Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

and ending OCT 31, 2021

Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning NOV 1, 2020 and end	nding O	CT 31, 2021			
	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Addres change	Roaring Fork Outdoor Volunteers					
	Name change			**-***28	19		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r			
	Final return/	Po Box 1341		970-927-8241			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	665,995.		
	Amend return	Basait, CO 01021		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer. Redecta Schille		for subordinates	? Yes X No		
	pendin	PO Box 1341, Basalt, CO 81621		H(b) Are all subordinates in	ncluded? Yes No		
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions		
		e:▶ www.rfov.org		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year o	of formation: $1995 $ N	M State of legal domicile: CO		
Р		Summary					
Œ	1 1	Briefly describe the organization's mission or most significant activities: Roarin					
, C]]	promotes stewardship of our public lands by					
Activities & Governance	2 (Check this box if the organization discontinued its operations or disposed					
Š	3			3	0		
2	' 4 ! 	Number of independent voting members of the governing body (Part VI, line 1b)			0		
9	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0		
∄	6	Fotal number of volunteers (estimate if necessary)			0.		
Ą	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	01	Net difference business taxable fricome from Point 990-1, Part I, life 11	·····	Prior Year	Current Year		
Revenue	8 (Contributions and grants (Part VIII, line 1h)		410,960.	665,975.		
	9 1	Program service revenue (Part VIII, line 2g)		0.	0.		
Ž.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10.	20.		
å	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		410,970.	665,995.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0		
v.	ا مد ا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		303,541.	351,521.		
Fxnenses	16a i	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
<u>a</u>	ь-	Total fundraising expenses (Part IX, column (D), line 25) 87,811	<u> </u>				
ú	ì 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		148,567.			
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		452,108.	507,853.		
	19	Revenue less expenses. Subtract line 18 from line 12		-41,138.	158,142.		
Net Assets or	3		Вед	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		79,712.	219,019.		
at As	21	Total liabilities (Part X, line 26)		67,849.	49,014.		
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		11,863.	170,005.		
	art II	Signature Block		oter and to the best of our	. London de deservad de d'arte de la		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowleage and belief, it is		
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which Electronically Filed	i preparer i	nas any knowledge.			
e:		Signature of officer		Date			
Sig He		Rebecca Schild, Executive Director					
пе		Type or print name and title					
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN		
Pai	d [James P. Heelan, CPA Qames P. Heelan, CF.	00 0	/9/2022 if self-employ	D016700F4		
		Firm's name James P. Heelan, CPA, PC	~ 14		**-***7681		
	Only	Firm's address 1101 Village Road LL2A		THIN O LIN			
	١ -	Carbondale, CO 81623		Phone no. 97	0-927-6800		
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No		

Га	Charlett Coheadule Companies a management at most to simplify the Book III	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	To Promote Stewardship of our public lands by engaging the community	
	in volunteer trail and restoration projects.	
	In volumeder craft and resolution projects.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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.	
4a	(Code:) (Expenses \$ 331,742. including grants of \$) (Revenue \$)
	Natural Resource Stewardship and Protection, General: RFOV conducted	
	136 project days in the field with volunteers in 2021. More then 1,200	
	people participated in 2021 projects amssing more than 8,100 volunteer	
	hours and classroom activities. RFOV has three programs to engage	
	volunteers: 1) Public Projects - We work with land management agencies and other project partners to develop and conduct volunteer projects	
	with long-lasting results. Our projects are one to four days in	
	duration and typically involve 25 to 75 volunteers each; 2) Group Work	
	Days/Adopt-A-Trail - We assist small groups and individuals with	
	volunteering to care for trails and public lands either as an	
	organization's service component (Group Work Days) or to provide	
	ongoing maintenance on an adopted area; 3) Young Stewards Program (YSP)	,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
اء ۾	Other program convices (Describe on Schoolule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
 4е	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 331,742.	
	Total program derives expenses y	

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		1 37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		₩
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		X
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		_V
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		1
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			T
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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	rt IV Checklist of Required Schedules (continued)			ugo
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₩.
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
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 lines 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		₩
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	000		<u> </u>
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

Form 990 (2020) Roaring Fork Outdoor Volunteers Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	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 2a0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h							
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	70		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		21					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75							
Ŭ	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	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								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
100	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	ıza							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
-	Note: See the instructions for additional information the organization must report on Schedule O.	100							
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 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2020) Roaring Fork Outdoor Volunteers **-**2819 Page 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.

	to line ou, ob, or rob solom, accorded the circumstances, proceeded, or oranges on conceans of conceans of			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		ı	Ι
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a C	-		
	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			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			,,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Rebecca Schild - 970-927-8241			
	PO Box 1341, Basalt, CO 81621			

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	ane.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	na a a	irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	m pen		(**-2/1099-141130)		and related
	below	dual t	utiona	_	(o)d m	st col	-E			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			· ·
(1) Rebecca Schild	40.00						4			
Executive Director				X				46,225.	0.	0.
(2) Ron Rash	40.00									
Executive Director							X	33,401.	0.	0.
(3) Randy Gold	3.00									
Board Member		Х						0.	0.	0.
(4) Chris Geiger	3.00									
Board Chair Elect		Х		X				0.	0.	0.
(5) James Heelan	3.00									
Treasurer		Х		X				0.	0.	0.
(6) Tory Thomas	2.00									
Board Member		Х						0.	0.	0.
(7) Jonathan Feldman	3.00									
Board Vice Chair		Х		X				0.	0.	0.
(8) Rebecca Polan	3.00									
Secretary		Х		X				0.	0.	0.
(9) Robert Leavitt	2.00									
Board Member		Х						0.	0.	0.
(10) Christina Provenzano	2.00]							_	_
Board Member		Х						0.	0.	0.
(11) Katie Ertl	2.00	ļ								_
Board Member		Х						0.	0.	0.
		4								
		1								
		┨								
	1	 			_	\vdash				
		1								
	1		\vdash							
		1								
		1								
<u> </u>			_			_	_			- QQQ (2222)

ı uı	Section A. Officers, Directors, Trus	itees, Key Em	<u>oloy</u>	ees,	and	<u>l Hiç</u>	ghes	st C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average			(C Posi	ition			(D) Reportable	(E) Reportable			(F) mated
	Name and the	hours per			heck r ss per				compensation	compensation			unt of
		week	offic		id a di				from	from related	t	O	ther
		(list any hours for	individual trustee or director						the	organization			ensation
		related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)		m the nization
		organizations	truste	al trus		yee	u beu		(***2/1099-10100)			•	related
		below	vidual	Institutional trustee	ser	Key employee	Highest compensated employee	ner				organ	izations
		line)	Indi	Insti	Officer	Key	High	Former			\dashv		
			-										
-													
											\longrightarrow		
			<u>. </u>										
			-										
			-										
								4					
			<u> </u>						70.626				
	Subtotal								79,626.		0.		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								79,626.		0.		0.
2	Total number of individuals (including but n							o re	•	000 of reportable			
	compensation from the organization											Τ.	0
3	Did the organization list any former officer	, director, trust	ee, k	кеу є	emplo	oye	e, or	hig	hest compensated emp	loyee on	ſ	,	es No
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4	For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization			
	and related organizations greater than \$150	•		•								4	X
5	Did any person listed on line 1a receive or a										ŀ	_	v
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	nplete Schedul	∋ <i>J f</i> o	or st	ıch p	oers.	on				<u></u>	5	X
1	Complete this table for your five highest co the organization. Report compensation for										oensat	ion fron	1
	(A)	trie Caleridar ye	sar e	riuii	ig wi	iui C	ואי וכ	<u>u III I</u>	(B)	ear.		(C)	
	Name and business	address	NC	ONE	3				Description of s	services	С	ompens	ation
								-					
	Total number of independent contractors (i	ncluding but p	—— ot lir	niter	t ot	thos	se lie	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi		J. 1111			()			5.5 and 1			20 /

Roaring Fork Outdoor Volunteers **-***2819 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 96,419. 1b **b** Membership dues 1c c Fundraising events d Related organizations 1d 218,542. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 351,014. similar amounts not included above ... 1f 23,633. 1g \$ g Noncash contributions included in lines 1a-1f 665,975. h Total. Add lines 1a-1f **Business Code** 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 20. 20. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) **7 a** Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ Net income or (loss) from fundraising events

		С	Net income or (loss) from fundraising even	ī <u>s</u>					
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities	S					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b		10b					
		С	Net income or (loss) from sales of inventor	у					
.					Business Code				
e	11	а							
2									
èVe.		b							
eve		b c							
Revenue		С	All other revenue						
Reve		С	All other revenue Total. Add lines 11a-11d						
Reve	12	c d e			>	665,995.	20	. 0.	0.
		c d e	Total. Add lines 11a-11d Total revenue. See instructions		>	665,995.	20	. 0.	0 • Form 990 (2020)

Miscellaneous

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 79,626. 23,888. 23,888. 31,850. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 233,677. Other salaries and wages 179,931. 23,368. 30,378. 7 Pension plan accruals and contributions (include 2,350. 545. 3,613. 718. section 401(k) and 403(b) employer contributions) <u>11,</u>113. 1,676.7,230. 2,207. Other employee benefits 9 23,492. 15,283. 3,543. 4,666. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 17,196. 8,598. 8,598. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 29,610. 17,766. 11,844. Advertising and promotion 12 25,678. 11,555. 11,555. 2,568. 13 Office expenses Information technology 14 15 Royalties 29,256. 13,165. 13,165. 2,926. 16 Occupancy 7,232. 7,232. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,875. 2,875. Depreciation, depletion, and amortization 22 13,078. 10,462. 1,962. 654. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 31,407. 31,407. Program Expenses d All other expenses 507,853. 331,742. 88,300. 87,811. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Roaring Fork Outdoor Volunteers Form 990 (2020)
Part X | Balance Sheet

Pai	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			71,803.	1	216,363.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,343.	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
υ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			2,564.	9	2,529.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	53,514.			
	b	Less: accumulated depreciation			3,002.	10c	127.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	4		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			79,712.	16	219,019.
	17	Accounts payable and accrued expenses			5,841.	17	3,797.
	18	Grants payable		18	22 - 22		
	19	Deferred revenue			19	39,500.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line		'	62,008.		E 717
	00	of Schedule D			67,849.		5,717. 49,014.
	26	Total liabilities. Add lines 17 through 25			07,049.	26	49,014.
S		Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.	eck ner				
nce	27	• • • • • • • • • • • • • • • • • • • •				27	
ala	28	Net assets without donor restrictions Net assets with donor restrictions				28	
В	20	Organizations that do not follow FASB ASC				20	
필		and complete lines 29 through 33.	936, CH	eck liefe 21			
ᅙ	29	Capital stock or trust principal, or current fund			0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or e		0.	30	0.	
\ss(31	Retained earnings, endowment, accumulated i			11,863.	31	170,005.
Net Assets or Fund Balances	32	Total net assets or fund balances		11,863.	32	170,005.	
Ź	33	Total liabilities and net assets/fund balances		79,712.	33	219,019.	
	JJ	TOTAL HADHILLES AND HEL ASSELS/TUND DAIANCES			, , , , ± 2 •	JJ	5 990 (2000)

Pai	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	66	5,9	<u>95.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	50	7,8	<u>53.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	15	8,1	42.			
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain 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	17	0,0	05.			
Pai	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: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

SCHEDULE A

(Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

-*2819 Roaring Fork Outdoor Volunteers Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 Roaring Fork Outdoor Volunteers **-***2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				A		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		l				
	dividends, payments received on						
	securities loans, rents, royalties,		\				
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Public						
	Public support percentage for 2020 (lin		•	***		14	<u>%</u>
	Public support percentage from 2019 S					15	%
16a	33 1/3% support test - 2020. If the or	-			4 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the or						. □
4-	and stop here. The organization qualif		• • •				
1/a	10% -facts-and-circumstances test -						
	and if the organization meets the facts				- ·	vi now the organiz	ation
	meets the facts-and-circumstances tes	-	•		-	47a and Pro- 451 -	
b	10% -facts-and-circumstances test -	_					10% Or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circuit		-		· · ·		
ΙŎ	Private foundation. If the organization	i dia not check a	box on line 13, 16	a, 100, 1/a, 01 1/b	, cneck this box a	ina see instructions	· P

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

Se	etion A. Public Support	ciow, picase comp	ioto i uit ii.j					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and	` '	()	. ,	. ,	, ,		
	membership fees received. (Do not include any "unusual grants.")	391,761.	391,033.	365,107.	426,960.	605,975.	2180836.	
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 organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge			(
	Total. Add lines 1 through 5	391,761.	391,033.	365,107.	426,960.	605,975.	2180836.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			X			0.	
	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						2180836.	
Se	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6	391,761.	391,033.	365,107.	426,960.	605,975.	2180836.	
10a	Gross income from interest, dividends, payments received on securities loans, rend, royalties,	20.	24.	46.	10.	20.	120.	
k	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	20.	24.	40.	10.	20.	120•	
	acquired after June 30, 1975							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20.	24.	46.	10.	20.	120.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	391,781.	391,057.	365,153.	426,970.	605,995.	2180956.	
14	First 5 years. If the Form 990 is for the	•		•		.,.,	· —	
80	check this box and stop here	o Cumport Dor					>	
	ction C. Computation of Publi			- L (A)		45	99.99 %	
	Public support percentage for 2020 (li		•			15 16	000	
	Public support percentage from 2019 ction D. Computation of Inves					10	99.99 %	
	Investment income percentage for 20			ne 13 column (f))		17	.01 %	
	Investment income percentage from 2					18	.01 %	
	33 1/3% support tests - 2020. If the							
	more than 33 1/3%, check this box ar						► V	
k	b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	>	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	110
1		
2		
3a		
Ole		
3b		
3c		
00		
4a		
4b		
4c		
5a		
33.		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9c		
10-		
10a		
10b		
990 or 99	0-EZ)	2020

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	<u>supen</u> tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations			
		ar type in eapper and enganizations		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
-		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<u>suppo</u> tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
b		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

_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 i	ntegra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemple				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	3	3		
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-		A		
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Roaring Fork Outdoor Volunteers

-*2819 Page 8

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Roaring Fork Outdoor Volunteers

Employer identification number **-***2819

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			Simpleto II tilo
		(a) Donor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in	donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant fu	ınds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any oth	er purpose confe	rring
_	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on	Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education) Pre	eservation of a his	torically important land area
	Protection of natural habitat	L Pre	eservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution	in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termin	nated by the orgai	nization during the tax
	year ▶			
4	Number of states where property subject to conservation easi			
5	Does the organization have a written policy regarding the peri		•	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and en	forcing conservat	ion easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing	ng conservation e	asements during the year
_	\ \$			-
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's finar	ncial statements ti	nat describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasur	res or Other:	Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		ico, or other	ommar Addeto.
	If the organization elected, as permitted under FASB ASC 958		statement and ha	alance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			or paiding continues,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			, p. 5
а	Revenue included on Form 990, Part VIII, line 1			> \$
и ь	Assets included in Form 900 Part V			

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		53,514.	53,387.	127.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	127.			

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	5 000 D 104 "	11 1 0 5 000 B 1 V II 15	
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (<u>Column (b) must equal Form 990, Part X. col. (B) line</u> Part X Other Liabilities.	<u> 15.)</u>	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Credit Cards Payable			4,205
(3) Simple IRA Liability			1,512
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)	>	5,717
2 Liability for uncertain tay positions. In Part XIII. provide	·	the examination's financial statements th	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	rt XI Reconciliation of Revenue per Audited Financi	al Statements With Revenue ր	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	ents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	***************************************			
С	. , , ,			
d	, , , , , , , , , , , , , , , , , , , ,	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 - 1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	A 1112 A 140			
c	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. rt XII Reconciliation of Expenses per Audited Finance	ial Statements With Expenses	5 s per Return	
	Complete if the organization answered "Yes" on Form 990, Pa		por riotarii	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
b				
c				
d				
e			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part	I, line 18.)	5	
Pa	rt XIII Supplemental Information.			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pre-	ovide any additional information.		

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Roaring Fork Outdoor Volunteers

Employer identification number **-**2819

Form 990, Part I, Line 1, Description of Organization Mission: in education, restoration and conservation projects. Form 990, Part III, Line 4a, Program Service Accomplishments: - We motivate youth by providing first-hand knowledge of the significant role they play in caring for our public lands. We provide an outdoor service experience grounded in the greater context of stewardship and conservation principals. YSP partnered with 91 organizations and school groups in 2021 on outdoor service projects or winter classroom programs. The service projects are very similar to our adult programs; but the work is tailored to the different age groups' physical abilities. Form 990, Part VI, Section B, line 11b: A draft copy of Form 990 is provided to all board members for review, comment and dicussion prior to filing. Form 990, Part VI, Section B, Line 15a: Executive Director: the board of directors evaluated the executive director's performance and reviewed compensation in the fall of 2021. The evaluation included review of performance goals, feedback from employees and compensation comparability information obtained from salary surveys and 990 reporting of similar nonprofit organizations.

Form 990, Part VI, Section C, Line 19:

Governing documents and any information required to be made available to