### Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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. 2021, and ending For the 2021 calendar year, or tax year beginning . 20 Check if applicable: D Employer identification number Address change RIO GRANDE HEADWATERS LAND TRUST 84-1495770 P.O. BOX 444 Telephone number Name change DEL NORTE, CO 81132 (719) 657-0880 Initial return Final return/terminated **G** Gross receipts \$ Amended return 850,804 H(a) Is this a group return for subordinates F Name and address of principal officer: Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. See instructions. SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: ► H(c) Group exemption number ▶ X Corporation L Year of formation: 1999 M State of legal domicile: CO Form of organization: Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO CONSERVE OUR LAND, OF LIFE IN COLORADO'S SAN LUIS VALLEY. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 8 5 4 Total number of volunteers (estimate if necessary)..... 6 13 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 2,985,213 1,582,311. Program service revenue (Part VIII, line 2g) ..... 113,925 93,730. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 156,993. 79,342. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 14,324. 18,676 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 3,274,807. 769,707 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 179,946 235,349 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,991,199. 1,286,589. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)... 3,171,145 1,521,938. Revenue less expenses, Subtract line 18 from line 12..... 247,769. 103,662. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 1,933,137. 1,627,147. 21 Total liabilities (Part X, line 26)..... 71,144. 43,604. Net assets or fund balances. Subtract line 21 from line 20...... 22 1,556,003. 1,889,533. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here LYLE HOOD TREASURER Type or print name and title Print/Type preparer's name Preparer's signature RONALD SIMMONS RONALD SIMMONS self-employed P01252736 **Paid** Preparer ► WALL, SMITH, BATEMAN INC. Use Only

3001 ADCOCK CIR

ALAMOSA, CO 81101 

Firm's address

Firm's EIN ► 84-0684388

(719) 589-3619

Yes

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 VALLEY.	
	10 CONDERVE OOK BIND, WITHK, IND WIT OF BITH IN CONDUCTOR OF THE BETT	
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
1	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure	ad by avpances
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses,
	and revenue, if any, for each program service reported.	
	(Only)	00 550 )
4 a	a (Code:) (Expenses \$1,326,830. including grants of \$) (Revenue \$)  LAND AND WATER PROTECTION: WORKED TO PROTECT PRIVATE LAND THROUGHOUT COLORA	33,750.
	GRANDE BASIN, THE SAN LUIS VALLEY, WITH A SPECIAL FOCUS ON THE CORRIDORS OF	
	GRANDE RIVER AND ITS TRIBUTARIES, THROUGH THE RIO GRANDE INITIATIVE. EXPAND	
	TO INCLUDE UNDERSERVED REGIONS IN THE SAN LUIS VALLEY. CONSERVED THREE PROPERTY.	
	WITH CONSERVATION EASEMENTS IN 2021 TOTALING 374 ACRES AND WORKED ON DUE DI	
	AND GRANT WRITING FOR SEVERAL OTHER CONSERVATION EASEMENTS.CONDUCTED RIPARI	
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1 h	b (Code: ) (Expenses \$ 31,684. including grants of \$ ) (Revenue \$	60,000.)
75	STEWARDSHIP: LAUNCHED A LOCAL FOOD SECURITY PROGRAM, LOCAL FARMS TO LOCAL F	
	IN RESPONSE TO COMMUNITY NEEDS BROUGHT ON BY THE COVID-19 PANDEMIC. THE LOC	
	TO LOCAL FAMILIES PROGRAM BROUGHT TOGETHER SEVERAL COMMUNITY PARTNERS FROM	
	BUSINESS, NON-PROFIT, AND PRIVATE SECTORS TO SUPPORT LOCAL FARMERS AND RANGE	HERS,
	LOCAL FAMILIES IN NEED, AND LOCAL ECONOMIES BY PROVIDING 1,000 LOW INCOME F	<u>'AMILIES</u>
	WITH LOCALLY GROWN AND PRODUCED FOOD AND PREPARED MEALS.	
4 c	c (Code: ) (Expenses \$ 8,307. including grants of \$ ) (Revenue \$	)
	COMMUNITY CONSERVATION: WORKED WITHNON-PROFIT AND COMMUNITY PARTNERS TO ENG	GAGE YOUTH
	IN 35 HOURS OF CONSERVATION EDUCATION PROGRAMS ON RIGHT'S CONSERVED PROPERT	'IES. LED
	ONE NATURE TOUR ON A RIGHT CONSERVED PROPERTY.	
4 d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4 e	e Total program service expenses ► 1.366.821.	

			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.			
á	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
ŀ	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
(	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
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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	
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	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		X
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	olf '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 (2021) 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>b</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		
	<b>d</b> 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		Χ
	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	former officer, director, trusteé, key employee, créator 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):			
	<b>a</b> 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		Χ
	<b>b</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 line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		Χ
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		Χ
	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	<b>Section 501(c)(3) organizations.</b> 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		Χ
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Χ
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
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
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	0.5.5
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3001 ADCOCK CIR

ALAMOSA, CO 81101 

Firm's address

Firm's EIN ► 84-0684388

(719) 589-3619

Yes

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 VALLEY.	
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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
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			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
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ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	olf '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 (2021) 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>b</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		
	<b>d</b> 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		Χ
	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	former officer, director, trusteé, key employee, créator 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):			
	<b>a</b> 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		Χ
	<b>b</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 line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		Χ
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		Χ
	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	<b>Section 501(c)(3) organizations.</b> 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		Χ
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Χ
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
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
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	0.5.5
$D \Lambda A$	$I = E \Delta \Pi \Pi$	Larm	agn /	ついつ1

Form 990 (2021) RIO GRANDE HEADWATERS LAND TRUST

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

			res	NO					
2 a	a 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 4								
b	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.								
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X					
b	<b>1</b> 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							
4 a	1a 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)?								
b	olf '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		Χ					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X					
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c							
6 a	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					
	of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b							
	Organizations that may receive deductible contributions under section 170(c).								
а	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		Х					
h	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		- 11					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5							
	Form 8282?	7с		Χ					
d	d If 'Yes,' indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X					
	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							
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring								
	organization have excess business holdings at any time during the year?	8							
	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								
	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.)								
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	a Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
	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	4.4		V					
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х					
16	If 'Yes,' see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
10	If 'Yes,' complete Form 4720, Schedule O.	10		A					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17							
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							

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..... 8 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 O SEE. SCHEDULE. O 9 X 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? 10b 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 on Schedule O the process, if any, used by the organization to review this Form 990. Χ 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..O....... 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 on 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 X Upon request Another's website 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

CORPORATION P.O. BOX 444 DEL NORTE CO 81132 (719) 567-0800

## 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 the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

c	heck this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	ed any	cu cu	rrent officer, direct	or, or trustee.	
					(C)	)					
	(A) Name and title	(B) Average hours	thar	one both	box, an c	unles	,	on	(D)  Reportable compensation from	(E)  Reportable  compensation from	<b>(F)</b> Estimated amount of other
		per 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/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
_(1)	ALLEN LAW	40									
	EXECUTIVE DIR.	0			Χ				62,453.	0.	0.
(2)	CATHY MORIN	2									
	PRESIDENT	0	Х		Χ				0.	0.	0.
(3)	DOUG_CLARKVICE_PRESIDENT	1	Х		Х				0.	0.	0.
(4)	LINDA SCHOONHOVEN SECRETARY	1	Х		Х				0.	0.	0.
(5)	LYLE HOOD TREASURER	1	Х		Х				0.	0.	0.
(6)	KYLER BROWN DIRECTOR	1	Х						0.	0.	0.
(7)	PETE CLARK DIRECTOR	1	X						0.	0.	0.
(8)	GUY KEENE DIRECTOR	<u>1.5</u> 0	X						0.	0.	0.
(9)	STEVE RUSSELL DIRECTOR	1	Х						0.	0.	0.
(10)											
(11)			-								
(12)			-								
(13)											
(14)											

Part VII   Section A. Officers, Directors, 110	(B)	ney		1 <u>1</u> 1(0	_	es,	anc	a nignest Corr	ipensated Empi	oyees	(conti	inuea)
	, ,			•	•	than		<b>(D)</b>	<b>(F)</b>		<b>(</b> E)	
(A) Name and title	Average hours	box	, unle	ess pe	erson	is both	n an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	Ectim	<b>(F)</b> ated am	ount
	per week (list any	_				or/trus		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
	hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	d
	related organiza - tions	ictor	ional		nplo	t con	Ή			orga	anizatio	ns
	below	ruste	sup		/ee	npeni						
	line)	0	æ			sated						
(15)												
		•										
(16)												
(17)												
<u> </u>		•										
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
<u>(24)</u>												
(25)												
1 b Subtotal							<b>&gt;</b>	62,453.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							<b>•</b>	0. 62,453.	0.			0.
2 Total number of individuals (including but not limited							ved			ensatio	า	<u> </u>
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	ee, ke <i>ial</i>	ey er	mplo	oyee	e, or	high 	nest compensated	employee	3		Х
4 For any individual listed on line 1a, is the sum o	f reportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
the organization and related organizations greate such individual	er than \$1	50,00	00?	If '	es,	com	ıple	te Schedule J for		4		Х
<b>5</b> Did any person listed on line 1a receive or accru	e comper	satio	n fr	om	anv	unre	late	ed organization or	individual	-		
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	lule	J fo	r suc	h p	erson		5		X
1 Complete this table for your five highest compensation from the organization. Report comper	sated ind	epen	dent	t cor	ntra	ctors	tha	t received more th	nan \$100,000 of			
		the c	alen	dar <u>:</u>	year	endii	ng v	1				
<b>(A)</b> Name and business add	ress							(B) Description of	of services	Compe	<b>C)</b> nsatio	on
2 Total number of independent contractors (including l	out not lim	ited to	o the	se l	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	<b>•</b> 0											

		Check if Schedule O contains a response or note to any	Ine in this Part VI	III		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e 788,111.				
ontribution od Other Si	f g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f				
Se	h	Total. Add lines 1a-1f	1,582,311.			
e		Business Code				
le l	2a	STEWARDSHIP/LEGAL DEFENSE 900099	60,000.	60,000.		
Re	b		33,730.	33,730.		
<u>ic</u>	С		·	·		
Program Service Revenue	d					
Ĕ	е					
gra		All other program service revenue				
P.	g	Total. Add lines 2a-2f	93,730.			
	3	Investment income (including dividends, interest, and				
	_	other similar amounts)	16,268.			16,268.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6.	Gross rents				
		Less: rental expenses 6b				
		· • • • • • • • • • • • • • • • • • • •				
		Rental income or (loss) 6c  Net rental income or (loss)				
		(i) Securities (ii) Other				
	7 a	Gross amount from sales of assets				
		other than inventory [7a] 144,171.				
	b	Less: cost or other basis and sales expenses 7b 81,097.				
	c	Gain or (loss)				
		Net gain or (loss)	63,074.	63,074.		
		, ,	03,074.	03,074.		
Other Revenue	ва	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
E.		See Part IV, line 18 5,300.				
the l		Less: direct expenses 8b				
Ō		Net income or (loss) from fundraising events ▶	5,300.			
	9 a	Gross income from gaming activities. See Part IV, line 19				
	h	See Part IV, line 19				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold				
		Net income or (loss) from sales of inventory				
'n		Business Code				
ر <sub>ة</sub> و	11 a	MISCELLANEOUS	9,024.			9,024.
scellaneo Revenue	b		-,			-,
	С					
Miscellaneous Revenue	d	All other revenue				
Σ	е	Total. Add lines 11a-11d	9,024.			
		Total revenue. See instructions	1.769.707.	156,804.	0.	25.292

## Form 990 (2021) RIO GRANDE HEADWATERS LAND TRUST Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
--

	Check if Schedule O contains a r				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21.		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	62,453.	31,851.	24,981.	5,621.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	141,066.	70,972.	57,434.	12,660.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		,	0., 10.1	
9	Other employee benefits				
10	Payroll taxes	31,830.	16,081.	12,889.	2,860.
11	Fees for services (nonemployees):	,	, , , , , ,	,	,
a	Management				
Ł	Legal				
(	: Accounting				
	Lobbying				
	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.)	39,401.	34,539.	4,862.	
13	Office expenses	22,449.	11,219.	8,304.	2,926.
14	Information technology	22,113.	11/215.	0,001.	2,320.
15	Royalties				
16	Occupancy	18,042.	9,115.	7,306.	1,621.
17	Travel	11,838.	6,572.	4,566.	700.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	11,000.	3,3,2,	1,000.	,,,,,
19	Conferences, conventions, and meetings	376.	376.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,614.	2,601.	4,013.	
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 PURCHASE	823,022.	823,022.		
	PASS-THROUGH EXPENSE	330,111.	330,111.		
	SUPPLIES	30,389.	30,362.		27.
c		4,347.			4,347.
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,521,938.	1,366,821.	124,355.	30,762.
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	o any line in this Part X	<u></u>	<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		150,050.	1	115,687.
	2	Savings and temporary cash investments		308,679.	2	390,554.
	3	Pledges and grants receivable, net			3	58,836.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer, director, I contributor, or 35%			
		controlled entity or family member of any of these pe	rsons		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net	` ' ' ' ' '		7	
Ø	8	Inventories for sale or use.	<u> </u>		8	
Assets	9	Prepaid expenses and deferred charges	<u> </u>		9	
As	_	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	1 1			
		Less: accumulated depreciation			10 -	
		·	<u> </u>	1 160 260	10 c	1 260 000
	11	Investments — publicly traded securities		1,168,369.	11 12	1,368,008.
	12	Investments — other securities. See Part IV, line 11.	F		13	
	13	Investments — program-related. See Part IV, line 11. Intangible assets			14	
	14	-	49.	15	52.	
	15	Other assets. See Part IV, line 11	F	1,627,147.	16	1,933,137.
	16	Total assets. Add lines I through 15 (must equal line	1,027,147.	10	1,933,137.	
	17	Accounts payable and accrued expenses		71,144.	17	43,604.
	18	Grants payable		,	18	-,
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part			21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35%		22	
ij	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23	
	23 24	Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·		24	
	25				24	
	26	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com <b>Total liabilities.</b> Add lines 17 through 25		71,144.	25 26	43,604.
S	20	Organizations that follow FASB ASC 958, check here		/1,144.	20	43,004.
ıce		and complete lines 27, 28, 32, and 33.				
ılar	27	Net assets without donor restrictions		1,301,842.	27	1,569,379.
B	28	Net assets with donor restrictions		254,161.	28	320,154.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here ►			
ō	29	Capital stock or trust principal, or current funds			29	
sts	30	Paid-in or capital surplus, or land, building, or equipn			30	
SS	31	Retained earnings, endowment, accumulated income	<u> </u>		31	
t A	32	Total net assets or fund balances		1,556,003.	32	1,889,533.
Ne	33	Total liabilities and net assets/fund balances	<u> </u>	1,627,147.	33	1,933,137.
BA	A		TEEA0111L 09/22/21	, ,		Form <b>990</b> (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,7	69,	707.
2	Total expenses (must equal Part IX, column (A), line 25)	2			938.
3	Revenue less expenses. Subtract line 2 from line 1	3			769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			003.
5	Net unrealized gains (losses) on investments.	5			761.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10					
_	column (B))	10	1,8	89,5	<u>533.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule 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 separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa				
	basis, consolidated basis, or both:				
	X 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.				
3	<b>a</b> 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>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
3A/	A TEEA0112L 09/22/21		Form	990	(2021)

#### **SCHEDULE A** (Form 990)

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

2021

Open to Public Inspection

iame c	i trie	e organization					Employer identili	cation numb	er			
RIO	G]	RANDE HEADWATERS LA	AND TRUST				84-14957	70				
Part	1	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ictions.				
he o	rga	nization is not a private found	lation because it is: (I	For lines 1 through 12,	check o	nly one	box.)					
1	Ш	A church, convention of church	es, or association of ch	nurches described in <b>sec</b> t	tion 1 <b>70</b> (	b)(1)(A)(	i).					
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in <b>sec</b>	tion 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 gove	•	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).					
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general p	ublic descr	ribed			
8		A community trust described	in section 170(b)(1)(a	A)(vi). (Complete Part I	l.)							
9	П	An agricultural research organi	zation described in <b>sec</b>	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant col	lege				
-	ш	or university or a non-land-gran										
		university:										
10		An organization that normally from activities related to its investment income and unre June 30, 1975. See section 5	exempt functions, sub lated business taxable	eject to certain exception	ns; and	(2) no r	nore than 33-1/3% of	its suppo	rt from gross			
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	509(a)(4).					
12		An organization organized ar	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry	out the pu	irposes of one			
		or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	r section	n 509(a)	(2). See section 509(	<b>a)(3).</b> Che	ck the box on			
а	П	Type I. A supporting organization							oorted			
u	Ш	organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	a majority of the directo	rs or trus	tees of t	he supporting organiza	tion. <b>You n</b>	nust			
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	/ having cation(s). <b>Yo</b>	ontrol or <b>Du</b>			
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ai	nd functio	onally integrated with, it	s supported	d			
d		Type III non-functionally integrated. The of	r <b>ated.</b> A supporting org organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organization(	s) that is n	not			
е		instructions). <b>You must com</b> Check this box if the organiz	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II, Ty	pe III func	ctionally			
f	Fn	integrated, or Type III non-funter the number of supported of					3, 3, 3	· 				
a .		ovide the following information	•					L				
(		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi)	Amount of other			
				(described on lines 1-10 above (see instructions))		ion listed	support (see instructions)	support	(see instructions)			
					docur	nent?						
					Yes	No						
A)												
B)												
C)												
D)												
_	_											
E)												
								1				

## 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) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	490,040. 1,744,1		2,310,485.	1,635,813.	1,582,311.	7,762,823.
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)	490,040.	1,744,174.	2,310,485.	1,635,813.	1,582,311.	7,762,823.
6	Public support. Subtract line 5 from line 4						7,762,823.
Sec	tion B. Total Support						.,
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
7	Amounts from line 4	490,040.	1,744,174.	2,310,485.	1,635,813.	1,582,311.	7,762,823.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,441.	46,993.	44,925.	33,699.	16,268.	176,326.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,141.	20,000	22,020	20,000	==,====	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						7,941,290.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	<b>First 5 years.</b> 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)	
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 2						97.75 % 97.73 %
	33-1/3% support test—2021. If the and stop here. The organization	ne organization di	id not check the b	oox on line 13. an	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2020.</b> If th and <b>stop here.</b> The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and <b>stop here</b>	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a I-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ed organization.	VI how the ►

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						
	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
	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						
	<b>Total.</b> 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						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						_
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
	Amounts from line 6						
	similar sources						
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Unrelated business taxable income (less section 511 taxes) from businesses						
c 11 12	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 on line 10b, whether or not the business is regularly carried on						
11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	stop here		third, fourth, or 1	fifth tax year as a	section 501(c)(3)	<b>&gt;</b> []
11 12 13 14 Sec	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 on line 10b, whether or not the business is regularly carried on	stop here blic Support F	Percentage				
11 12 13 14 Sec 15	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 on line 10b, whether or not the business is regularly carried on	stop hereblic Support F 21 (line 8, colum	Percentage n (f), divided by lir	ne 13, column (f)	))		%
11 12 13 14 Sec 15 16	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 on line 10b, whether or not the business is regularly carried on	stop hereblic Support F 121 (line 8, colum 2020 Schedule A	Percentage n (f), divided by lin , Part III, line 15.	ne 13, column (f)	))		
11 12 13 14 Sec 15 16 Sec	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 on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pulpublic support percentage from a public support percentage from to the sale of computation of Investigation.	stop hereblic Support F 21 (line 8, colum 2020 Schedule A estment Incol	Percentage n (f), divided by lir , Part III, line 15 me Percentage	ne 13, column (f)	))		% %
11 12 13 14 Sec 15 16 Sec 17	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 on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop hereblic Support F 21 (line 8, colum 2020 Schedule A estment Incor or 2021 (line 10c	Percentage  n (f), divided by lir , Part III, line 15.  me Percentage , column (f), divide	ne 13, column (f)	umn (f))		90 90
11 12 13 14 Sec 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	stop hereblic Support F 21 (line 8, colum 2020 Schedule A estment Incolor or 2021 (line 10c rom 2020 Schedu	Percentage  n (f), divided by lin , Part III, line 15.  me Percentage , column (f), divide	ne 13, column (f)	umn (f))	15 16 17 18	00 00 00 00
11 12 13 14 Sec 15 16 Sec 17 18 19a	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 on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	blic Support F 21 (line 8, colum 2020 Schedule A estment Incor or 2021 (line 10c rom 2020 Schedu the organization of this box and sto	Percentage  n (f), divided by lin, Part III, line 15.  me Percentage , column (f), dividental line A, Part III, line bid not check the beyn here. The organ lid not check a bootst	ne 13, column (f) ed by line 13, col 17 box on line 14, ar ization qualifies a	umn (f))	15 16 17 18 than 33-1/3%, and orted organization 6 is more than 33-	% % % d line 17 ► [] 1/3%, and

84-1495770

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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI,</b> 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?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in <b>Part VI.</b></i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	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		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Pa	art IV   Supporting Organizations (continued)			
-1-1	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ection B. Type I Supporting Organizations			
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	during the tax year.	1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the	4		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations		V	NI.
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctıons	s).
2	2 Activities Test. Answer lines 2a and 2b below.	ļ	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990) 2021 RIO GRANDE HEADWATERS LAND TRUST

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 84-1495770

	1. 1. The management and a second control of the second control of			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
	e 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	<u>~</u>	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (	continued)
	B B' - '' - '	

Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in <b>Part VI</b> ). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
<b>d</b> Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

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.)

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

#### 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

RIO GRANDE HEADWATERS LAND TRUST

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

Inspection

84-1495770 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). X Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a 52 **b** Total acreage restricted by conservation easements. 2b 28,591 c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

SEE PART XIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

**b** Assets included in Form 990, Part X.....

Part III   Organizations Maintai	ining Collec	ctions	oi Art, Histo	rıcal	reasures, or O	ther Similar Ass	ets (C	ontinu	ea)		
3 Using the organization's acquisition, items (check all that apply):	, accession, ar	nd other r		-	-	significant use of its	collectio	n			
<b>a</b> Public exhibition			<b>d</b> Loan d	r exc	hange program						
b Scholarly research e Other											
c Preservation for future generations											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5 During the year, did the organizate to be sold to raise funds rather the Part IV Escrow and Custodial	nan to be mair	ntained a	as part of the or	ganiz	zation's collection?		Yes	Dor	No		
line 9, or reported an a	amount on	Form 9	990, Part X, I	ine a	21.	ered res on Fo	1111 99	u, Par	ιιν,		
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	n or othe	er intermediary t	for co	ntributions or other a	assets not included	Yes		No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	nd comp	lete the followir	ng tab	ole:						
							Amoun	t			
<b>c</b> Beginning balance						1 c					
<b>d</b> Additions during the year						1 d					
e Distributions during the year						1 e					
<b>f</b> Ending balance						1 f					
2 a Did the organization include an a	mount on For	m 990, F	Part X, line 21,	for es	scrow or custodial ac	count liability?	Yes		No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	Check he	ere if the explan	ation	has been provided of	n Part XIII			7		
Part V Endowment Funds. Co	omplete if t	the org	anization ans	swer	ed 'Yes' on Form	n 990, Part IV, Iir	ne 10.				
	(a) Current	year	(b) Prior year		(c) Two years back	(d) Three years back	(e)	Four years	s back		
1 a Beginning of year balance	1,168,	368.	994,94	48.	750,451.	740,601.		617,	147.		
<b>b</b> Contributions		047.	45,00	00.	90,567.	47,127.		14,	768.		
<b>c</b> Net investment earnings, gains,			•		•	,		·			
and losses	164,	593.	128,42	20.	153,930.	-37,277.		108,	686.		
<b>d</b> Grants or scholarships	·		·		·	·					
e Other expenditures for facilities and programs						0.					
f Administrative expenses											
<b>g</b> End of year balance	1,368,	008.	1,168,3	68.	994,948.	750,451.		740,	601.		
2 Provide the estimated percentage					<b>'</b>		1	· · ·			
<b>a</b> Board designated or quasi-endowne	ent ►	100	.00%								
<b>b</b> Permanent endowment ►	%		<u></u>								
c Term endowment ►	%										
The percentages on lines 2a, 2b, ar	nd 2c should ed	nual 1009	%.								
· ·											
<b>3a</b> Are there endowment funds not in the organization by:	he possession	of the or	ganization that a	re hel	d and administered for	the	Γ	Yes	No		
(i) Unrelated organizations							3a(i)	103	X		
(ii) Related organizations							3a(ii)		X		
<b>b</b> If 'Yes' on line 3a(ii), are the rela							3b				
4 Describe in Part XIII the intended	-		•				30		<u> </u>		
			lion's endowine	III IUI	ius. SEE PARI	YIII					
Part VI Land, Buildings, and I Complete if the organi.			Yes' on Form	า 99(	0, Part IV, line 1	la. See Form 99	0, Par	t X, Iir	ne 10.		
Description of property	(	(a) Cost (inv	or other basis estment)	(b)	Cost or other pasis (other)	(c) Accumulated depreciation	(d)	Book va	lue		
<b>1 a</b> Land		-									
<b>b</b> Buildings											
c Leasehold improvements											
<b>d</b> Equipment	<u></u>										
<b>e</b> Other	<u> </u>				+						
Total. Add lines 1a through 1e. (Colum		ual Forn	n 990. Part X o	olumi	n (B), line 10c )	<b>&gt;</b>			0.		
BAA	(a) mast eq	Jan 1 0111	. 550, r art /1, C	Jiaiill	. (2),		ule D (F	orm 990			

(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)			
D)			
E)			
<u>(F)</u>			
G) H)			
(l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11c. See Fo	orm 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨	N/A		
	N/A 'Yes' on Form 990	0, Part IV, line 11d. See Fo	orm 990, Part X, line 1
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 99i cription	D, Part IV, line 11d. See Fo	orm 990, Part X, line 19
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 99	0, Part IV, line 11d. See Fo	
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 99	0, Part IV, line 11d. See Fo	
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 99	0, Part IV, line 11d. See Fo	
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)	'Yes' on Form 99	0, Part IV, line 11d. See Fo	
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 99	0, Part IV, line 11d. See Fo	
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)	'Yes' on Form 99	0, Part IV, line 11d. See Fo	
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 99	O, Part IV, line 11d. See Fo	
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 99	O, Part IV, line 11d. See Fo	
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	0, Part IV, line 11d. See Fo	(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	0, Part IV, line 11d. See Fo	(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.	'Yes' on Form 990 scription	0, Part IV, line 11d. See Fo	(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  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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)  Other Liabilities.	'Yes' on Form 990 scription	0, Part IV, line 11d. See Fo	(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 (E)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Folia.  (a) Description (b) Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Folia.  (a) Description (B) Part X	'Yes' on Form 990 scription  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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 Followship (Column (Col	'Yes' on Form 990 scription  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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 Followship (Column (Col	'Yes' on Form 990 scription  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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 Foliation (I)  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	'Yes' on Form 990 scription  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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)  (4)  (5)  (6)  (7)  (8)	'Yes' on Form 990 scription  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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 IX  Other Assets.  Complete if the organization answered  (a) Description (Column (b) must equal Form 990, Part X, column (B) (B) (Column (B) must equal Form 990, Part X, column (COLUMN (B) Equal Form 990, Part X, column (B) (Equal Form 990, Part X)  Other Liabilities.  Complete if the organization answered 'Yes' on Following (COLUMN (B) Equal Form 990, Part X, column (B) (Equal Form 990, Part X, column (B) (Equal Form 990, Part X, column (B) (Equal Form 990, Part X, column (Equal F	'Yes' on Form 990 scription  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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 IX  Other Assets.  Complete if the organization answered  (a) Description (Column (b) must equal Form 990, Part X, column (B) (Column (B) must equal Form 990, Part X, column (B) (Column (B) must equal Form 990, Part X, column (B) (Column (B) must equal Form 990, Part X, column (B) must equal Form 990, Part X, column (B) must equal Form 990, Part X, column (B) must equal Form 990, Part X,	'Yes' on Form 990 scription  B) line 15.)	0, Part IV, line 11d. See Fo	(b) Book value ▶ ine 25.
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 IX  Other Assets.  Complete if the organization answered  (a) Description (Column (b) must equal Form 990, Part X, column (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	'Yes' on Form 990 scription  B) line 15.)  Drm 990, Part IV, line 1 ption of liability	0, Part IV, line 11d. See Form 990, Part X, I	(b) Book value ▶ ine 25. (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,575,746.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	105,039.
3 Subtract line 2e from line 1.	3	1,470,707.
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		
b Other (Describe in Part XIII.) SEE PART XIII 4b 299,000.		
c Add lines 4a and 4b	4 c	299,000.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,769,707.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,242,216.
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. 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2 e	19,278.
3 Subtract line 2e from line 1.	3	1,222,938.
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.) SEE PART XIII 4b 299,000.		
c Add lines <b>4a</b> and <b>4b</b>	4 c	299,000.
5 Lotal Avnances Δαα lines ₹ and Λε (This must equal Form 990 Part L line 18)	5	1.521.938.

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**

Part XIII Supplemental Information.

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) 2021

#### 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 D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

CONSERVATION EASEMENT DONATIONS TOTAL	\$ \$	299,000. 299,000.
SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S		
CONSERVATION EASEMENT DONATIONS	\$ \$	299,000. 299,000.

#### **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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 84-1495770

Part	Π	Types	of Property		
RIO	GF	RANDE	HEADWATERS	LAND	TRUST

► Attach to Form 990.

	, , ,				_	
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution 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	3	299,000.	APPRAISAL	
15	Real estate – Residential			23370001		
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► ( )					
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Dones				29 1	
					Yes No	
30a	During the year, did the organization receive by contri it must hold for at least three years from the date	of the initia	I contribution, and whic	h isn't required to be u		
L	for exempt purposes for the entire holding period?				30 a X	
	of If 'Yes,' describe the arrangement in Part II.					
	Does the organization hire or use third parties or recontributions?	•			32a X	
	If 'Yes,' describe in Part II.					
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,	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

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-.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

#### **SCHEDULE 0** (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 **2021** 

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 9 - OFFICER. DIRECTOR. TRUSTEE. KEY EMPLOYEE MAILING ADDRESS

ALLEN LAW - PO BOX 444, DEL NORTE, CO 81132

CATHY MORIN - PO BOX 444, DEL NOTE, CO 81132

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

THE FORM 990 DRAFT IS REVIEWED IN DETAIL BY THE EXECUTIVE DIRECTOR, ASSOCIATE 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 OUALIFIED 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

84-1495770

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON RECEIVES REIMBURSEMENTS FOR ROUTINE, REASONABLE, AND DOCUMENTED EXPENSES INCURRED DURING THE YEAR UNDER AN ACCOUNTABLE PLAN. THE EXECUTIVE DIRECTOR TRAVELS THROUGHOUT OUR SERVICE AREA. THE ORGANIZATION HAS A TRAVEL POLICY THAT REQUIRES LOW-BUDGET 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.

TEEA4902L 08/10/21