Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calen	dar year, or tax year begin	ning	, 2022,	and ending			, 20		
В	Check if ap	oplicable:	С				D E	nployer i	dentificatio	n number	
	Addre	ss change	RIO GRANDE HEADW	ATERS LAND TRU	JST		8	4-14	95770		
	Name	change	P.O. BOX 444					lephone			
		return	DEL NORTE, CO 81	132				7101	657-	N88N	
		eturn/terminated					<u>`</u>	117)	037	0000	
	\vdash								ė	1 075	000
	_	ded return	<u> </u>			1		oss rece		1,975,	7.7
	Applic	cation pending	F Name and address of principa	I officer:			(a) Is this a group				X No
			SAME AS C ABOVE			"	(b) Are all subord If "No," attach	nates inc a list. Se	luded? e instructio	ns. Yes	No
<u> </u>	Tax-exe	mpt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527					
J	Websi	ite: N/	A			Н	(c) Group exempt	on numb	er		
K	Form of	organization:	X Corporation Trust	Association Other	LY	ear of formation	ı: 1999	M State	e of legal do	omicile: CO	
Pa		Summar									
	1 Br	iefly descri	be the organization's missi	on or most significan	t activities:TO	CONSERV	E OUR LAN	ID, W	ATER,	AND W	AY
a			IN COLORADO'S SAI								
Activities & Governance	_										
E	_										
š	2 Cr	neck this bo	ox if the organization	n discontinued its ope	erations or dispo	osed of more	e than 25% of	its ne	t assets.		
త			oting members of the gover						3		7
∞ర			dependent voting members						4		7
<u>ë</u> .			of individuals employed in						5		5
Ę			of volunteers (estimate if						6		13
Ą			ed business revenue from I						7a		0.
	b N∈	et unrelated	I business taxable income	from Form 990-T, Pai	t I, line 11				7b		0.
							Prior Y			Current Ye	
ø)			and grants (Part VIII, line	•			1,58			1,628	
Revenue	9 Pr	ogram serv	rice revenue (Part VIII, line	: 2g)				3,73			,696.
eve			ncome (Part VIII, column (A	·				9,342			,107.
Œ			e (Part VIII, column (A), Iir		•		1	4,32	4.		,976.
			e - add lines 8 through 11				1,76	9,70	7.	1,856	,809.
	13 Gr	rants and s	imilar amounts paid (Part I	X, column (A), lines	l -3)						
	14 Be	enefits paid	to or for members (Part I)								
	15 Sa	alaries, othe	er compensation, employee	5-10)	23	279	,013.				
Expenses	16a Pr	ofessional	fundraising fees (Part IX, o		·						
ē	h To		sing expenses (Part IX, col								
茁	4 - 01			-		6,742.	1 00		_		
			ses (Part IX, column (A), li	•			1,28	-		1,575	
			es. Add lines 13-17 (must				1,52			1,855	
		evenue less	expenses. Subtract line 1	8 from line 12			24	7,76			,808.
. o							Beginning of C		· · ·	End of Ye	
sets	20 To		(Part X, line 16)				1,93			1,721	,557.
AB	21 To	otal liabilitie	s (Part X, line 26)				4	3,60 _°	4.	109,	,476.
Net Assets Fund Balanc	22 Ne	et assets or	fund balances. Subtract li	ne 21 from line 20			1,88	9,53	3.	1,612	,081.
		Signatur	e Block					•		<u> </u>	
Unde	er penalties	of perjury, I de	eclare that I have examined this retu	ırn, including accompanying	schedules and staten	nents, and to the	e best of my know	edge and	d belief, it is	true, correct	, and
com	plete. Decla	ration of prepa	eclare that I have examined this returner (other than officer) is based on	all information of which prepared	arer has any knowled	dge.	-	-			
Sig	nr	Signature of	officer				Date				
He	ere	LYLE H	HOOD			тr	EASURER				
			name and title				шиоопшп				
		Print/Type p	preparer's name	Preparer's signature		Date	Check	T i	f PTIN		
_	:				IC CDN			ш	'	252726	
Pa			·	RONALD SIMMON	NO, CPA		seif-er	nployed	IPUI	252736	
Pr(eparer	Firm's name		BATEMAN INC.							
US	e Only	Firm's addre					Firm's		84-06		
			· · · · · · · · · · · · · · · · · · ·	31101			Phone	no. (589-36 <u>1</u>	
Ma	y the IRS	3 discuss th	is return with the preparer	shown above? See in	nstructions				X	Yes	No

Par		\neg
	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.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ? Yes X No)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	and revenue, if any, for each program service reported.	
	(O	_
4a	(Code:) (Expenses \$ 1,601,627. including grants of \$) (Revenue \$55,696.	_)
	LAND AND WATER PROTECTION: WORKED TO PROTECT PRIVATE LAND THROUGHOUT COLORADO'S RIO	
	GRANDE BASIN, THE SAN LUIS VALLEY, WITH A SPECIAL FOCUS ON THE CORRIDORS OF THE RIO	
	GRANDE RIVER AND ITS TRIBUTARIES, AS WELL AS WETLAND ACRES AND HABITAT PROTECTION.	
	CONTINUED TO INCLUDE UNDERSERVED REGIONS IN THE SAN LUIS VALLEY AND EXPANDED OUR	
	RESTORATION PROGRAM. CONSERVED FOUR PROPERTIES WITH CONSERVATION EASEMENTS IN 2022	
	TOTALING 2,704 ACRES AND WORKED ON DUE DILIGENCE, GRANT WRITING AND OTHER PROCESSES	
	FOR SEVERAL OTHER UPCOMING CONSERVATION EASEMENTS.	_
		_
4b	(Code:) (Expenses \$30,409. including grants of \$) (Revenue \$75,000.	_)
	STEWARDSHIP: MONITORED EACH OF RIGHT'S 56 CONSERVATION EASEMENTS COVERING 30,000 +	
	ACRES OF OPEN SPACE FOR AGRICULTURE, WILDLIFE HABITAT, AND RECREATION. PROVIDED	
	CONSERVATION EASEMENT SERVICES, RESTORATION CONSULTS, AND CONDUCTED ENFORCEMENT	
	ACTIONS AS NECESSARY.	
		_
4c	(Code:) (Expenses \$9,742. including grants of \$) (Revenue \$	_)
	COMMUNITY CONSERVATION: WORKED WITHNON-PROFIT AND COMMUNITY PARTNERS TO ENGAGE YOUTH	
	IN 35 HOURS OF CONSERVATION EDUCATION PROGRAMS ON RIGHT'S CONSERVED PROPERTIES. LED	
	ONE NATURE TOUR ON A RIGHT CONSERVED PROPERTY.	
		_
		-
		_
	Others are services (Describe on Colombia O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,641,778.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV.	14b		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		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? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Χ
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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
ВΛΛ	(gambing) winnings to prize winners:	_	Δ 000 (2000

Form 990 (2022) RIO GRANDE HEADWATERS LAND TRUST

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

			res	NO				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х				
	If "Yes," indicate the number of Forms 8282 filed during the year	_		V				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ				
Ĭ	as required?	7 g						
	Form 1098-C?							
Ŭ	organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	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.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	134						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37				
	excess parachute payment(s) during the year?	15		X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would							
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	TTT 1440T - 00/04/00							

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 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a 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 7b 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?..... 8b 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 OSEE. SCHEDULE. O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a 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 11a 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?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .O..... 15b 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?..... 16a 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 16b organization's exempt status with respect to such arrangements?... 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 Own website 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

Form 990 (2022)

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

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

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

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

BAA

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
					(C))					
	(A) Name and title	(B) Average hours per	is	both dir	an c	officer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
() ANDREW BROWN	40							40 155		
	EXECUTIVE DIR.	0			X				48,155.	0.	0.
	ALLEN LAW EXECUTIVE DIR.	$-\frac{40}{0}$			Χ				28,974.	0.	0.
_(:	DOUG OUREN	1									
	DIRECTOR	0	Χ						0.	0.	0.
_(4	DOUG CLARK	1									
	VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
_(;	D LINDA SCHOONHOVEN	11									
	SECRETARY	0	Χ		Χ				0.	0.	0.
_(6	D LYLE HOOD	1									
	TREASURER	0	Χ		Χ				0.	0.	0.
_(') KYLER BROWN	1									
	DIRECTOR	0	Χ						0.	0.	0.
(8	S) GUY KEENE	<u> 15</u> _									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
_() STEVE RUSSELL	1									
	DIRECTOR	0	Χ						0.	0.	0.
(10) 		-								
(11)										
(12)										
(13)										
(14) 										
		1	1			ı					

TEEA0107L 09/01/22

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calen	dar year, or tax year begin	ning	, 2022,	and ending			, 20		
В	Check if ap	oplicable:	С				D E	nployer i	dentificatio	n number	
	Addre	ss change	RIO GRANDE HEADW	ATERS LAND TRU	JST		8	4-14	95770		
	Name	change	P.O. BOX 444					lephone			
		return	DEL NORTE, CO 81	132				7101	657-	N88N	
		eturn/terminated					<u>`</u>	117)	037	0000	
	\vdash								ė	1 075	000
	_	ded return	<u> </u>			1		oss rece		1,975,	7.7
	Applic	cation pending	F Name and address of principa	I officer:			(a) Is this a group				X No
			SAME AS C ABOVE			"	(b) Are all subord If "No," attach	nates inc a list. Se	luded? e instructio	ns. Yes	No
<u> </u>	Tax-exe	mpt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527					
J	Websi	ite: N/	A			Н	(c) Group exempt	on numb	er		
K	Form of	organization:	X Corporation Trust	Association Other	LY	ear of formation	1999	M State	e of legal do	omicile: CO	
Pa		Summar									
	1 Br	iefly descri	be the organization's missi	on or most significan	t activities:TO	CONSERV	E OUR LAN	ID, W	ATER,	AND W	AY
a			IN COLORADO'S SAI								
Activities & Governance	_										
E	_										
š	2 Cr	neck this bo	ox if the organization	n discontinued its ope	erations or dispo	osed of more	e than 25% of	its ne	t assets.		
త			oting members of the gover						3		7
∾ర			dependent voting members						4		7
<u>ë</u> .			of individuals employed in						5		5
Ę			of volunteers (estimate if						6		13
Ą			ed business revenue from I						7a		0.
	b N∈	et unrelated	I business taxable income	from Form 990-T, Pai	t I, line 11				7b		0.
							Prior Y			Current Ye	
ø)			and grants (Part VIII, line	•			1,58			1,628	
Revenue	9 Pr	ogram serv	rice revenue (Part VIII, line	: 2g)				3,73			,696.
eve			ncome (Part VIII, column (A	·				9,342			,107.
Œ			e (Part VIII, column (A), Iir		•		1	4,32	4.		,976.
			e - add lines 8 through 11				1,76	9,70	7.	1,856	,809.
	13 Gr	rants and s	imilar amounts paid (Part I	X, column (A), lines	l -3)						
	14 Be	enefits paid	to or for members (Part I)								
	15 Sa	alaries, othe	er compensation, employee	5-10)	23	279	,013.				
Expenses	16a Pr	ofessional	fundraising fees (Part IX, o		·						
ē	h To		sing expenses (Part IX, col								
茁	4 - 01			-		6,742.	1 00		_		
			ses (Part IX, column (A), li	•			1,28	-		1,575	
			es. Add lines 13-17 (must				1,52			1,855	
		evenue less	expenses. Subtract line 1	8 from line 12			24	7,76			,808.
. o							Beginning of C		· · ·	End of Ye	
sets	20 To		(Part X, line 16)				1,93			1,721	,557.
AB	21 To	otal liabilitie	s (Part X, line 26)				4	3,60 _°	4.	109,	,476.
Net Assets Fund Balanc	22 Ne	et assets or	fund balances. Subtract li	ne 21 from line 20			1,88	9,53	3.	1,612	,081.
		Signatur	e Block					•			
Unde	er penalties	of perjury, I de	eclare that I have examined this retu	ırn, including accompanying	schedules and staten	nents, and to the	e best of my know	edge and	d belief, it is	true, correct	, and
com	plete. Decla	ration of prepa	eclare that I have examined this returner (other than officer) is based on	all information of which prepared	arer has any knowled	dge.	-	-			
Sig	nr	Signature of	officer				Date				
He	ere	LYLE H	HOOD			тr	EASURER				
			name and title				шиоопшп				
		Print/Type p	preparer's name	Preparer's signature		Date	Check	T i	f PTIN		
_	:				IC CDN			ш	'	252726	
Pa			·	RONALD SIMMON	NO, CPA		seif-er	nployed	IPUI	252736	
Pr(eparer	Firm's name		BATEMAN INC.							
US	e Only	Firm's addre					Firm's		84-06		
			· · · · · · · · · · · · · · · · · · ·	31101			Phone	no. (589-36 <u>1</u>	
Ma	y the IRS	3 discuss th	is return with the preparer	shown above? See in	nstructions				X	Yes	No

Par		\neg
	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.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ? Yes X No)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	and revenue, if any, for each program service reported.	
	(O	_
4a	(Code:) (Expenses \$ 1,601,627. including grants of \$) (Revenue \$55,696.	_)
	LAND AND WATER PROTECTION: WORKED TO PROTECT PRIVATE LAND THROUGHOUT COLORADO'S RIO	
	GRANDE BASIN, THE SAN LUIS VALLEY, WITH A SPECIAL FOCUS ON THE CORRIDORS OF THE RIO	
	GRANDE RIVER AND ITS TRIBUTARIES, AS WELL AS WETLAND ACRES AND HABITAT PROTECTION.	
	CONTINUED TO INCLUDE UNDERSERVED REGIONS IN THE SAN LUIS VALLEY AND EXPANDED OUR	
	RESTORATION PROGRAM. CONSERVED FOUR PROPERTIES WITH CONSERVATION EASEMENTS IN 2022	
	TOTALING 2,704 ACRES AND WORKED ON DUE DILIGENCE, GRANT WRITING AND OTHER PROCESSES	
	FOR SEVERAL OTHER UPCOMING CONSERVATION EASEMENTS.	_
		_
4b	(Code:) (Expenses \$30,409. including grants of \$) (Revenue \$75,000.	_)
	STEWARDSHIP: MONITORED EACH OF RIGHT'S 56 CONSERVATION EASEMENTS COVERING 30,000 +	
	ACRES OF OPEN SPACE FOR AGRICULTURE, WILDLIFE HABITAT, AND RECREATION. PROVIDED	
	CONSERVATION EASEMENT SERVICES, RESTORATION CONSULTS, AND CONDUCTED ENFORCEMENT	
	ACTIONS AS NECESSARY.	
		_
4c	(Code:) (Expenses \$9,742. including grants of \$) (Revenue \$	_)
	COMMUNITY CONSERVATION: WORKED WITHNON-PROFIT AND COMMUNITY PARTNERS TO ENGAGE YOUTH	
	IN 35 HOURS OF CONSERVATION EDUCATION PROGRAMS ON RIGHT'S CONSERVED PROPERTIES. LED	
	ONE NATURE TOUR ON A RIGHT CONSERVED PROPERTY.	
		_
		-
		_
	Others are services (Describe on Colombia O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,641,778.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV.	14b		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		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? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
ВΛΛ	(gambing) winnings to prize winners:	_	Δ 000 (2000

Form 990 (2022) RIO GRANDE HEADWATERS LAND TRUST

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

			res	NO				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х				
	If "Yes," indicate the number of Forms 8282 filed during the year	_		V				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ				
Ĭ	as required?	7 g						
	Form 1098-C?							
Ŭ	organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	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.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	134						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37				
	excess parachute payment(s) during the year?	15		X				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would							
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	TTT 1440T - 00/04/00							

Form 990 (2022) RIO GRANDE HEADWATERS LAND TRUST 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 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a 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 7b 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?..... 8b 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 OSEE. SCHEDULE. O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a 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 11a 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?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .O..... 15b 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?..... 16a 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 16b organization's exempt status with respect to such arrangements?... 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 Own website 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

Form 990 (2022)

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

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

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

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

BAA

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
					(C))					
	(A) Name and title	(B) Average hours per	is	both dir	an c	officer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
() ANDREW BROWN	40							40 155		
	EXECUTIVE DIR.	0			X				48,155.	0.	0.
	ALLEN LAW EXECUTIVE DIR.	$-\frac{40}{0}$			Χ				28,974.	0.	0.
_(:	DOUG OUREN	1									
	DIRECTOR	0	Χ						0.	0.	0.
_(4	DOUG CLARK	1									
	VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
_(;	D LINDA SCHOONHOVEN	11									
	SECRETARY	0	Χ		Χ				0.	0.	0.
_(6	D LYLE HOOD	1									
	TREASURER	0	Χ		Χ				0.	0.	0.
_(') KYLER BROWN	1									
	DIRECTOR	0	Χ						0.	0.	0.
(8	S) GUY KEENE	<u> 15</u> _									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
_() STEVE RUSSELL	1									
	DIRECTOR	0	Χ						0.	0.	0.
(10) 		-								
(11)										
(12)										
(13)										
(14) 										
		1	1			ı					

TEEA0107L 09/01/22

Part VII	Section A. Officers, Directors, 11	(B)	ney	EII	1D10	_	es,	and	a nignest Com	ipensated Empi	oyees	(cont	inuea)
		, ,			•	•			(D)	(F)		(E)	
	(A) Name and title	Average (do not check more than one box, unless person is both ar officer and a director/trustee)		h an	(D) Reportable	(E) Reportable	Fstim.	(F) ated am	nount				
		week (list any		the organization related organization		compensation from related organizations (W-2/1099-	compe	of other nsation	from				
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	d
		related organiza - tions	ctor tr	onal	_	nploy	ee t com	۲			org	anizatio	115
		below dotted	uste	trust		ee	pens						
		line)		ee			ated						
(15)													
(16)													
(17)													
<u> </u>													
(18)													
<u>(19)</u>													
(20)													
<u> </u>													
(21)		İ											
(22)													
(23)													
			•										
(24)													
(25)													
(25)													
1b Subt	total								77,129.	0.			0.
	I from continuation sheets to Part VII, Secti								0.	0.	0.		
	I (add lines 1b and 1c)								77,129.	0.			0.
	i the organization O	i to those i	isteu	abo	ve) \	WHO	recer	veu	more than \$100,00	o or reportable comp	ensalio	I	
	<u> </u>											Yes	No
3 Did t	the organization list any former officer, direc	tor, truste	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee			
	ne 1a? If "Yes,"complete Schedule J for suc										. 3		X
4 For a	any individual listed on line 1a, is the sum o organization and related organizations greate	f reportab er than \$1	le co	mpe	ensa If "	ation Yes.	and " cor	oth nole	er compensation ete Schedule J for	from			
such	n individual										4		X
5 Did a	any person listed on line 1a receive or accruery ervices rendered to the organization? If "Ye	e comper	satio	n fr	om dule	any	unre	late	ed organization or	individual	5		Х
Section	B. Independent Contractors											<u> </u>	
1 Com	plete this table for your five highest compendensation from the organization. Report comper	sated ind	epen	deni alen	t coi	ntrad vear	ctors	tha	t received more the or	nan \$100,000 of			
	(A) Name and business add			<u></u>	<u> </u>	<i>y</i> • • • •	0.10.	<u>g</u> .	(B))	(C)	
ī	Name and business add	ress							Description (of services	Compe	nsatio	วท
	number of independent contractors (including I		ited to	o the	ose l	listed	d abo	ve)	who received more	than			
\$100	0,000 of compensation from the organization	0											

		Check if Schedule O contains a response or note to an	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e 1,015,751.				
Contributions and Other Sir	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	1 (20 020			
	- 11	Business Code	1,628,030.			
ž	2a		75 000	75 000		
Program Service Revenue	b	STEWARDSHIP/LEGAL DEFENSE 900099 FEES FOR SERVICES 900099	75,000. 55,696.	75,000. 55,696.		
n Servic	d					
ran	f	All other program service revenue				
rog	q		130,696.			
ш.	3	Investment income (including dividends, interest, and	130,030.			
	4	other similar amounts)	20,846.			20,846.
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a 147,334.				
	b	Less: cost or other basis				
		and sales expenses 7b 119,073.				
		Gain or (loss) 7c 28, 261.				
		Net gain or (loss)	28,261.	28,261.		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				
er	h	Less: direct expenses 8b				
Ŧ		Net income or (loss) from fundraising events	14,884.			
)		Gross income from gaming activities. See Part IV, line 19	14,004.			
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	1 0 a	Gross sales of inventory, less				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
S		Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	34,092.			34,092.
scellaneo Revenue	b					
	С					
is R	-	All other revenue				
		Total. Add lines 11a-11d	34,092.			
	12	Total revenue. See instructions	1,856,809.	158,957.	0.	54,938.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		· 				
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	77,129.	39,336.	35,479.	2,314.				
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	161,896.	82,566.	74,145.	5,185.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101, 690.	02,300.	74,143.	3,103.				
9	Other employee benefits								
10	Payroll taxes	39,988.	20,394.	18,991.	603.				
11	Fees for services (nonemployees):	į	·	Í					
а	Management								
b	Legal								
	Accounting								
	Lobbying.								
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	48,392.	38,150.	8,142.	2,100.				
13	Office expenses	33,748.	1,040.	32,290.	418.				
14	Information technology	33,740.	1,040.	32,290.	410.				
15	Royalties								
16	Occupancy	10,331.		10,331.					
17	Travel	17,223.	4,373.	12,477.	373.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	17,223.	4,373.	12,477.	373.				
	Conferences, conventions, and meetings	6,492.	5,869.	623.					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23 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.).	6,757.	2,754.	4,003.					
а	CONSERVATION EASEMENT PURCHASE	1,057,031.	1,057,031.						
b	PASS-THROUGH EXPENSE	362,849.	362,849.						
С		27,416.	27,416.						
d		5,749.	,110.		5,749.				
e	All other expenses.	3,,13,			0,.13.				
25	Total functional expenses. Add lines 1 through 24e	1,855,001.	1,641,778.	196,481.	16,742.				
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						
				(A) Beginning of year		(B) End of year			
	1	Cash – non-interest-bearing		115,687.	1	112,666.			
	2	Savings and temporary cash investments		390,554.	2	386,554.			
	3	Pledges and grants receivable, net		58,836.	3	75,490.			
	4	Accounts receivable, net			4				
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, I contributor, or 35% rsons		5				
	6	Loans and other receivables from other disqualified p	<u> </u>						
	U	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				
set	9	Prepaid expenses and deferred charges	<u> </u>		9				
Assets	_		i i h		9				
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D							
	b	Less: accumulated depreciation	<u> </u>		10c				
	11	Investments — publicly traded securities	<u> </u>	1,368,008.	11 12	1,146,791.			
	12		ents - other securities. See Part IV, line 11						
	13	Investments — program-related. See Part IV, line 11.			13				
	14	Intangible assets	F		14				
	15	Other assets. See Part IV, line 11	F	52.	15	56.			
	16	Total assets. Add lines 1 through 15 (must equal line	33)	1,933,137.	16	1,721,557.			
	17	Accounts payable and accrued expenses	43,604.	17	109,476.				
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities	<u> </u>		20				
<u>e</u>	21	Escrow or custodial account liability. Complete Part I			21				
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35% rsons		22				
	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23				
	24	Unsecured notes and loans payable to unrelated third	·		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, aplete Part X of Schedule D.		25				
	26	Total liabilities. Add lines 17 through 25		43,604.	26	109,476.			
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X	·		·			
<u>a</u>	27	Net assets without donor restrictions		1,569,379.	27	1,264,797.			
Ba	28	Net assets with donor restrictions		320,154.	28	347,284.			
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	020, 2011		011/2011			
ō	29	Capital stock or trust principal, or current funds			29				
Ø	30	Paid-in or capital surplus, or land, building, or equipm	<u> </u>		30				
š	31	Retained earnings, endowment, accumulated income,			31				
¥	32	Total net assets or fund balances		1,889,533.	32	1,612,081.			
Vet	33	Total liabilities and net assets/fund balances		1,933,137.	33	1,721,557.			
<u>~</u>			TFFA01111 09/01/22	1,333,137.	JJ	1, /21, 55/.			

	The state of the s	1130,			- 3 -
Par	t 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,	856,	809.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	355,	001.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	808.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	889,	533.
5	Net unrealized gains (losses) on investments.	5	-:	279,	260.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,	612 <u>,</u>	081.
Par	t 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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t,		37	
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform			
	Guidance, 2 C.F.R Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b)	
BAA	TEEA0112L 09/01/22		For	n 990	(2022)

Form **990** (2022)

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

2022

Open to Public Inspection

	lame of the organization Employer identification number								
	GRANDE HEADWATERS LA					84-149577			
	Reason for Public Cha						ctions.		
The c	rganization is not a private found				•	•			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2	A school described in sectio								
3	A hospital or a cooperative h					• • •			
4	A medical research organiza	tion operated in conj	junction with a hospital	describe	d in sec	ction 1 70(b)(1)(A)(iii) . E	Inter the hospital's		
	name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	blic described		
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	l.)					
9	An agricultural research organi				oniunctio	on with a land-grant coll	eae		
	or university or a non-land-grain university:								
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	An organization organized ar	nd operated exclusiv	ely to test for public safe	ety. See	section	n 509(a)(4).			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sur	ported o	Irganizat	ion(s), typically by giving	g the supported ion. You must		
b	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You		
С	Type III functionally integrated organization(s) (see instruction	. A supporting organiza	ation operated in connection	n with, an	nd function	onally integrated with, its	supported		
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting or organization generall	ganization operated in cor v must satisfy a distribu	nnection	with its s	supported organization(s t and an attentiveness) that is not requirement (see		
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally		
f	Enter the number of supported	organizations							
g	Provide the following informatio		ed organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(-)									
<u>(E)</u>									
Total									

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

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

Sect	ion A. Public Support							
begir	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,744,174.	2,310,485.	1,635,813.	1,582,311.	1,628,030.	8,900,813.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,744,174.	2,310,485.	1,635,813.	1,582,311.	1,628,030.	8,900,813.	
	Public support. Subtract line 5 from line 4						8,900,813.	
Sect	ion B. Total Support							
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1,744,174.	2,310,485.	1,635,813.	1,582,311.	1,628,030.	8,900,813.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,993.	44,925.	33,699.	16,268.	21,843.	163,728.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	, , , , , , , , ,	,	,	0.	
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						9,064,541.	
12	Gross receipts from related active	vities, etc. (see ins	structions)			12	0.	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)		
Sect	ion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20 Public support percentage from						98.19%	
	33-1/3% support test—2022. If t and stop here. The organization	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, checl	97.75 % this box	
b	33-1/3% support test—2021. If the and stop here. 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	
	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and stop here	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 organi	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	test, check this l tion qualifies as a	box and stop here publicly supporte	Explain in Part do organization.	VI how the	
18	-		-	•		-		

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support		picase complete i	<u> </u>					
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(5) 2513	(0) 2020	(a) 2321	(C) ZOZZ	(i) Total		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.								
3	Gross receipts from activities that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Section B. Total Support					1	T			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6								
	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								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is organization, check this box and	stop here							
	tion C. Computation of Pul								
	Public support percentage for 20	•	.,,		•		<u> </u>		
	Public support percentage from 2					16	%		
	tion D. Computation of Inv								
17		•		-	***		<u> </u>		
	Investment income percentage f						% 		
		this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization			
	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 Part VI.	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? If "Yes," provide detail in Part VI .	9b		
c	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
l0a	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 09/09/22 Schedule A (Form 990) 2022

Part	t IV	Supporting Organizations (continued)			
11	l laa k	the averagination accorded a gift or contribution from any of the following payment?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			1
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			•
				Yes	No
	of each	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supp	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did th	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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	1		
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	nes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played	3		
		is regard. E. Type III Functionally Integrated Supporting Organizations			
_					
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	吕	The organization satisfied the Activities Test. Complete line 2 below.			
b	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	ШТ	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.	ľ	Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		trantially all of its activities.	2a		
		he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.				
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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	ter and the second seco			
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). See 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		
(Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

6

10

6 Other distributions (describe in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued))				
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
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				

 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 Part VI). See instructions.
 8

 9
 Distributable amount for 2022 from Section C, line 6
 9

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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 09/09/22 Schedule A (Form 990) 2022

SCHEDULE O (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.

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 the latest information.

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 QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR NONPROFITS; CONSIDERATION OF ROLES AND RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR; AND COST OF LIVING DATA. COMPARABLE MARKET DATA IS OBTAINED FROM SALARY SURVEYS AND FORM 990S

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.