Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2020 calen	dar year, or tax	< year begi	nning		, 2020	, and endir	ıg		,	20	
В	Check	if applicable:	С							D Employ	er identi	fication number	
	A	ddress change	RIO GRAND	E HEADI	WATERS L	AND TRU	ST			84-	1495	770	
		ame change	P.O. BOX							E Telepho			
		itial return	DEL NORTE	co 8	1132					(71	۵۱ 6۱	57-0880	
										(11	9) 0.	37 0000	
	-	nal return/terminated										4 0 450	500
	-	mended return	_						lare s. t. m.:	G Gross r			
	A	pplication pending	F Name and add	lress of princip	oal officer:				` '	a group retur			X
			SAME AS C						If "No.	subordinates attach a list	s included See inst	tructions Yes	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1) or	527	,				
J	We	bsite: ► N/	A						H(c) Group	exemption n	umber ►	-	
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►	L	Year of format	tion: 199	9 M s	State of le	egal domicile: CO)
Pa	art I	Summar					I						
	1		be the organiza	ation's mis	sion or most	significant	activities:TO	CONSER	VE OUR	T.AND	WATI	ER AND W	ΔY
	-		IN COLORA										
ည		<u> </u>	TH COHOLD	<u>DO D DI</u>	<u> </u>	<u> </u>							
nai													
ě	2	Check this bo	y ▶ ☐ if the	organizati	on discontin	ued its oner	ations or disp	nosed of m	ore than 2	25% of its	net acc		
Governance	3		oting members	•							3	3013.	8
৹ধ	4		dependent voti								4		8
ies	5		of individuals								5		5
Activities &	6		of volunteers								6		6
₽ct	7a		ed business rev								7a		0.
			l business taxa								7b		0.
						· · · · · · · · · · · · · · · · · · ·	,			rior Year	-	Current Y	
	8	8 Contributions and grants (Part VIII, line 1h)									185.	2,985	
Revenue	9		vice revenue (F							113,1			,925.
/en	10		ncome (Part VI							61,5			, 993.
æ	11		e (Part VIII, co			-					152.		, 676.
	12		e – add lines 8							2,485,6		3,274	
	13		imilar amounts							2,400,0	743.	3,214	, 007.
							•				-		
	14											1.70	
ģ	15		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10) essional fundraising fees (Part IX, column (A), line 11e)							227,1	178.	179	<u>,946.</u>
Expenses	16 a	Professional	fundraising fee	s (Part IX,	column (A),	line 11e)							
be	b	Total fundrais	sing expenses	(Part IX, co	olumn (D), li	ne 25) 🕨	4	49,861.					
ŭ	17	Other expens	ses (Part IX, co	lumn (A).	lines 11a-11	d. 11f-24e)		•		L,983,7	705	2,991	199
	18		es. Add lines 1							2,210,8		3,171	
	19		expenses. Su							274,7		· · · · · · · · · · · · · · · · · · ·	,662.
- S		revenue less	схрензез. оа	biract iiric	10 110111 11110	12						End of Ye	•
ES o	20	Total accets	(Part X, line 16	3)						ng of Currer			
Net Assets Fund Balanc	21		s (Part X, line it	•						L,452,3	_	1,627	
A Pu	21										0.		,144.
			fund balances	. Subtract	line 21 from	line 20			. 1	L,452,3	341.	1,556	<u>,003.</u>
Pa	art II	Signatur	e Block										
Und	er penal	Ities of perjury, I de	eclare that I have ex erer (other than office	amined this re	turn, including a	ccompanying sc	hedules and state	ments, and to	the best of n	ny knowledge	and belie	ef, it is true, correct	, and
com	plete. D	eclaration of prepa	irer (other than offic	er) is based oi	n all information	of which prepar	er has any knowle	edge.					
Sig	an	Signatu	re of officer						Da	ate			
He	re	LYL	E HOOD						TREA	SURER			
			print name and title	9						0011211			
		Print/Type p	preparer's name		Preparer's si	gnature		Date		Check	if I	PTIN	
D-	اہ:		SIMMONS			SIMMONS	2	1		self-employ	⊢	P01252736	
Pa				CMTmii			,	1		3cm-cmpioy	ou .	101232130	
Tr.	epare e On			SMITH,	BATEMA	N INC.				<u> </u>		0.604000	
US	e Of	Firm's addre								Firm's EIN ► 84-0684388			
			ALAMO		81101					Phone no.	(719		
Ма	y the	IRS discuss th	is return with t	he prepare	er shown abo	ve? See ins	structions					. X Yes	No

Par	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO CONSERVE OUR LAND, WATER, AND WAY OF LIFE IN COLORADO'S SAN LUIS VALLE	'V
	10 CONSERVE OUR LAND, WATER, AND WAT OF LIFE IN COLORADO 3 SAN LOIS VALLE	, <u>T</u> •
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	sured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to and revenue, if any, for each program service reported.	ne total expenses,
4 a	(Code:) (Expenses \$ 2,949,366. including grants of \$) (Revenue \$	68,925.)
	LAND AND WATER PROTECTION: WORKED TO PROTECT PRIVATE LAND THROUGHOUT COLO	
	GRANDE BASIN, THE SAN LUIS VALLEY, WITH A SPECIAL FOCUS ON THE CORRIDORS	
	GRANDE RIVER AND ITS TRIBUTARIES, THROUGH THE RIO GRANDE INITIATIVE. EXPA	
	TO INCLUDE UNDERSERVED REGIONS IN THE SAN LUIS VALLEY. CONSERVED FOUR PRO	
	CONSERVATION EASEMENTS IN 2020 TOTALING 1,202 ACRES AND WORKED ON DUE DII	LIGENCE AND
	GRANT WRITING FOR SEVERAL OTHER CONSERVATION EASEMENTS.	
4 b	(Code:) (Expenses \$ 20,228. including grants of \$) (Revenue \$	MC TO TOCAT
	COMMUNITY CONSERVATION: LAUNCHED A LOCAL FOOD SECURITY PROGRAM, LOCAL FAF FAMILIES, IN RESPONSE TO COMMUNITY NEEDS BROUGHT ON BY THE COVID-19 PANDE	
	LOCAL FARMS TO LOCAL FAMILIES PROGRAM BROUGHT TOGETHER SEVERAL COMMUNITY	
	FROM THE BUSINESS, NON-PROFIT, AND PRIVATE SECTORS TO SUPPORT LOCAL FARME	
	RANCHERS, LOCAL FAMILIES IN NEED, AND LOCAL ECONOMIES BY PROVIDING 1,000	
	FAMILIES WITH LOCALLY GROWN AND PRODUCED FOOD AND PREPARED MEALS.	<u> </u>
	(O	45.000.
4 c	: (Code:) (Expenses \$14,623. including grants of \$) (Revenue \$	45,000.
	STEWARDSHIP: MONITORED EACH OF RIGHT'S 45 CONSERVATION EASEMENTS COVERING ACRES OF OPEN SPACE FOR AGRICULTURE, WILDLIFE HABITAT, AND RECREATION. PA	
	IN A STATEWIDE REMOTE CONSERVATION EASEMENT MONITORING CASE STUDY TO ASSE	
	EFFECTIVENESS OF REMOTE MONITORING FOR OUR PROGRAM. IN THE PROCESS, MONITORING FOR OUR PROGRAM.	
	50% OF RIGHT'S CONSERVATION EASEMENTS REMOTELY IN 2020.	2-22 _ 2-21
4 d	1 Other program services (Describe on Schedule O.)	`
// ^	(Expenses \$ including grants of \$) (Revenue \$ ≥ Total program service expenses ► 2.984.217.)
→ で	. LOTAL DIVULANT SCIVICE EAUCINES - / 304 / 1 /	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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	Х	
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.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
t	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.	11 b		Х
C	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	11 c		Х
c	I 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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
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		Х
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		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		Х

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST 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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	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 Schedule L, Part I.	25b		Х
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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.0	X	
RA/	(gambling) winnings to prize winners?	1 c	A gan	(2020)

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	of Yes,' enter the name of the foreign country			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		71
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
	Form 8282?	7 c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a 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 10 b Section 501(c)(12) organizations. Enter:			
	a 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		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a 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.			
ı	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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
ı	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.	10		71

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST 84-1495770 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

(719)

567-0800

ALLEN LAW P.O. BOX 444 DEL NORTE CO 81132

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

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

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

	Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
					(C))					
	(A) Name and title	(B) Average hours per	Pos thar is	both	n an c	officer /truste	eck moss pers and a ee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLEN LAW	40									
	EXECUTIVE DIR.	0			Χ				63,500.	0.	0.
(2) CATHY MORIN	2									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
_(.	B) DOUG CLARK	0.5	.,		.,						
	VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
_(4	4) LINDA SCHOONHOVEN	0.5	.,		.,						
-	SECRETARY	0	Χ		Χ				0.	0.	0.
_(:	5) LYLE HOOD	0.5			3.7						
-	TREASURER	0	Χ		Χ				0.	0.	0.
_(S) KYLER BROWN	$-\frac{1}{0}$	37						0		0
	DIRECTOR	0.5	Χ						0.	0.	0.
_(7) PETE CLARK		37						0		0
-	DIRECTOR	0	Х						0.	0.	0.
_ (B) GUY KEENE DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0
-	9) STEVE RUSSELL	0.5	Λ						0.	0.	0.
_'	DIRECTOR	0.5	Х						0.	0.	0.
(10		0	Λ						0.	0.	0.
<u>,,,</u>											
(1)										
(12	2)										
(1:	3)										
(14	4)										
			1							1	

Part VII Section A. Officers, Directors, 17	(B)	ney		1 <u>1</u> 1(0	_	es,	anc	a nignest Com	ipensated Empi	oyees	(cont	inuea)
	(6)			•	•			(D)	(F)		(E)	
(A) Name and title	Average hours	box	, unle	ess pe	erson	than	n an	(D) Reportable	(E) Reportable	Cation	(F)	
Name and the	per week (list any					or/trus		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	(ated am of other nsation	
	hours	Individual or director	ng th	Officer	Key employee	lighe: mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the o	rganiza d relate	ition
	related organiza	ector	tiona	74	mplo	st cor yee	er			org	anizatio	ns
	- tions below dotted	ndividual trustee or director	nstitutional trustee		yee	mper						
	line)	96	itee			Highest compensated employee						
(15)												
<u>(15)</u>												
(16)												
(17)	 											
(18)												
	1											
(19)												
(20)												
(21)												
	1	•										
(22)												
(23)												
(23)	1											
(24)												
(25)												
1 b Subtotal							•	63,500.	0.			0.
c Total from continuation sheets to Part VII, Sect							>	0.	0.			0.
d Total (add lines 1b and 1c)							>	63,500.	0.			0.
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	า	
from the organization • 0											Yes	No
3 Did the organization list any former officer, direct	tor truste	م لام	2V A1	mnl	OVE	or	hiat	nest compensated	employee		103	110
on line 1a? If 'Yes,' complete Schedule J for such	ch individu	ial								. 3		Х
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
the organization and related organizations great such individual										. 4		Х
5 Did any person listed on line 1a receive or accru	ie comper	satio	ņ fr	om	any	unre	late	ed organization or	individual	5		77
for services rendered to the organization? If 'Ye Section B. Independent Contractors	s, comple	te S	спеа	iuie	J TO	r suc	n p	erson		. 3		X
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen	dent	t cor	ntra	ctors	tha	t received more th	nan \$100,000 of			
		tne c	aien	gar <u>.</u>	year	enali	ng v	vith or within the or (B)			C)	
(A) Name and business add	ress							Description of	of services	Compe	nsatio	on
2 Total number of independent contractors (including	but not lim	ited to	o the	se l	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	▶ 0											

		Check if Schedule O contains a response or note to any	Ine in this Part VI	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	2,985,213.			
ne		Business Code				
≫લ	2 a	FEES FOR SERVICES 900099	68,925.	68,925.		
ъ	b	STEWARDSHIP/LEGAL DEFENSE 900099	45,000.	45,000.		
٧ic	C					
Sel	d					
Program Service Revenue	e	An				
.od		All other program service revenue Total Add lines 2a.2f				
ā	g	Total: Add lines 2d 21	113,925.			
	3	Investment income (including dividends, interest, and other similar amounts)	33,699.			33,699.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a 322,276.				
	b	other than inventory Less: cost or other basis				
		and sales expenses 7b 198,982.				
		Gain or (loss) 7c 123,294.				
	d	Net gain or (loss)	123,294.	123,294.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
er	b	Less: direct expenses 8b				
됐		Net income or (loss) from fundraising events	6,397.			
)		Gross income from gaming activities. See Part IV, line 19	0,331.			
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory ▶				
St		Business Code				
eg a	11 a	MISCELLANEOUS	12,279.			12,279.
	b					
scellaneo Revenue	С					
Miscellaneous Revenue	-	All other revenue				
		Total. Add lines 11a-11d	12,279.			
	12	Total revenue. See instructions	3.274.807.	237 - 219	0 .	45.978.

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 ii Schedule O contains a r		(B)	(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	(2, 500	24 200	21 500	7 (20
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	63,500.	34,290.	21,590.	7,620.
7	Other salaries and wages	78,149.	9,840.	52,683.	15,626.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 0, 2 23	3,323.	32,333	20,020
9	Other employee benefits				
10	Payroll taxes	38,297.	12,255.	19,914.	6,128.
11	Fees for services (nonemployees):				
a	Management				
k	Legal				
c	: Accounting				
C	I Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	25,890.	6,150.	9,740.	10,000.
13	Office expenses	27,403.	190.	20,634.	6,579.
14	Information technology	2.,71001	2501	20,0011	373.31
15	Royalties				
16	Occupancy	13,336.	4,267.	6,935.	2,134.
17	Travel	4,056.	2,047.	1,719.	290.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,677.	2,397.	3,280.	
24	Other expenses. Itemize expenses not covered 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.)				
a	CONSERVATION EASEMENT OVERSIGH	2,733,453.	2,733,453.		
	PASS-THROUGH EXPENSE	159,200.	159,200.		
	SUPPLIES	20,880.	20,092.		788.
C	- I	1,304.	36.	572.	696.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,171,145.	2,984,217.	137,067.	49,861.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2020 calen	dar year, or tax	< year begi	nning		, 2020	, and endir	ıg		,	20	
В	Check	if applicable:	С							D Employ	er identi	fication number	
	A	ddress change	RIO GRAND	E HEADI	WATERS L	AND TRU	ST			84-	1495	770	
		ame change	P.O. BOX							E Telepho			
		itial return	DEL NORTE	co 8	1132					(71	۵۱ 6۱	57-0880	
										(11	9) 0.	37 0000	
	-	nal return/terminated											500
	-	mended return	_						lare s. t. m.:	G Gross r			
	A	pplication pending	F Name and add	lress of princip	oal officer:				` '	a group retur			X
			SAME AS C						If "No.	subordinates attach a list	s included See inst	tructions Yes	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1) or	527	,				
J	We	bsite: ► N/	A						H(c) Group	exemption n	umber ►	-	
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►	L	Year of format	tion: 199	9 M s	State of le	egal domicile: CO)
Pa	art I	Summar					I						
	1		be the organiza	ation's mis	sion or most	significant	activities:TO	CONSER	VE OUR	T.AND	WATI	ER AND W	ΔY
	-		IN COLORA										
ည		<u> </u>	TH COHOLD	<u>DO D DI</u>	<u> </u>	<u> </u>							
nai													
ě	2	Check this bo	y ▶ ☐ if the	organizati	on discontin	ued its oner	ations or disp	nosed of m	ore than 2	25% of its	net acc		
Governance	3		oting members	•							3	3013.	8
৹ধ	4		dependent voti								4		8
ies	5		of individuals								5		5
Activities &	6		of volunteers								6		6
₽ct	7a		ed business rev								7a		0.
			l business taxa								7b		0.
						· · · · · · · · · · · · · · · · · · ·	,			rior Year	-	Current Y	
	8	8 Contributions and grants (Part VIII, line 1h)									185.	2,985	
Revenue	9		vice revenue (F							113,1			,925.
/en	10		ncome (Part VI							61,5			, 993.
æ	11		e (Part VIII, co			-					152.		, 676.
	12		e – add lines 8							2,485,6		3,274	
	13		imilar amounts							2,400,0	743.	3,214	, 007.
							•				-		
	14											1.70	
ģ	15		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10) essional fundraising fees (Part IX, column (A), line 11e)							227,1	178.	179	<u>,946.</u>
Expenses	16 a	Professional	fundraising fee	s (Part IX,	column (A),	line 11e)							
be	b	Total fundrais	sing expenses	(Part IX, co	olumn (D), li	ne 25) 🕨	4	49,861.					
ŭ	17	Other expens	ses (Part IX, co	lumn (A).	lines 11a-11	d. 11f-24e)		•		L,983,7	705	2,991	199
	18		es. Add lines 1							2,210,8		3,171	
	19		expenses. Su							274,7		· · · · · · · · · · · · · · · · · · ·	,662.
- S		revenue less	схрензез. оа	biract iiric	10 110111 11110	12						End of Ye	•
ES o	20	Total accets	(Part X, line 16	3)						ng of Currer			
Net Assets Fund Balanc	21		s (Part X, line it	•						L,452,3	_	1,627	
A Pu	21										0.		,144.
			fund balances	. Subtract	line 21 from	line 20			. 1	L,452,3	341.	1,556	<u>,003.</u>
Pa	art II	Signatur	e Block										
Und	er penal	Ities of perjury, I de	eclare that I have ex erer (other than office	amined this re	turn, including a	ccompanying sc	hedules and state	ments, and to	the best of n	ny knowledge	and belie	ef, it is true, correct	, and
com	plete. D	eclaration of prepa	irer (other than offic	er) is based oi	n all information	of which prepar	er has any knowle	edge.					
		•											
Sig	an	Signatu	re of officer						Da	ate			
He	re	LYL	E HOOD						TREA	SURER			
			print name and title	9						0011211			
		Print/Type p	preparer's name		Preparer's si	gnature		Date		Check	if I	PTIN	
D-	اہ:		SIMMONS			SIMMONS	2	1		self-employ	⊢	P01252736	
Pa				CMTmii			,	1		3cm-cmpioy	ou .	101232130	
Tr.	epare e On			SMITH,	BATEMA	N INC.				<u> </u>		0.604000	
US	e Of	Firm's addre								Firm's EIN ► 84-0684388			
			ALAMO		81101					Phone no.	(719		
Ма	y the	IRS discuss th	is return with t	he prepare	er shown abo	ve? See ins	structions					. X Yes	No

Par	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO CONSERVE OUR LAND, WATER, AND WAY OF LIFE IN COLORADO'S SAN LUIS VALLE	'V
	10 CONSERVE OUR LAND, WATER, AND WAT OF LIFE IN COLORADO 3 SAN LOIS VALLE	, <u>T</u> •
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	sured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to and revenue, if any, for each program service reported.	ne total expenses,
4 a	(Code:) (Expenses \$ 2,949,366. including grants of \$) (Revenue \$	68,925.)
	LAND AND WATER PROTECTION: WORKED TO PROTECT PRIVATE LAND THROUGHOUT COLO	
	GRANDE BASIN, THE SAN LUIS VALLEY, WITH A SPECIAL FOCUS ON THE CORRIDORS	
	GRANDE RIVER AND ITS TRIBUTARIES, THROUGH THE RIO GRANDE INITIATIVE. EXPA	
	TO INCLUDE UNDERSERVED REGIONS IN THE SAN LUIS VALLEY. CONSERVED FOUR PRO	
	CONSERVATION EASEMENTS IN 2020 TOTALING 1,202 ACRES AND WORKED ON DUE DII	LIGENCE AND
	GRANT WRITING FOR SEVERAL OTHER CONSERVATION EASEMENTS.	
4 b	(Code:) (Expenses \$ 20,228. including grants of \$) (Revenue \$	MC TO TOCAT
	COMMUNITY CONSERVATION: LAUNCHED A LOCAL FOOD SECURITY PROGRAM, LOCAL FAF FAMILIES, IN RESPONSE TO COMMUNITY NEEDS BROUGHT ON BY THE COVID-19 PANDE	
	LOCAL FARMS TO LOCAL FAMILIES PROGRAM BROUGHT TOGETHER SEVERAL COMMUNITY	
	FROM THE BUSINESS, NON-PROFIT, AND PRIVATE SECTORS TO SUPPORT LOCAL FARME	
	RANCHERS, LOCAL FAMILIES IN NEED, AND LOCAL ECONOMIES BY PROVIDING 1,000	
	FAMILIES WITH LOCALLY GROWN AND PRODUCED FOOD AND PREPARED MEALS.	<u> </u>
	(O	45.000.
4 c	: (Code:) (Expenses \$14,623. including grants of \$) (Revenue \$	45,000.
	STEWARDSHIP: MONITORED EACH OF RIGHT'S 45 CONSERVATION EASEMENTS COVERING ACRES OF OPEN SPACE FOR AGRICULTURE, WILDLIFE HABITAT, AND RECREATION. PA	
	IN A STATEWIDE REMOTE CONSERVATION EASEMENT MONITORING CASE STUDY TO ASSE	
	EFFECTIVENESS OF REMOTE MONITORING FOR OUR PROGRAM. IN THE PROCESS, MONITORING FOR OUR PROGRAM.	
	50% OF RIGHT'S CONSERVATION EASEMENTS REMOTELY IN 2020.	2-22 _ 2-21
4 d	1 Other program services (Describe on Schedule O.)	`
// ^	(Expenses \$ including grants of \$) (Revenue \$ ≥ Total program service expenses ► 2.984.217.)
→ で	. LOTAL DIVULANT SCIVICE EAUCINES - / 304 / 1 /	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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	Х	
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.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
t	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.	11 b		Х
C	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	11 c		Х
c	I 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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
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		Х
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		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		Х

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST 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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	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 Schedule L, Part I.	25b		Х
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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.0	X	
RA/	(gambling) winnings to prize winners?	1 c	A gan	(2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2020 calen	dar year, or tax	< year begi	nning		, 2020	, and endir	ıg		,	20				
В	Check	if applicable:	С							D Employ	er identi	fication number				
	A	ddress change	RIO GRAND	E HEADI	WATERS L	AND TRU	ST			84-	1495	770				
		ame change	P.O. BOX							E Telepho						
		itial return	DEL NORTE	co 8	1132					(71	۵۱ 6۱	57-0880				
										(11	9) 0.	37 0000				
	-	nal return/terminated														
	-	mended return	_						lare s. t. m.:	G Gross r						
	A	pplication pending	F Name and add	` '	a group retur			X								
			SAME AS C						If "No.	subordinates attach a list	s included See inst	tructions Yes	No			
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1) or	527	,							
J	We	bsite: ► N/	A						H(c) Group	exemption n	umber ►	-				
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►	L	Year of format	tion: 199	9 M s	State of le	egal domicile: CO)			
Pa	art I	Summar					I									
	1			ation's mis	sion or most	significant	activities:TO	CONSER	VE OUR	T.AND	WATI	ER AND W	ΔY			
OF THE IN COLORADO'S CAN THIS WALLEY																
ည		OF LIFE IN COLORADO 3 SAN LOIS VALLEI.														
nai																
ě	2	Check this bo	y ▶ ☐ if the	organizati	on discontin	ued its oner	ations or disp	nosed of m	ore than 2	25% of its	net acc					
Governance	3		oting members	•							3	3013.	8			
৹ধ	4		dependent voti								4		8			
ies	5		of individuals								5		5			
Activities &	6		of volunteers								6		6			
₽ct	7a		ed business rev								7a		0.			
			l business taxa								7b		0.			
						· · · · · · · · · · · · · · · · · · ·	,			rior Year	-	Current Y				
	8	Contributions	and grants (P	art VIII. lin	e 1h)					2,310,4	185	2,985				
Revenue	_	8 Contributions and grants (Part VIII, line 1h)									194.		,925.			
/en	10		ncome (Part VI							61,5			, 993.			
æ	11		e (Part VIII, co			-					152.		, 676.			
	12		e – add lines 8							2,485,6		3,274				
	13		imilar amounts							2,400,0	743.	3,214	, 007.			
							•				-					
	14											1.70				
ģ	15									227,1	178.	179	<u>,946.</u>			
Expenses	16 a	Professional	fundraising fee													
be	b	Total fundrais	sing expenses													
ŭ	17	Other expens	ses (Part IX, co	lumn (A).	lines 11a-11	d. 11f-24e)		<u> 19,861.</u>		L,983,7	705	2,991	199			
	18		es. Add lines 1							2,210,8		3,171				
	19		expenses. Su							274,7		· · · · · · · · · · · · · · · · · · ·	,662.			
- S		revenue less	схрензез. оа	biract iiric	10 110111 11110	12						End of Ye	•			
ES o	20	Total accets	(Part X, line 16	3)						ng of Currer						
Net Assets Fund Balanc	21		s (Part X, line it	•						L,452,3	_	1,627				
A Pu	21										0.		,144.			
			fund balances	. Subtract	line 21 from	line 20			. 1	L,452,3	341.	1,556	<u>,003.</u>			
Pa	art II	Signatur	e Block													
Und	er penal	Ities of perjury, I de	eclare that I have ex erer (other than office	amined this re	turn, including a	ccompanying sc	hedules and state	ments, and to	the best of n	ny knowledge	and belie	ef, it is true, correct	, and			
com	plete. D	eclaration of prepa	irer (other than offic	er) is based oi	n all information	of which prepar	er has any knowle	edge.								
		•														
Sig	an	Signatu	re of officer						Da	ate						
He	re	LYL	E HOOD						TREA	SURER						
			print name and title	9						0011211						
		Print/Type p	preparer's name		Preparer's si	gnature		Date		Check	if I	PTIN				
D-	اہ:		SIMMONS			SIMMONS	2	1		self-employ	⊢	P01252736				
Pa				CMTmii			,	1		3cm-cmpioy	ou .	101232130				
Tr.	epare e On			SMITH,	BATEMA	N INC.				<u> </u>		0.604000				
US	e Of	Firm's addre		3001 ADCOCK CIR							Firm's EIN ► 84-0684388					
			ALAMO		81101					Phone no.	(719					
Ма	y the	IRS discuss th	is return with t	he prepare	er shown abo	ve? See ins	structions					. X Yes	No			

Par	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO CONSERVE OUR LAND, WATER, AND WAY OF LIFE IN COLORADO'S SAN LUIS VALLE	'V
	10 CONSERVE OUR LAND, WATER, AND WAT OF LIFE IN COLORADO 3 SAN LOIS VALLE	, <u>T</u> •
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	sured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to and revenue, if any, for each program service reported.	ne total expenses,
4 a	(Code:) (Expenses \$ 2,949,366. including grants of \$) (Revenue \$	68,925.)
	LAND AND WATER PROTECTION: WORKED TO PROTECT PRIVATE LAND THROUGHOUT COLO	
	GRANDE BASIN, THE SAN LUIS VALLEY, WITH A SPECIAL FOCUS ON THE CORRIDORS	
	GRANDE RIVER AND ITS TRIBUTARIES, THROUGH THE RIO GRANDE INITIATIVE. EXPA	
	TO INCLUDE UNDERSERVED REGIONS IN THE SAN LUIS VALLEY. CONSERVED FOUR PRO	
	CONSERVATION EASEMENTS IN 2020 TOTALING 1,202 ACRES AND WORKED ON DUE DII	LIGENCE AND
	GRANT WRITING FOR SEVERAL OTHER CONSERVATION EASEMENTS.	
4 b	(Code:) (Expenses \$ 20,228. including grants of \$) (Revenue \$	MC TO TOCAT
	COMMUNITY CONSERVATION: LAUNCHED A LOCAL FOOD SECURITY PROGRAM, LOCAL FAF FAMILIES, IN RESPONSE TO COMMUNITY NEEDS BROUGHT ON BY THE COVID-19 PANDE	
	LOCAL FARMS TO LOCAL FAMILIES PROGRAM BROUGHT TOGETHER SEVERAL COMMUNITY	
	FROM THE BUSINESS, NON-PROFIT, AND PRIVATE SECTORS TO SUPPORT LOCAL FARME	
	RANCHERS, LOCAL FAMILIES IN NEED, AND LOCAL ECONOMIES BY PROVIDING 1,000	
	FAMILIES WITH LOCALLY GROWN AND PRODUCED FOOD AND PREPARED MEALS.	<u> </u>
	(O	45.000.
4 c	: (Code:) (Expenses \$14,623. including grants of \$) (Revenue \$	45,000.
	STEWARDSHIP: MONITORED EACH OF RIGHT'S 45 CONSERVATION EASEMENTS COVERING ACRES OF OPEN SPACE FOR AGRICULTURE, WILDLIFE HABITAT, AND RECREATION. PA	
	IN A STATEWIDE REMOTE CONSERVATION EASEMENT MONITORING CASE STUDY TO ASSE	
	EFFECTIVENESS OF REMOTE MONITORING FOR OUR PROGRAM. IN THE PROCESS, MONITORING FOR OUR PROGRAM.	
	50% OF RIGHT'S CONSERVATION EASEMENTS REMOTELY IN 2020.	2-22 _ 2-21
4 d	1 Other program services (Describe on Schedule O.)	`
// ^	(Expenses \$ including grants of \$) (Revenue \$ ≥ Total program service expenses ► 2.984.217.)
→ で	. LOTAL DIVULANT SCIVICE EAUCINES - / 304 / 1 /	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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	Х	
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.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
t	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.	11 b		Х
C	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	11 c		Х
c	I 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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
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		Х
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		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		Х

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST 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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	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 Schedule L, Part I.	25b		Х
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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.0	X	
RA/	(gambling) winnings to prize winners?	1 c	A gan	(2020)

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	of Yes,' enter the name of the foreign country			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		71
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
	Form 8282?	7 c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a 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 10 b Section 501(c)(12) organizations. Enter:			
	a 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		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a 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.			
ı	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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
ı	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.	10		71

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

(719)

567-0800

ALLEN LAW P.O. BOX 444 DEL NORTE CO 81132

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

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

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

	Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
(C)											
	(A) Name and title	(B) Average hours per	Pos thar is	both	n an c	officer /truste	eck moss pers and a ee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLEN LAW	40									
	EXECUTIVE DIR.	0			Χ				63,500.	0.	0.
(2) CATHY MORIN	2									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
_(.	B) DOUG CLARK	0.5	.,		.,						
	VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
_(4	4) LINDA SCHOONHOVEN	0.5	.,		.,						
-	SECRETARY	0	Χ		Χ				0.	0.	0.
_(:	5) LYLE HOOD	0.5			3.7						
-	TREASURER	0	Χ		Χ				0.	0.	0.
_(S) KYLER BROWN	$-\frac{1}{0}$	37						0		0
	DIRECTOR	0.5	Χ						0.	0.	0.
_(7) PETE CLARK		37						0		0
-	DIRECTOR	0	Х						0.	0.	0.
_ (B) GUY KEENE DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0
-	9) STEVE RUSSELL	0.5	Λ						0.	0.	0.
_'	DIRECTOR	0.5	Х						0.	0.	0.
(10		0	Λ						0.	0.	0.
<u>,,,</u>											
(1)										
(12	2)										
(1:	3)										
(14	4)										
			1							1	

Part VII Section A. Officers, Directors, 17	1	ney		•	_	es,	anc	a nignest com	ipensated Empi	npioyees (continued)			
	(B)		(C) Position (do not check more than one					(D)	(F)		(E)		
(A) Name and title	Average hours	box	, unle	ess pe	erson	is both	n an	(D) Reportable	(E) Reportable	Cation	(F)		
Name and the	per week (list any					or/trus		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	(ated am of other nsation		
	hours	Individual or director	ng th	Officer	Key employee	lighe: mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the o	rganiza d relate	ition	
	related organiza	ector	tiona	74	mplo	st cor yee	er			org	anizatio	ns	
	- tions below dotted	ndividual trustee or director	nstitutional trustee		yee	mper							
	line)	96	itee			Highest compensated employee							
(15)													
<u>(15)</u>													
(16)													
(17)	 												
(18)													
	1												
(19)													
(20)													
(21)													
	1	•											
(22)													
(23)													
(23)	1												
(24)													
(25)													
1 b Subtotal							•	63,500.	0.			0.	
c Total from continuation sheets to Part VII, Sect							>	0.	0.			0.	
d Total (add lines 1b and 1c)							>	63,500.	0.			0.	
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	า		
from the organization • 0											Yes	No	
3 Did the organization list any former officer, direct	tor truste	م لام	2V A1	mnl	OVE	or	hiat	nest compensated	employee		103	110	
on line 1a? If 'Yes,' complete Schedule J for such	ch individu	ial								. 3		Х	
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	tion	and	oth	er compensation	from				
the organization and related organizations great such individual										. 4		Х	
5 Did any person listed on line 1a receive or accru	ie comper	satio	ņ fr	om	any	unre	late	ed organization or	individual	5		77	
for services rendered to the organization? If 'Ye Section B. Independent Contractors	s, comple	te S	спеа	iuie	J TO	r suc	n p	erson		. 3		X	
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen	dent	t cor	ntra	ctors	tha	t received more th	nan \$100,000 of				
		tne c	aien	gar <u>.</u>	year	enali	ng v	vith or within the or (B)			C)		
(A) Name and business add	ress							Description of	of services	Compe	nsatio	on	
2 Total number of independent contractors (including	but not lim	ited to	o the	se l	isted	d abo	ve)	who received more	than				
\$100,000 of compensation from the organization	▶ 0												

		Check if Schedule O contains a response or note to any	Ine in this Part VI	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	2,985,213.			
ne		Business Code				
≫લ	2 a	FEES FOR SERVICES 900099	68,925.	68,925.		
ъ	b	STEWARDSHIP/LEGAL DEFENSE 900099	45,000.	45,000.		
٧ic	C					
Sel	d					
Program Service Revenue	e	An				
.od		All other program service revenue Total Add lines 2a.2f				
ā	g	Total: Add lines 2d 21	113,925.			
	3	Investment income (including dividends, interest, and other similar amounts)	33,699.			33,699.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a 322,276.				
	b	other than inventory Less: cost or other basis				
		and sales expenses 7b 198,982.				
		Gain or (loss) 7c 123,294.				
	d	Net gain or (loss)	123,294.	123,294.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
er	b	Less: direct expenses 8b				
됐		Net income or (loss) from fundraising events	6,397.			
)		Gross income from gaming activities. See Part IV, line 19	0,331.			
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory ▶				
St		Business Code				
eg a	11 a	MISCELLANEOUS	12,279.			12,279.
	b					
scellaneo Revenue	С					
Miscellaneous Revenue	-	All other revenue				
		Total. Add lines 11a-11d	12,279.			
	12	Total revenue. See instructions	3.274.807.	237 - 219	0 .	45.978.

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 ii Schedule O contains a r		(B)	(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	(2, 500	24 200	21 500	7 (20
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	63,500.	34,290.	21,590.	7,620.
7	Other salaries and wages	78,149.	9,840.	52,683.	15,626.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 0, 2 23	3,323.	32,333	20,020
9	Other employee benefits				
10	Payroll taxes	38,297.	12,255.	19,914.	6,128.
11	Fees for services (nonemployees):				
a	Management				
k	Legal				
c	: Accounting				
C	I Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	25,890.	6,150.	9,740.	10,000.
13	Office expenses	27,403.	190.	20,634.	6,579.
14	Information technology	2.,71001	2501	20,0011	373.31
15	Royalties				
16	Occupancy	13,336.	4,267.	6,935.	2,134.
17	Travel	4,056.	2,047.	1,719.	290.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,677.	2,397.	3,280.	
24	Other expenses. Itemize expenses not covered 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.)				
a	CONSERVATION EASEMENT OVERSIGH	2,733,453.	2,733,453.		
	PASS-THROUGH EXPENSE	159,200.	159,200.		
	SUPPLIES	20,880.	20,092.		788.
C	- I	1,304.	36.	572.	696.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,171,145.	2,984,217.	137,067.	49,861.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2020 calen	dar year, or tax	< year begi	nning		, 2020	, and endir	ıg		,	20				
В	Check	if applicable:	С							D Employ	er identi	fication number				
	A	ddress change	RIO GRAND	E HEADI	WATERS L	AND TRU	ST			84-	1495	770				
		ame change	P.O. BOX							E Telepho						
		itial return	DEL NORTE	co 8	1132					(71	۵۱ 6۱	57-0880				
										(11	9) 0.	37 0000				
	-	nal return/terminated														
	-	mended return	_							G Gross r						
	A	pplication pending	F Name and add	` '	a group retur			X								
			SAME AS C						If "No.	subordinates attach a list	s included See inst	tructions Yes	No			
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1) or	527	,							
J	We	bsite: ► N/	A						H(c) Group	exemption n	umber ►	-				
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►	L	Year of format	tion: 199	9 M s	State of le	egal domicile: CO)			
Pa	art I	Summar					I									
	1			ation's mis	sion or most	significant	activities:TO	CONSER	VE OUR	T.AND	WATI	ER AND W	ΔY			
OF THE IN COLORADO'S CAN THIS WALLEY																
ည		OF LIFE IN COLORADO 3 SAN LOIS VALLEI.														
nai																
ě	2	Check this bo	y ▶ ☐ if the	organizati	on discontin	ued its oner	ations or disp	nosed of m	ore than 2	25% of its	net acc					
Governance	3		oting members	•							3	3013.	8			
৹ধ	4		dependent voti								4		8			
ies	5		of individuals								5		5			
Activities &	6		of volunteers								6		6			
₽ct	7a		ed business rev								7a		0.			
_			l business taxa								7b		0.			
						· · · · · · · · · · · · · · · · · · ·	,			rior Year	-	Current Y				
	8	Contributions	and grants (P	art VIII. lin	e 1h)					2,310,4	185	2,985				
Revenue	_	8 Contributions and grants (Part VIII, line 1h)									194.		,925.			
/en	10		ncome (Part VI							61,5			, 993.			
æ	11		e (Part VIII, co			-					152.		, 676.			
	12		e – add lines 8							2,485,6		3,274				
	13		imilar amounts							2,400,0	743.	3,214	, 007.			
							•				-					
	14											1.70				
ģ	15									227,1	178.	179	<u>,946.</u>			
Expenses	16 a	Professional	fundraising fee													
be	b	Total fundrais	sing expenses													
ŭ	17	Other expens	ses (Part IX, co	lumn (A).	lines 11a-11	d. 11f-24e)		<u> 19,861.</u>		L,983,7	705	2,991	199			
	18		es. Add lines 1							2,210,8		3,171				
	19		expenses. Su							274,7		· · · · · · · · · · · · · · · · · · ·	,662.			
- S		revenue less	схрензез. оа	biract iiric	10 110111 11110	12						End of Ye	•			
ES o	20	Total accets	(Part X, line 16	3)						ng of Currer						
Net Assets Fund Balanc	21		s (Part X, line it	•						L,452,3	_	1,627				
A Pu	21										0.		,144.			
			fund balances	. Subtract	line 21 from	line 20			. 1	L,452,3	341.	1,556	<u>,003.</u>			
Pa	art II	Signatur	e Block													
Und	er penal	Ities of perjury, I de	eclare that I have ex erer (other than office	amined this re	turn, including a	ccompanying sc	hedules and state	ments, and to	the best of n	ny knowledge	and belie	ef, it is true, correct	, and			
com	plete. D	eclaration of prepa	irer (other than offic	er) is based oi	n all information	of which prepar	er has any knowle	edge.								
		•														
Sig	an	Signatu	re of officer						Da	ate						
He	re	LYL	E HOOD						TREA	SURER						
			print name and title	9						0011211						
		Print/Type p	preparer's name		Preparer's si	gnature		Date		Check	if I	PTIN				
D-	اہ:		SIMMONS			SIMMONS	2	1		self-employ	⊢	P01252736				
Pa				CMTmii			,	1		3cm-cmpioy	ou .	101232130				
Tr.	epare e On			SMITH,	BATEMA	N INC.				<u> </u>		0.604000				
US	e Of	Firm's addre		3001 ADCOCK CIR							Firm's EIN ► 84-0684388					
			ALAMO		81101					Phone no.	(719					
Ма	y the	IRS discuss th	is return with t	he prepare	er shown abo	ve? See ins	structions					. X Yes	No			

Par	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO CONSERVE OUR LAND, WATER, AND WAY OF LIFE IN COLORADO'S SAN LUIS VALLE	'V
	10 CONSERVE OUR LAND, WATER, AND WAT OF LIFE IN COLORADO 3 SAN LOIS VALLE	, <u>T</u> •
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	sured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to and revenue, if any, for each program service reported.	ne total expenses,
4 a	(Code:) (Expenses \$ 2,949,366. including grants of \$) (Revenue \$	68,925.)
	LAND AND WATER PROTECTION: WORKED TO PROTECT PRIVATE LAND THROUGHOUT COLO	
	GRANDE BASIN, THE SAN LUIS VALLEY, WITH A SPECIAL FOCUS ON THE CORRIDORS	
	GRANDE RIVER AND ITS TRIBUTARIES, THROUGH THE RIO GRANDE INITIATIVE. EXPA	
	TO INCLUDE UNDERSERVED REGIONS IN THE SAN LUIS VALLEY. CONSERVED FOUR PRO	
	CONSERVATION EASEMENTS IN 2020 TOTALING 1,202 ACRES AND WORKED ON DUE DII	LIGENCE AND
	GRANT WRITING FOR SEVERAL OTHER CONSERVATION EASEMENTS.	
4 b	(Code:) (Expenses \$ 20,228. including grants of \$) (Revenue \$	MC TO TOCAT
	COMMUNITY CONSERVATION: LAUNCHED A LOCAL FOOD SECURITY PROGRAM, LOCAL FAF FAMILIES, IN RESPONSE TO COMMUNITY NEEDS BROUGHT ON BY THE COVID-19 PANDE	
	LOCAL FARMS TO LOCAL FAMILIES PROGRAM BROUGHT TOGETHER SEVERAL COMMUNITY	
	FROM THE BUSINESS, NON-PROFIT, AND PRIVATE SECTORS TO SUPPORT LOCAL FARME	
	RANCHERS, LOCAL FAMILIES IN NEED, AND LOCAL ECONOMIES BY PROVIDING 1,000	
	FAMILIES WITH LOCALLY GROWN AND PRODUCED FOOD AND PREPARED MEALS.	<u> </u>
	(O	45.000.
4 c	: (Code:) (Expenses \$14,623. including grants of \$) (Revenue \$	45,000.
	STEWARDSHIP: MONITORED EACH OF RIGHT'S 45 CONSERVATION EASEMENTS COVERING ACRES OF OPEN SPACE FOR AGRICULTURE, WILDLIFE HABITAT, AND RECREATION. PA	
	IN A STATEWIDE REMOTE CONSERVATION EASEMENT MONITORING CASE STUDY TO ASSE	
	EFFECTIVENESS OF REMOTE MONITORING FOR OUR PROGRAM. IN THE PROCESS, MONITORING FOR OUR PROGRAM.	
	50% OF RIGHT'S CONSERVATION EASEMENTS REMOTELY IN 2020.	2-22 _ 2-21
4 d	1 Other program services (Describe on Schedule O.)	`
// ^	(Expenses \$ including grants of \$) (Revenue \$ ≥ Total program service expenses ► 2.984.217.)
→ で	. LOTAL DIVULANT SCIVICE EAUCINES - / 304 / 1 /	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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	Х	
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.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
t	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.	11 b		Х
C	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	11 c		Х
c	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.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
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		Х
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
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		Х

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST 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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	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 Schedule L, Part I.	25b		Х
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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.0	X	
RA/	(gambling) winnings to prize winners?	1 c	A gan	(2020)

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	of If 'Yes,' enter the name of the foreign country			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
	Form 8282?	7 c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a 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 10 b Section 501(c)(12) organizations. Enter:			
	a 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		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a 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.			
ı	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			
	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
ı	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.	10		71

Form 990 (2020) RIO GRANDE HEADWATERS LAND TRUST

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	of If 'Yes,' enter the name of the foreign country			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
	Form 8282?	7 c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a 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 10 b Section 501(c)(12) organizations. Enter:			
	a 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		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a 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.			
ı	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			
	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
ı	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.	10		71

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

(719)

567-0800

ALLEN LAW P.O. BOX 444 DEL NORTE CO 81132

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

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

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

	Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
					(C)	,					
(A) Name and title		(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLEN LAW	40									
	EXECUTIVE DIR.	0			Χ				63,500.	0.	0.
_ (2) CATHY MORIN	2	3.7		37					0	
	PRESIDENT	0	Χ		Χ	<u> </u>			0.	0.	0.
_ <u>(</u>	3) DOUG_CLARK VICE PRESIDENT	_0.5_ 0	Х		Х				0.	0.	0
-	4) LINDA SCHOONHOVEN	0.5	Λ		Λ	 			0.	0.	0.
_ '	SECRETARY	0.3	Х		Х				0.	0.	0.
(5) LYLE HOOD	0.5	Λ		Λ				0.	0.	0.
_`	TREASURER	0	Х		Х				0.	0.	0.
(6) KYLER BROWN	1									
	DIRECTOR	0	Χ						0.	0.	0.
(7) PETE CLARK	0.5									
	DIRECTOR	0	Χ						0.	0.	0.
_(B) GUY KEENE	1									
	DIRECTOR	0	Χ			<u> </u>			0.	0.	0.
_(9) STEVE RUSSELL	0.5									
/1	DIRECTOR	0	Χ			₩			0.	0.	0.
(1	u) 										
(1	1)										
(1:	2)										
(1:	3)										
(14	4)										
			1	1	1	1	1				

Part VII Section A. Officers, Directors, 11	(B)	ney		1 <u>1</u> 1(0	_	es,	anc	a nignest com	ipensated Empi	oyees	(cont	inuea)
	(6)			•	•			(D)	(F)		(E)	
(A) Name and title	Average hours	box, unless person is both an		(D) (E) Reportable Reportable		Cation	(F)					
Name and the	per week (list any					or/trus		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	(ated am of other nsation	
	hours	Individual or director	ng th	Officer	Key employee	lighe: mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the o	rganiza d relate	ition
	related organiza	ector	tiona	74	mplo	st cor yee	er			org	anizatio	ns
	- tions below dotted	ndividual trustee or director	nstitutional trustee		yee	mper						
	line)	96	itee			Highest compensated employee						
(15)												
<u>(15)</u>												
(16)												
(17)												
(18)												
	1											
(19)												
(00)												
(20)												
(21)												
(22)	 											
(23)												
	1	•										
(24)												
(OF)												
(25)												
1 b Subtotal							>	63,500.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	63,500.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	ısted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	า	
Tom the organization 0											Yes	No
3 Did the organization list any former officer, direct	ctor, truste	e, ke	ey er	mple	oyee	e, or	high	nest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	ıal	·							3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great	f reportab	le co	mpe	ensa If '\	tion	and	oth	er compensation	from			
such individual										. 4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye.	ie comper	satio	n fro	om Jule	any	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors	s, compre	10 00	or rea	iuic	3 10	7 540	.,, p	<u> </u>		. •		
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen	dent	t cor	ntrad	ctors	tha	t received more the	nan \$100,000 of			
		110 0	aicii	uui .	yeur	Criun	19 1	(B)		(C)	
(A) Name and business add	ress							Description (of services	Compè	ńsatio	on
2 Total number of independent contractors (including		ited to	o tho	se l	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	• 0											

		Check if Schedule O contains a response or note to any	line in this Part VI	IL		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	2,985,213.			
ne		Business Code				
≫લ	2 a	FEES FOR SERVICES 900099	68,925.	68,925.		
ъ	b	STEWARDSHIP/LEGAL DEFENSE 900099	45,000.	45,000.		
٧ic	C					
Sel	d					
Program Service Revenue	e	An				
.od		All other program service revenue Total Add lines 2a.2f				
ā	g	Total: Add lines 2d 21	113,925.			
	3	Investment income (including dividends, interest, and other similar amounts)	33,699.			33,699.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
	b	other than inventory Less: cost or other basis				
	_	and sales expenses 7b 198,982.				
	С	Gain or (loss) 7c 123,294.				
	d	Net gain or (loss)	123,294.	123,294.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
r.	_	See Part IV, line 18				
the		Less: direct expenses 8b				
Ō		Net income or (loss) from fundraising events	6,397.			
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory Business Code				
	11 s		12 270			12 270
Miscellaneous Revenue	b	MISCELLANEOUS	12,279.			12,279.
Mer Ja						
Re	4	All other revenue				
Σ	~	Total. Add lines 11a-11d	12,279.			
	12		3.274.807.	237,219.	0.	45.978.

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).

_	Crieck it Scriedule O contains a response of note to any line in this Part IX.									
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members	(2, 500	24 200	21 500	7 (20					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	63,500.	34,290.	21,590.	7,620.					
7	Other salaries and wages	78,149.	9,840.	52,683.	15,626.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 0, 2 23	3,323.	32,333	20,020					
9	Other employee benefits									
10	Payroll taxes	38,297.	12,255.	19,914.	6,128.					
11	Fees for services (nonemployees):									
a	Management									
k	Legal									
c	: Accounting									
C	I Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	25,890.	6,150.	9,740.	10,000.					
13	Office expenses	27,403.	190.	20,634.	6,579.					
14	Information technology	2.,71001	2501	20,0011	373.31					
15	Royalties									
16	Occupancy	13,336.	4,267.	6,935.	2,134.					
17	Travel	4,056.	2,047.	1,719.	290.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,						
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	5,677.	2,397.	3,280.						
24	Other expenses. Itemize expenses not covered 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.)									
a	CONSERVATION EASEMENT OVERSIGH	2,733,453.	2,733,453.							
	PASS-THROUGH EXPENSE	159,200.	159,200.							
	SUPPLIES	20,880.	20,092.		788.					
C	- I	1,304.	36.	572.	696.					
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	3,171,145.	2,984,217.	137,067.	49,861.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)									

		Check if Schedule O contains a response or note to	any line in this Part X	<u></u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		374,660.	1	150,050.
	2	Savings and temporary cash investments		82,688.	2	308,679.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, director, I contributor, or 35% rsons		5	
	6	Loans and other receivables from other disqualified p				
	O	section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net	ш		7	
ats.	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10 c	
	11	Investments — publicly traded securities		994,948.	11	1,168,369.
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		45.	15	49.
	16	Total assets. Add lines 1 through 15 (must equal line	33)	1,452,341.	16	1,627,147.
	17	Accounts payable and accrued expenses			17	71,144.
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	_		19	
G	20	Tax-exempt bond liabilities			20	
tie	21	Escrow or custodial account liability. Complete Part I	L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor. or 35%		22	
	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, plete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	<u></u>	0.	26	71,144.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e► X			
ā	27	Net assets without donor restrictions		1,068,331.	27	1,301,842.
ã	28	Net assets with donor restrictions		384,010.	28	254,161.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
ō	29	Capital stock or trust principal, or current funds			29	
इं	30	Paid-in or capital surplus, or land, building, or equipm	L.		30	
SS	31	Retained earnings, endowment, accumulated income,	<u> </u>		31	
t A	32	Total net assets or fund balances	L	1,452,341.	32	1,556,003.
Ş	33	Total liabilities and net assets/fund balances		1,452,341.	33	1,627,147.
RΔ	Δ		TEEA0111L 10/07/20	,,	· · · · · ·	Form 990 (2020)

Form **990** (2020)

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)	3,2	74,8	307.
2	Total expenses (must equal Part IX, column (A), line 25)			L45.
3	Revenue less expenses. Subtract line 2 from line 1	1	03,6	562.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		•	341.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10		1 -		
Da	column (B)) 10	1,5	56,0	003.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. Ш
			Yes	No
1	Accounting method used to prepare the Form 990:	_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?	. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	. 3a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b		
3AA	TEEA0112L 10/19/20	Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number RIO GRANDE HEADWATERS LAND TRUST 84-1495770 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 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 **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,719,829.	490,040.	1,744,174.	2,310,485.	1,635,813.	7,900,341.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	1,719,829.	490,040.	1,744,174.	2,310,485.	1,635,813.	7,900,341.
6	Public support. Subtract line 5 from line 4						7,900,341.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,719,829.	490,040.	1,744,174.	2,310,485.	1,635,813.	7,900,341.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,910.	34,441.	46,993.	44,925.	33,699.	180,968.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	2,141.	,	,	,	2,141.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).		·				0.
	Total support. Add lines 7 through 10						8,083,450.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						97.73 %
	Public support percentage from					<u> </u>	79.68%
	33-1/3% support test—2020. If t and stop here. The organization	qualifies as a pul	olicly supported o	rganization			► <u>X</u>
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part '	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the facts-a d-circumstances	nd-circumstances test. The organiza	s test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization.	VI how the▶
	3			•			<u> </u>

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.)

Sec	tion A. Public Support	,	picase complete	,			
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,			, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•		1	,	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
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.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	•		-		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv						
	Investment income percentage for	•		-	***		00
	Investment income percentage fi						%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	tion I	B. Type I Supporting Organizations		11	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	organ	nization'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 nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	Ry re:	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
Ū	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	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	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Πт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Πт	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	ıctions	s).
•	Λ - 1::	The Tark Annual Case Or and Oh halves	ĺ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
а	organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	ction 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sec	tion 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		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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⁺t V │Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations <i>(cont</i>	inued)	
tion D - Distributions		Current Year
Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
Other distributions (describe in Part VI). See instructions.	6	
Total annual distributions. Add lines 1 through 6.	7	
Distributions to attentive supported organizations to which the organization is responsive (provide details		
in Part VI). See instructions.	8	
Distributable amount for 2020 from Section C, line 6	9	_
Line 8 amount divided by line 9 amount	10	
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Fa	000 000 EZ\ 000

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Schedule A (Form 990 or 990-EZ) 2020

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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

RIC	GRANDE HEADWATERS LAND TRUST			84-1495770
Par	t I Organizations Maintaining Dono	r Advised Funds or Other S	Similar Funds or A	ccounts.
	Complete if the organization answ		·	
	Total countries at an disferen	(a) Donor advised fund	ds (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				
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal con	trol?	Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	rs, and donor advisors in writing the	hat grant funds can be u	used only
	impermissible private benefit?			Yes No
Par	t II Conservation Easements.	-		
	Complete if the organization answ	wered 'Yes' on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that a	apply).	
	X Preservation of land for public use (for examp	ole, recreation or education)	Preservation of a his	torically important land area
	X Protection of natural habitat		Preservation of a cer	rtified historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribu	tion in the form of a cons	ervation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements		2a 4	
	Total acreage restricted by conservation easer		1 1	28,194
	Number of conservation easements on a certif			20, 194
	Number of conservation easements included in	·	· ·	
•	structure listed in the National Register		2d	
3	Number of conservation easements modified, trantax year ►	isferred, released, extinguished, or to	erminated by the organiza	tion during the
4	Number of states where property subject to conse	rvation easement is located >	1	
5	Does the organization have a written policy re-	garding the periodic monitoring, ir	nspection, handling of vi	olations,
	and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i 189		-	
7	Amount of expenses incurred in monitoring, insperse 5 7,880.	ecting, handling of violations, and enf	forcing conservation ease	ments during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	ı line 2(d) above satisfy the requir	ements of section 170(h	n)(4)(B)(i)
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements. SEE PART XI	to the organization's financial state $\Xi \Pi$	ements that describes th	ne organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	easures, or Other Start IV, line 8.	imilar Assets.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education.	or research in furtherar	
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	FASB ASC 958, to report in its report public exhibition, education, or res	evenue statement and be earch in furtherance of pu	alance sheet works of art, iblic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			▶\$
	If the organization received or held works of art, h amounts required to be reported under FASB	ASC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line			
ŀ	Assets included in Form 990, Part X	<u></u>		▶\$

Part III Organizations Maintai	ning Collections	of Art, Historic	cal Treasures, or C	otner Similar Ass	ets (contin	uea)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check any	of the following that mak	e significant use of its	collection	
a Public exhibition		d Loan or 6	exchange program			
b Scholarly research		e Other				
c Preservation for future genera	ntions					
4 Provide a description of the organiza Part XIII.	ation's collections and	explain how they ful	rther the organization's e	exempt purpose in		
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained	as part of the orga	inization's collection?.		Yes	No
Escrow and Custodial line 9, or reported an a	Arrangements. (mount on Form !	Complete if the 990, Part X, lin	organization ansv e 21.	vered 'Yes' on Fo	rm 990, Pa 	rt IV,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian or othe	er intermediary for	contributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and comp	lete the following	table:	•		_
					Amount	
c Beginning balance				. 1 c		
d Additions during the year				. 1 d		
e Distributions during the year				. 1 e		
f Ending balance				. 1f		
2a Did the organization include an ar	mount on Form 990, I	Part X, line 21, for	escrow or custodial ad	count liability?	Yes	No
b If 'Yes,' explain the arrangement						
2 11, 1 , 1					ı	
Part V Endowment Funds. Co	omplete if the org	anization answ	ered 'Yes' on Forr	n 990 Part IV lir	ne 10	
Tart I Endownent and St	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	ars hack
1 a Beginning of year balance	994,948.	750,451	1 1 1			,770.
b Contributions	45,000.	90,567				,081.
	43,000.	30,301		14,700.	52	,001.
c Net investment earnings, gains, and losses	128,420.	153,930	-37,277.	108,686.	46	,296.
d Grants or scholarships	120,420.	133,730	31,211.	100,000.	40	, 2, 30.
` <u></u>					+	
e Other expenditures for facilities and programs				0.		
f Administrative expenses	1 1 50 0 50		750 454	7.10 601		
g End of year balance	1,168,368.	994,948	,		617	<u>,147.</u>
2 Provide the estimated percentage	-	_	g, column (a)) held as	:		
a Board designated or quasi-endowme		<u>.00</u> %				
b Permanent endowment ►	%					
c Term endowment ►	<u> </u>					
The percentages on lines 2a, 2b, an	d 2c should equal 100°	%.				
3 a Are there endowment funds not in the	e nossession of the or	nanization that are	held and administered fo	or the		
organization by:	россосноги ст. ито ст	garnzanorr iriat aro	and dammetered it		Yes	No
(i) Unrelated organizations					3a(i)	X
(ii) Related organizations					3a(ii)	X
b If 'Yes' on line 3a(ii), are the related	ed organizations liste	ed as required on	Schedule R?		. 3b	
4 Describe in Part XIII the intended	uses of the organiza	tion's endowment	funds. SEE PART	XIII		
Part VI Land, Buildings, and E	auipment.					
Complete if the organiz		Yes' on Form 9	990. Part IV. line 1	1a. See Form 99	0. Part X. I	ine 10.
Description of property			· · · · · · · · · · · · · · · · · · ·			
Description of property	(a) Cost (inv	or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	raiue
1 a Land	`	· · · · · · · · · · · · · · · · · · ·	()			
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column		n 990 Part V act	ımn (P) lina 10a)	L		
Total. Add lines to through te. (Column	ı (u) must eyual Forr	11 330, Mail λ, COIL	лин (<i>D),</i> шие тос.)	······		0.

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(B)			
(C) (D) (E)			
(D)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27.72	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A N Part IV line 11c See Form	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(0) = 0000 0000	(),	<u> ,</u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	Don't IV/ line 11d Con Forms	000 Dayl V line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 scription	D, Part IV, line 11d. See Form	990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990	D, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 990 scription	O, Part IV, line 11d. See Form	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	'Yes' on Form 990 scription	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X, column (E)	'Yes' on Form 990 scription	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Foundation of the complete if the organization answered 'Yes' on Foundation (E) 1. (a) Description (C)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Following (E) (1) Federal income taxes (2) (3)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (E) 1. (a) Descri (1) Federal income taxes (2) (3) (4)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Foundation (Column ('Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (E) (1) Federal income taxes (2) (3) (4) (5) (6)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Liabilities. Complete if the organization answered Yes' on Form 1. (a) Description (b) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription B) line 15.)	O, Part IV, line 11d. See Form	(b) Book value
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Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
B 13/11 B 111 1 1		
Part XII Reconciliation of Expenses per Audited Financial Statemen		Return. N/A
Complete if the organization answered 'Yes' on Form 990, P		Return. N/A
	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2art IV, line 12a. 2a 2b	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2 e
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Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	1 2e 3
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5 - SUMMARIZED POLICY

EMPLOYEES OF THE TRUST MONITOR CONSERVATION EASEMENTS ON AN ANNUAL BASIS.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

A CONSERVATION EASEMENT IS A LEGAL AGREEMENT BETWEEN A PROPERTY OWNER AND A QUALIFIED CONSERVATION TRUST. CONSERVATION EASEMENTS REPRESENT A PERPETUAL RESTRICTION ON THE USE OF THE LAND WITHOUT TRANSFER OF OWNERSHIP OF THE UNDERLYING PROPERTY. THE TRUST ACQUIRES CONSERVATION EASEMENTS THROUGH DONATIONS FROM PROPERTY OWNERS AND BARGAIN

SALE PURCHASES. THE ACQUISITION COSTS AND OTHER COSTS ASSOCIATED WITH CONSERVATION

BAA

Schedule D (Form 990) 2020

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)

EASEMENTS ARE EXPENSED IN THE PERIOD INCURRED. NO REVENUE IS RECOGNIZED FOR THE CONSERVATION EASEMENT. IT IS THE TRUST'S POLICY, WHEN ACQUIRING OR ACCEPTING AN EASEMENT, TO EXTINGUISH IN PERPETUITY THE DEVELOPMENT RIGHTS ON THE UNDERLYING PROPERTY. CONSEQUENTIALLY, ALL SUCH EASEMENTS ARE VALUED AT \$1 AND SHOWN AS ASSETS ON THE TRUST'S STATEMENT OF FINANCIAL POSITION. THE TRUST CHARGES THE LANDOWNER PROJECT FEES TO FACILITATE THE TRANSACTION. A PORTION OF THE PROJECT FEES ARE DESIGNATED TO SUPPORT THE PERPETUAL STEWARDSHIP AND LEGAL DEFENSE OF THE EASEMENT.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE BOARD HAS DESIGNATED A PORTION OF THE PROGRAM FEES TO SUPPORT THE PERPETUAL STEWARDSHIP AND LEGAL DEFENSE OF THE CONSERVATION EASEMENTS.

PART X - FASB ASC 740 FOOTNOTE

THE TRUST IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE TRUST FILES FEDERAL INCOME TAX RETURNS.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

RIO GRANDE HEADWATERS LAND TRUST

Employer identification number 84-1495770

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash c	(d) d of determin ontribution a	ning amounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded						
10	Securities — Closely held stock						
11	Securities — Partnership, LLC, or trust interests .						
12	Securities — Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other	Х	4	1,394,400.	APPRAIS	SAL	
15	Real estate - Residential						
16	Real estate — Commercial						
17	Real estate — Other.						
18	Collectibles						
19	Food inventory.						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts.						
25	Other ► ()						
26	Other ► ()						
27	Other ()						
28	Other► ()				1		
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Dones				20		2
	organization completed Form 8283, Part V, Dones	Ackilowieu	gement		29	Yes	No 3
						res	NO
30a	During the year, did the organization receive by contri						
	it must hold for at least three years from the date for exempt purposes for the entire holding period					30 a	Х
۲	If 'Yes,' describe the arrangement in Part II.					30 a	Λ
31		cv that requi	res the review of any r	nonstandard contributio	ns?	31 X	
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell					- A	
	noncash contributions?	•				32 a X	
	If 'Yes,' describe in Part II.	(-) (atala a alimana Z S to 1	l a al		
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,		
_ ===							

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - ADDITIONAL INFORMATION

CONSERVATION EASEMENTS: IT IS THE TRUST'S POLICY, WHEN ACQUIRING OR ACCEPTING AN EASEMENT, TO EXTINGUISH IN PERPETUITY THE DEVELOPMENT RIGHTS ON THE UNDERLYING PROPERTY. ALL SUCH EASEMENTS ARE VALUED AT \$1 AND SHOWN AS ASSETS ON THE TRUST'S STATEMENT OF FINANCIAL POSITION.

THE APPRAISED VALUE OF THE DONATED PORTION OF THE CONSERVATION EASEMENT IS REPORTED ON FORM 990, PART VIII, LINE 1G. THIS VALUE IS THEN INCLUDED IN THE CONSERVATION EASEMENT OVERSIGHT EXPENSE REPORTED ON FORM 990, PART IX. THESE RESULT IN A NET INCOME/EXPENSE TO THE TRUST OF \$-0-.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RIO GRANDE HEADWATERS LAND TRUST

Employer identification number

84-1495770

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 DRAFT IS REVIEWED IN DETAIL BY THE EXECUTIVE DIRECTOR, TREASURER, AND FINANCE COMMITTEE. APPROXIMATELY A WEEK PRIOR TO FILING THE FORM 990, A DRAFT IN PDF FORMAT IS SENT TO ALL BOARD MEMBERS. COMMENTS AND CORRECTIONS ARE STRONGLY ENCOURAGED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN ADDITION TO REQUIRING BOARD MEMBERS, STAFF, AND KEY CONSULTANTS TO PROACTIVELY
NOTIFY THE FULL BOARD OF ANY CONFLICTS, ALL BOARD MEMBERS, STAFF, AND KEY
CONSULTANTS MUST SIGN AN ANNUAL FORM WHICH A) AFFIRMS THAT THEY HAVE RECEIVED A COPY
OF THE POLICY; B) READ AND UNDERSTOOD IT; C) AGREED TO COMPLY WITH THE POLICY; D)
UNDERSTOOD THAT RIGHT IS A CHARITABLE ORGANIZATION AND MUST ENGAGE IN ACTIVITIES
WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES; AND E) LIST ALL
RELATIONSHIPS WITH RIGHT VENDORS, SERVICE RECIPIENTS, FUNDERS, EMPLOYEES, AND
CONTRACTORS. ALL POTENTIAL CONFLICTS ARE REVIEWED BY THE POLICY COMMITTEE WITHOUT
THE PRESENCE OF THE INTERESTED PARTY, AND ACTION IS TAKEN AS NEEDED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S ANNUAL SALARY, WITH NO PARTICIPATION BY THE EXECUTIVE DIRECTOR OR OTHER INTERESTED PERSONS. THE EXECUTIVE DIRECTOR'S SALARY IS ESTABLISHED USING COMPARABLE DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR NONPROFITS; CONSIDERATION OF ROLES AND RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR; AND COST OF LIVING DATA. COMPARABLE MARKET DATA IS OBTAINED FROM SALARY SURVEYS AND FORM 990S FILED BY COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS. THE EXECUTIVE DIRECTOR ALSO RECEIVES REIMBURSEMENTS FOR ROUTINE, REASONABLE, AND DOCUMENTED EXPENSES INCURRED DURING THE YEAR UNDER AN ACCOUNTABLE PLAN. THE EXECUTIVE DIRECTOR TRAVELS THROUGHOUT

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON TRAVEL.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

A LINE ITEM BUDGET IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY. THE BOARD

APPROVES THE OVERALL SALARIES AND BENEFIT EXPENSES. DISCUSSIONS AND DECISIONS

REGARDING THE BUDGET ARE DOCUMENTED IN BOARD MEETING MINUTES. THE EXECUTIVE DIRECTOR

REVIEWS AND APPROVES THE SALARIES OF OTHER OFFICERS OR KEY EMPLOYEES IN ACCORDANCE

WITH THE ANNUAL BUDGET APPROVED BY THE BOARD. THE EXECUTIVE DIRECTOR ESTABLISHES

SALARIES USING COMPARABLE DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY

COMPARABLE POSITIONS AT SIMILAR NONPROFITS; CONSIDERATION OF ROLES AND

RESPONSIBILITIES OF THE EMPLOYEE; AND COST OF LIVING DATA. COMPARABLE MARKET DATA IS

OBTAINED FROM SALARY SURVEYS AND FORM 990S FILED BY COMPARABLE NOT-FOR PROFIT

ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
WE CONSIDER REQUESTS ON A CASE-BY-CASE BASIS.