabilia Complete if the (a)  (1) Federal income taxes (2)  (3)	ities organization answered "Yes" o ) Description of liability			
(9)  cal. (Column (b) must equal art X Other Liability  Complete if the (a)  (1) Federal income taxes (2)  (3)  (4)	ities organization answered "Yes" o ) Description of liability			
al. (Column (b) must equal art X Other Liabili Complete if the (a)  The derivative of the complete is the complete if the (a)  The derivative of the complete is the complete in the complete is the complete in the complete	ities organization answered "Yes" o ) Description of liability			
(9) al. (Column (b) must equal art X Other Liabilia Complete if the (a) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ities organization answered "Yes" o ) Description of liability			
(9) al. (Column (b) must equal art X Other Liabilis  Complete if the  (a) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ities organization answered "Yes" o ) Description of liability			
(9) tal. (Column (b) must equa art X Other Liabili Complete if the	ities organization answered "Yes" o ) Description of liability			

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

ROARING FORK CONSERVANCY

Employer identification number 84-1375379

Part I Fundraising Activiti	<b>PS.</b> Complete if the organization answe	ered "Ye	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a writte key employees listed in Form 990</li> <li>b If "Yes," list the 10 highest paid in the paid in the person solicitations</li> </ul>	raised funds through any of the followin  e X Solicitat  ons f X Solicitat  g X Special  n or oral agreement with any individual , Part VII) or entity in connection with prodividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total  3 List all states in which the organiz	ation is registered or licensed to solicit c	contribu	 utions	or has been notified	it is exempt from re	gistration
or licensing.						

ROARING FORK CONSERVANCY 84-1375379 Page 2 Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (h) Event #2

	1		RIVER RENDEVOUS	(b) Event #2	NONE	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	323,096.			323,096.
	2	Less: Contributions	247,512.			247,512.
	3	Gross income (line 1 minus line 2)	75,584.			75,584.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				77,921.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			77,921.
		Net income summary. Subtract line 10 from li				-2,337.
Ра	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		reported more than	
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re		0				
		Gross revenue				
	2	Cash prizes				
ses	_					
Direct Expenses	3	Noncash prizes				
irec	4	Rent/facility costs				
Ω	5	Other direct expenses				
_		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
		Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	_					

Sch	nedule G (Form 990) 2023 ROARING FORK CONSERVANCY 84	-1375379	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	. 13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		-
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o 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		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
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 \$		
Pa	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.		
_			
_			
_			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	ROARING FORK rmation (continued)	CONSERVANCY 84-137537	9 Page <b>4</b>
Part IV	Supplemental Info	rmation <sub>(continued)</sub>		

# **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ROARING FORK CONSERVANCY

**Employer identification number** 84-1375379

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

FORM 990 PAGE 10 990

	70 TAGE 10							220							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
45	RIVER CENTER BUILDING	07/01/18	SL	40.00	1	16	2,798,591.				2,798,591.	314,842.		69,965.	384,807.
46	RIVER CENTER BUILDING PLANNING COSTS	07/01/18	SL	40.00	1	16	433,789.				433,789.	48,802.		10,845.	59,647.
52	SHADE STRUCTURE	09/01/23	SL	15.00	1	16	96,430.				96,430.			2,143.	2,143.
	* 990 PAGE 10 TOTAL BUILDINGS						3,328,810.				3,328,810.	363,644.		82,953.	446,597.
	FURNITURE & FIXTURES														
16	CONFERENCE ROOM TABLE &	09/15/07	200DB	10.00	ну1	۱7	10,000.				10,000.	10,000.		0.	10,000.
18	GEOTECH ENVIRONMENTAL	04/30/09	200DB	5.00	HY1	L7	3,198.				3,198.	3,198.		0.	3,198.
20	FILE CABINET	01/20/10	SL	7.00	1	16	512.				512.	512.		0.	512.
22	FIRE PROOF FILING CABINET - LAND CONS. MATERIALS	01/21/11	SL	5.00	1	16	400.				400.	400.		0.	400.
23	EDUCATION EQUIPMENT	05/16/11	SL	7.00	1	16	872.				872.	872.		0.	872.
24	SNOW SHOVELS - OUTDOOR ED CLASSES	05/16/11	SL	7.00	1	16	498.				498.	498.		0.	498.
25	SONTEK WADING ROD WITH BUBBLE LEVEL	05/02/12	SL	5.00	1	16	1,287.				1,287.	1,287.		0.	1,287.
26	SONTEK PORTABLE WATER VELOCITY FLOW MEASUREMENT SY	05/02/12	SL	5.00	1	16	7,398.				7,398.	7,398.		0.	7,398.
27	VIDEO CAMERA	04/25/12	SL	5.00		16	556.				556.	556.		0.	556.
40	FISHING EQUIPMENT	07/15/16	SL	5.00	1	16	3,379.				3,379.	3,379.		0.	3,379.
42	FURNITURE AND EQUIPMENT	07/01/18		7.00	П	16	57,759.				57,759.	37,130.		8,251.	45,381.
48	VIRTUAL REALITY - TOPOBOX	02/05/20	SL	5.00	1	16	7,290.				7,290.	4,253.		1,458.	5,711.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						93,149.				93,149.	69,483.		9,709.	79,192.
	MACHINERY & EQUIPMENT														
32	2 LENOVO THINKPADS	09/30/13	SL	3.00	1	.6	2,223.				2,223.	2,223.		0.	2,223.
33	IPAD AIR - 16GB	02/12/14	SL	3.00	1	.6	641.				641.	641.		0.	641.
34	IPAD AIR - 16GB	02/12/14	SL	3.00	1	.6	641.				641.	641.		0.	641.
35	DELL SERVER	02/21/14	SL	3.00	1	.6	2,435.				2,435.	2,435.		0.	2,435.
36	DELL LATITUDE 3540 PC	06/30/14	SL	3.00	1	.6	1,334.				1,334.	1,334.		0.	1,334.
37	PROJECT COSTS - WEBSITE	12/31/14	SL	3.00	1	.6	5,025.				5,025.	5,025.		0.	5,025.
38	TABLET PC	12/18/14	SL	3.00	1	.6	938.				938.	938.		0.	938.
39	PROJECT COSTS - WEBSITE	07/01/15	SL	3.00	1	.6	5,025.				5,025.	5,025.		0.	5,025.
41	COMPUTER EQUIPMENT	05/29/18	SL	3.00	1	.6	11,477.				11,477.	11,477.		0.	11,477.
43	TELEPHONE SYSTEM	10/10/18	SL	5.00	1	.6	3,715.				3,715.	3,158.		557.	3,715.
44	WATER MONITORING SYSTEM	05/17/18	SL	5.00	1	.6	6,538.				6,538.	5,995.		543.	6,538.
49	HEAT TAPE SYSTEM	02/20/19	SL	7.00	1	.6	4,198.				4,198.	1,800.		600.	2,400.
50	LAPTOPS	04/30/19	SL	3.00	1	.6	5,574.				5,574.	4,335.		0.	4,335.
51	COMPUTER EQUIPMENT	07/22/21	SL	3.00	1	.6	8,446.				8,446.	3,988.		2,815.	6,803.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						58,210.				58,210.	49,015.		4,515.	53,530.
	MANAGEMENT AND GENERAL														

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
47	ARTWORK	07/01/18	NC	.000	НУ		6,500.				6,500.			0.	
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						6,500.				6,500.	0.		0.	0.
	LAND														
6	BLUE CREEK RANCH PROPERTY	05/01/03	L	5.00			130,360.				130,360.			0.	
	* 990 PAGE 10 TOTAL LAND						130,360.				130,360.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						3,617,029.				3,617,029.	482,142.		97,177.	579,319.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,617,029.				3,617,029.	482,142.		97,177.	579,319.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,520,599.			0.	3,520,599.	482,142.			577,176.
	ACQUISITIONS						96,430.			0.	96,430.	0.			2,143.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						3,617,029.			0.	3,617,029.	482,142.			579,319.
	ENDING ACCUM DEPR											579,319.			
	ENDING BOOK VALUE										:	3,037,710.			

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

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179** 

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

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

Business or activity to which this form relates Identifying number

990

<u>RO.</u>	<u>ARING FORK CONSERVAN</u>	ICY		FOR	M 990 E	PAGE 10			84-1375379
Pa	art   Election To Expense Certain Proper	ty Under Section 17	9 Note: If you	ı have any lis	sted property,	complete Part	V before	e you	u complete Part I.
1	Maximum amount (see instructions)						. 1	丌	1,160,000.
2	Total cost of section 179 property place							2	
	Threshold cost of section 179 property							3	2,890,000.
	Reduction in limitation. Subtract line 3 f							1	
	Dollar limitation for tax year. Subtract line 4 from line							<u>;                                    </u>	
6	(a) Description of pro	pperty		(b) Cost (busin	ess use only)	(c) Elected of	ost		
								_	
								_	
								$\perp$	
7	Listed property. Enter the amount from	line 29			7			_	
8	Total elected cost of section 179 prope	rty. Add amounts	in column (c),	lines 6 and	7		8	3	
	Tentative deduction. Enter the smaller							<u> </u>	
10	Carryover of disallowed deduction from	line 13 of your 20	22 Form 4562	2			10	<u>o  </u>	
	Business income limitation. Enter the sr							1	
12	Section 179 expense deduction. Add lin	nes 9 and 10, but	don't enter m	ore than line	11		12	2	
	Carryover of disallowed deduction to 20				13				
	e: Don't use Part II or Part III below for I								
	art II Special Depreciation Allowa							_	
14	Special depreciation allowance for qual	ified property (oth	er than listed	property) pla	aced in service	e during			
	the tax year							$\neg$	
	Property subject to section 168(f)(1) ele	ction						$\neg$	0.0.1.0.0
	Other depreciation (including ACRS)						10	6	97,177.
Pa	art III MACRS Depreciation (Don't	include listed pro							
				tion A				_	
	MACRS deductions for assets placed in	•	0 0				17	7	
18	If you are electing to group any assets placed in servi						<u> </u>		
	Section B - Assets	(b) Month and	(c) Basis for		Jsing the Gei	neral Depreciat	tion Sys	stem	1
	(a) Classification of property	year placed in service	(business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Metho	)d	(g) Depreciation deduction
19a	3-year property							$\bot$	
b	5-year property							$\bot$	
С	7-year property							$\bot$	
d	10-year property							4	
е	15-year property							+	
f	20-year property							+	
g	25-year property				25 yrs.		S/L	+	
h	Residential rental property	/			27.5 yrs.	MM	S/L	+	
		/			27.5 yrs.	MM	S/L	+	
i	Nonresidential real property	/			39 yrs.	MM	S/L	+	
		/ /	D	T \/ 11-		MM	S/L		
	Section C - Assets P	laced in Service	During 2023	iax Year Us	ing the Aiter	native Depreci		yste	<u>m</u>
20a					40		S/L	+	
<u>b</u>	•	,			12 yrs.	2424	S/L	+	
С	· ·	/			30 yrs.	MM	S/L	+	
Da		/			40 yrs.	MM	S/L		
	, ( , , , , , , , , , , , , , , , , , ,	00							
	Listed property. Enter amount from line						2	+	
	<b>Total.</b> Add amounts from line 12, lines	-							07 177
	Enter here and on the appropriate lines				ions - see inst	r	2	2	97,177.
	For assets shown above and placed in a portion of the basis attributable to secti	-	current year,	enter the	23				
	COLUMN OF THE DASIS SHITIDHISDIE TO SECTI	OU ZOOM COSIS			1 / 3				

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

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

	24b, colui1113 (	a) tillougii (c	) of Section A,	all UI O	ection D	, and c	ection o	ιι αργι	icabic.						
	Section A -	Depreciation	on and Other I	nforma	tion (Ca	ution:	See the	instruc	tions for li	mits for p	oasseng	er auton	nobiles.	)	
<u>24a</u>	a Do you have evidence to s	support the bu	siness/investmer	nt use cla	aimed?		Yes	No	24b If "\	es," is th	ne evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	<b>(d)</b> Cost or ther basis	l (r	(e) asis for deprousiness/inv use on	estment	(f) Recovery period	Met	( <b>g)</b> thod/ rention	Depre	( <b>h)</b> eciation uction	Elec sectio	
25	Special depreciation allo	owance for q	ualified listed p	roperty	placed	in servi	ice durinç	g the ta	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
<u>26</u>	Property used more tha	n 50% in a q	ualified busines	ss use:											
		: :	9/	ó											
		1 1	9	6											
			9	-											
<u>27</u>	Property used 50% or le	ess in a qualit	fied business u	se:					1			ı			
_		1 1	9							S/L -					
_		1 1	9	_						S/L -					
_		<u> </u>	9	- 1						S/L -	1				
	Add amounts in column														
<u>29</u>	Add amounts in column	(i), line 26. E											29		
							n on Use								
	mplete this section for ve our employees, first ans														
				(	a)		(b)	1	(c)	1 (	d)		e)	(f	)
30	Total business/investment		-	-	icle 1		hicle 2	V	ehicle 3	1	cle 4	1	icle 5	Vehic	
	year (don't include commu							+		+					
	Total commuting miles							+		-					
	Total other personal (no driven														
33	Total miles driven during														
	Add lines 30 through 32				T		T	+	T	<b> </b>	l		T	1	
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
25								+		_					
33	Was the vehicle used potential than 5% owner or relate														
26	Is another vehicle availa								+	+					
30	use?	•													
	430:		- Questions fo	or Empl	overs W	/ho Pro	ovide Ve	hicles :	for Use b	v Their F	mnlove	es			
Ans	swer these questions to o			-	-						-		ren't		
	re than 5% owners or rela	-		ooption	10 00111	piotiiig	Cochon	B 101 V	31110100 40	ou by on	picycoo	W110 Q			
37	Do you maintain a writte				•				-	-				Yes	No
38	employees?														
00	employees? See the ins		•	-				-							
39	Do you treat all use of v				•										
	Do you provide more that														
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														<u> </u>
Pa	art VI Amortization		•	•											
	(a) Description of	f costs		(b) amortization begins		(c) Amortiz amou	able		(d) Code section		(e) Amortiza period or per	ntion	Aı fo	(f) mortization or this year	
42	Amortization of costs th	at begins du			ır:	30					Parion or her	ovniugt		, ,	
		3	3,-2. 2020	: :	<u> </u>										
				: :											
— 43	Amortization of costs th	at began bet	fore your 2023		r							43			
	Total. Add amounts in o											44			

## - CURRENT YEAR FEDERAL - ROARING FORK CONSERVANCY

Asset No.	Description	Da <sup>i</sup> Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS												
	RIVER CENTER												
	BUILDING RIVER CENTER	0701	118	SL	40.00	16	2798591.			2798591.	314,842.		69,965.
	BUILDING PLANNING C	0701	118	SL	40.00	16	433,789.			433,789.	48,802.		10,845.
52		0901	123	SL	15.00	16	96,430.			96,430.			2,143.
	* 990 PAGE 10 TOTAL BUILDINGS						3328810.		0.	3328810.	363,644.		82,953.
	FURNITURE & FIXTURES												
	CONFERENCE ROOM	0011	507	200DB	10 00	1 7	10,000.			10,000.	10,000.		0.
	GEOTECH	091	50 /	20000	10.00	<u>'</u>	10,000.			10,000.	10,000.		0.
18	ENVIRONMENTAL	0430	09	200DB	5.00	17	3,198.			3,198.	3,198.		0.
		0120	10	SL	7.00	16	512.			512.	512.		0.
	FIRE PROOF FILING CABINET - LAND CONS	0121	111	SL	5.00	16	400.			400.	400.		0.
23	EDUCATION EQUIPMENT	0516	5 11	SL	7.00	16	872.			872.	872.		0.
	SNOW SHOVELS - OUTDOOR ED CLASSES	0516	 511	SL	7.00	16	498.			498.	498.		0.
	SONTEK WADING ROD	0502			5.00	16	1,287.			1,287.	1,287.		0.
	SONTEK PORTABLE												
26	WATER VELOCITY FLOW	0502	212	SL	5.00	16	7,398.			7,398.	7,398.		0.
27	VIDEO CAMERA	0425	5 1 2	SL	5.00	16	556.			556.	556.		0.
40		071	516	SL	5.00	16	3,379.			3,379.	3,379.		0.
		0701	118	SL	7.00	16	57,759.			57,759.	37,130.		8,251.
	VIRTUAL REALITY - TOPOBOX	020!	520	SL	5.00	16	7,290.			7,290.	4,253.		1,458.

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## - CURRENT YEAR FEDERAL - ROARING FORK CONSERVANCY

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE MACHINERY & EQUIPMENT						93,149.		0.	93,149.	69,483.		9,709.
32	2 LENOVO THINKPADS	0930	13	SL	3.00	16	2,223.			2,223.	2,223.		0.
33	IPAD AIR - 16GB	0212	14	SL	3.00	16	641.			641.	641.		0.
34	IPAD AIR - 16GB	0212	14	SL	3.00	16	641.			641.	641.		0.
		0221	14	SL	3.00	16	2,435.			2,435.	2,435.		0.
36		0630	14	SL	3.00	16	1,334.			1,334.	1,334.		0.
	PROJECT COSTS - WEBSITE	1231	14	SL	3.00	16	5,025.			5,025.	5,025.		0.
		1218	14	SL	3.00	16	938.			938.	938.		0.
	PROJECT COSTS - WEBSITE	0701	.15	SL	3.00	16	5,025.			5,025.	5,025.		0.
41	COMPUTER EQUIPMENT	0529	18	SL	3.00	16	11,477.			11,477.	11,477.		0.
		1010	18	SL	5.00	16	3,715.			3,715.	3,158.		557.
	WATER MONITORING SYSTEM	0517	18	SL	5.00	16	6,538.			6,538.	5,995.		543.
49	HEAT TAPE SYSTEM	0220	19	SL	7.00	16	4,198.			4,198.	1,800.		600.
50	LAPTOPS	0430	19	SL	3.00	16	5,574.			5,574.	4,335.		0.
51		0722	21	SL	3.00	16	8,446.			8,446.	3,988.		2,815.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME MANAGEMENT AND GENERAL						58,210.		0.	58,210.	49,015.		4,515.

## - CURRENT YEAR FEDERAL - ROARING FORK CONSERVANCY

Asset No.	Description		Date quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
47	ARTWORK	070	011	BNC	.000		6,500.			6,500.			0.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENE						6,500.		0.	6,500.	0.		0.
	LAND												
		050	010	3 L	5.00		130,360.			130,360.			0.
	* 990 PAGE 10 TOTAL LAND						130,360.		0.	130,360.	0.		0.
	* 990 PAGE 10 TOTAL -						3617029.		0.	3617029.	482,142.		97,177.
	* GRAND TOTAL 990 PAGE 10 DEPR						3617029.		0.	3617029.	482,142.		97,177.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						3520599.		0.	3520599.	482,142.		
	ACQUISITIONS						96,430.		0.	96,430.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						3617029.		0.	3617029.	482,142.		
							_						

## - NEXT YEAR FEDERAL - ROARING FORK CONSERVANCY

Asset No.	Description	Date Acquii		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS									
	RIVER CENTER BUILDING	0701			40.00	2798591.		2798591.	384,807.	69,965.
46	RIVER CENTER BUILDING PLANNING COSTS	0701	18	SL		433,789.		433,789.	59,647.	10,845.
52	SHADE STRUCTURE	0901	23	SL	15.00	96,430.		96,430.	2,143.	6,429.
	* 990 PAGE 10 TOTAL BUILDINGS					3328810.		3328810.	446,597.	87,239.
	FURNITURE & FIXTURES									
16	CONFERENCE ROOM TABLE & CHAIRS	0915	07	200DB	10.00	10,000.		10,000.	10,000.	0.
18	GEOTECH ENVIRONMENTAL	0430	09	200DB	5.00	3,198.		3,198.	3,198.	0.
20	FILE CABINET	0120	10	SL	7.00	512.		512.	512.	0.
	FIRE PROOF FILING CABINET - LAND									
22	CONS. MATERIALS	0121	11	SL	5.00	400.		400.	400.	0.
23	EDUCATION EQUIPMENT	0516	11	SL	7.00	872.		872.	872.	0.
24	SNOW SHOVELS - OUTDOOR ED CLASSES	0516	11	SL	7.00	498.		498.	498.	0.
25	SONTEK WADING ROD WITH BUBBLE LEVEL	0502	12	SL	5.00	1,287.		1,287.	1,287.	0.
	SONTEK PORTABLE WATER VELOCITY FLOW									
26	MEASUREMENT SYSTEM	0502			5.00	7,398.		7,398.	7,398.	0.
27		0425			5.00	556.		556.	556.	0.
40	FISHING EQUIPMENT	0715	16	SL	5.00	3,379.		3,379.	3,379.	0.
42	FURNITURE AND EQUIPMENT	0701	18	SL	7.00	57,759.		57,759.	45,381.	8,251.
48	VIRTUAL REALITY - TOPOBOX	0205	20	SL	5.00	7,290.		7,290.	5,711.	1,458.
	* 990 PAGE 10 TOTAL FURNITURE &									
	FIXTURES					93,149.		93,149.	79,192.	9,709.
	MACHINERY & EQUIPMENT									
32	2 LENOVO THINKPADS	0930			3.00	2,223.		2,223.		0.
33	IPAD AIR - 16GB	0212			3.00	641.		641.	641.	0.
34	IPAD AIR - 16GB	0212			3.00	641.		641.	641.	0.
35	DELL SERVER	0221	14	SL	3.00	2,435.		2,435.	2,435.	0.
36	DELL LATITUDE 3540 PC	0630	14	SL	3.00	1,334.		1,334.	1,334.	0.
37	PROJECT COSTS - WEBSITE	1231			3.00	5,025.		5,025.	5,025.	0.
38	TABLET PC	1218			3.00	938.		938.	938.	0.
39	PROJECT COSTS - WEBSITE	0701			3.00	5,025.		5,025.	5,025.	0.
41	COMPUTER EQUIPMENT	0529			3.00	11,477.		11,477.	11,477.	0.
43	TELEPHONE SYSTEM	1010			5.00	3,715.		3,715.	3,715.	0.
44	WATER MONITORING SYSTEM	0517	18	SL	5.00	6,538.		6,538.	6,538.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

## - NEXT YEAR FEDERAL -

## ROARING FORK CONSERVANCY

Asset No.	Description		ate Juired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
49	HEAT TAPE SYSTEM	022	019	SL	7.00	4,198.		4,198.	2,400.	600.
50	LAPTOPS		3019		3.00	5,574.		5,574.	4,335.	0.
51	COMPUTER EQUIPMENT	072	2221	SL	3.00	8,446.		8,446.	6,803.	1,643.
	* 990 PAGE 10 TOTAL MACHINERY &									
	EQUIPMENT					58,210.		58,210.	53,530.	2,243.
	MANAGEMENT AND GENERAL									
47	ARTWORK	0.7	1   18	NC	.000	6,500.		6,500.		0.
	* 990 PAGE 10 TOTAL MANAGEMENT AND									
	GENERAL					6,500.		6,500.	0.	0.
	LAND									
6	BLUE CREEK RANCH PROPERTY	0.5	103	L	5.00	130,360.		130,360.		0.
	* 990 PAGE 10 TOTAL LAND					130,360.		130,360.		0.
	* 990 PAGE 10 TOTAL -					3617029.		3617029.		99,191.
	* GRAND TOTAL 990 PAGE 10 DEPR					3617029.		3617029.	579,319.	99,191.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone