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26 Total	I liabilities (describe in Se	chedule O)		[26	
	assets or fund balances	·		· · · · · · · · · · · · · · · · · · ·			27	6
	Statement of Program Check if the organization		• •		•	🗆		Expenses
/hat is the o	organization's primary ex	empt purpose?	To serve the Roari	ng Fork Valley Rec	covery Comm	unity_		ired for section (3) and 501(c)(4
s measured	e organization's program d by expenses. In a clea iefited, and other relevant	ar and concise m	anner, describe the				organi others	izations, option
	very meetings - A			meetings				
reach	hing approximatel	y 150 people	each week					
Cronto	s \$ 0.	\ If this amount	includes foreign gra	nto oback hara		N	28a	
<u>(Grants</u> 9	δφ	· · · · · · · · · · · · · · · · · · ·			<u> . . </u>		204	
(Grants	s \$) If this amount	includes foreign gra	ants, check here	<u> . . </u>		29a	
0								
(Grants			includes foreign gra				30a	
•	program services (describ					· ·_		
(Grants) If this amount	includes foreign gra	onte chack hara			31a	
		es (add lines 28a t	hrough 31a) .	<u> </u>			32	ione for Part
art IV	List of Officers, Directors	es (add lines 28a t , Trustees, and Key	hrough 31a) / Employees (list each		 pensated-		32	ions for Part
art IV		es (add lines 28a t , Trustees, and Key	hrough 31a) . / Employees (list each O to respond to ai	h one even if not com ny question in this (c) Reportable	 pensated – Part IV (d) Health	see the in	32 Istructi 	<u>.</u>
art IV	List of Officers, Directors	es (add lines 28a t , Trustees, and Key	hrough 31a) / Employees (list each	h one even if not com ny question in this	Part IV (d) Health contributions) benefit p	see the in	32 Instructi ee (e) Es oth	IONS for Part
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orm 990-E				Pag
Part V	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		V	
	Ind the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a etailed description of each activity in Schedule O	33	Yes	
34 W	/ere any significant changes made to the organizing or governing documents? If "Yes," attach a conformed opy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the hange on Schedule O. See instructions	34		
	Id the organization have unrelated business gross income of \$1,000 or more during the year from business ctivities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		ł
сΝ	"Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O /as the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, sporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
	Id the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets uring the year? If "Yes," complete applicable parts of Schedule N	36		
b D 38a D	nter amount of political expenditures, direct or indirect, as described in the instructions 37a id the organization file Form 1120-POL for this year?	37b		
b If	ny such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
a In	ection 501(c)(7) organizations. Enter: initiation fees and capital contributions included on line 9			Sale of the second s
40a S	ection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ection 4911 ► ; section 4912 ► ; section 4955 ►			A to the second
e	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 xcess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year hat has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
o	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed in organization managers or disqualified persons during the year under sections 4912, 955, and 4958.			ALL AND ALL AND A
	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
	Il organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter ansaction? If "Yes," complete Form 8886-T	40e	in 1997. İmiler	
41 - Li	ist the states with which a copy of this return is filed	<u> </u>	-	-
Lo b At	he organization's books are in care of ▶ Gigi DurandTelephone no. ▶ (970ocated at ▶ 1234 County Rd 106, Carbondale COZIP + 4 ▶any time during the calendar year, did the organization have an interest in or a signature or other authorityover	23	3-93 Yes	
lf	financial account in a foreign country (such as a bank account, securities account, or other financial account)? "Yes," enter the name of the foreign country	42b		
Fi	ee the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and nancial Accounts (FBAR).			A A A A A A A A A A A A A A A A A A A
lf	t any time during the calendar year, did the organization maintain an office outside the United States? . "Yes," enter the name of the foreign country ►	42c	<u> </u>	
	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	 	Var	► T
	Id the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be ompleted instead of Form 990-EZ	44a	Yes	
co	Id the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be ompleted instead of Form 990-EZ	44b		12.5
	Id the organization receive any payments for indoor tanning services during the year?	44c		ſ
e>	"Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an oplanation in Schedule O	44d	6. ⁷³ 711114 	
b Di m	Id the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		- 1788

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22 (2018) id the organization engage, directly or in a candidates for public office? If "Yes," of Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sch id the organization engage in lobbying ear? If "Yes," complete Schedule C, Part the organization a school as described in id the organization make any transfers to	somplete Schedule C s Only s must answer que hedule O to respond activities or have a s	, Part I	52, and cor	· · ·	-	Yes 46	
 candidates for public office? If "Yes," of Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Schedule the organization engage in lobbying ear? If "Yes," complete Schedule C, Part the organization a school as described in 	somplete Schedule C s Only s must answer que hedule O to respond activities or have a s	, Part I	52, and cor	· · ·	-	46	
Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci id the organization engage in lobbying ear? If "Yes," complete Schedule C, Part the organization a school as described in	s Only s must answer que nedule O to respond activities or have a s	stions 47–49b and	52, and cor			40	· V
50 and 51. Check if the organization used Sch id the organization engage in lobbying ear? If "Yes," complete Schedule C, Part the organization a school as described in	nedule O to respond activities or have a			nolete th			×
Check if the organization used Sci id the organization engage in lobbying ear? If "Yes," complete Schedule C, Part the organization a school as described in	activities or have a	to any question in t			e tabl	es for lır	ıes
ear? If "Yes," complete Schedule C, Par the organization a school as described ir			his Part VI	<u> </u>		<u> </u>	<u>. </u>
the organization a school as described in		section 501(h) electio		-		Yes	
id the organization make any transfers to						47 48	×
		-			· –	49a	×
"Yes," was the related organization a se omplete this table for the organization's	five highest compen-	sated employees (oth		ers, directo	ors, tru		
mployees) who each received more than	\$100,000 of comper	sation from the organ			e, ente	er "None.	"
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions t benefit plans, a	o employee and deferred			
		·					_
			ĺ	1			
	<u> </u>						
100,000 of compensation from the orga	nization. If there is no	one, enter "None."					
				, ,			
						_	
id the organization complete Schedu	-		▶ nizations mi				
lities of perjury, I declare that I have examined this r		ying schedules and stateme	ents, and to the	best of my kn			
t, and complete Declaration of preparer (other than	officer) is based on all info	prmation of which preparer h			1		
Signature of officer Stefan Bate, Charrman	Gigia	LEAND		20/2013	,		
Type or print name and title Print/Type preparer's name	Preparer's signature	Da	te	Check	If P	ΓIN	
er Teddy Burlingame		jame 02		self-emplo			50
Ily Firm's name ► T BURLINGAME I Firm's address ► 96 WEANT BLVD,	CARBONDALE, C			(0)			3
IRS discuss this return with the preparer	chown shows? See	notructiona				Yes 🗋	No
	Detail number of other employees paid ownomplete this table for the organization' 100,000 of compensation from the organization (a) Name and business address of each independent (b) Signature of officer (c) Stefan Bater - Chairman Type or print name and title Print/Type preparer's name Teddy Burlingame Firm's name T BURLINGAME I	(a) Name and title of each employee hours per week devoted to position	(a) Name and title of each employee hours per week devoted to position compensation (Forms W-2/1099-MISC) (a) Name and title of each employees paid over \$100,000 . . (b) Type of other employees paid over \$100,000 . . (a) Name and business address of each independent contractor (b) Type of serv (a) Name and business address of each independent contractor (b) Type of serv (b) Type of other independent contractors each receiving over \$100,000 . (c) the organization complete Schedule A? Note: All section 501(c)(3) orga	(a) Name and title of each employee (b) Average hours per weak devoted to position (c) Neportable compension contributions to benefit plans, e compension company with plans is compension (a) Name and title of each employee (b) Average hours per weak devoted to position (c) Neportable compension (b) Average hours with plans is compension (c) Neportable compension (c) Neportable compension (c) Average hours with plans is compension (c) Neportable compension (c) Neportable compension (c) Average hours with plans is compension (c) Neportable compension (c) Neportable compension (c) Average hours with plans is compension (c) Neportable compension (c) Neportable compension (c) Average hours with plans is compension (c) Neportable compension (c) Neportable compension (a) Name and business address of each independent contractor (b) Type of service (c) Type of service (a) Name and business address of each independent contractor (b) Type of service (c) Type of service (c) Average hours with plans is companying schedules and statements, and to the lits of pergury ideate that have examined this return, including accompanying schedules and statements, and to the lits of pergury ideate that have examined this return, including accompanying schedules and statements, and to the lits of pergury ideate that have examined this return, including accompanying schedules and statements, and to the lit, and complete Declaration of preparer	(a) Name and title of each employee hours per week devoted to position compensation (Forms W-2/1099-MISC) compensation benefit plans, and deferred compensation	(a) Name and title of each employee (b) Average hours per week devoted to position (Forms W-2/1099-MISC) compensation compensation and deferred of the compensation of the program of the compensation of the compensatic the compensation of the compensation of the com	(a) Name and title of each employee (b) Average explores thours per version (c) Reprodue to position (c) Reprodue to position

SCHEDULE A	
(Form 990 or 990-EZ))

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Total

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.

2018 **Open to Public** Inspection

OMB No 1545-0047

A 1			
Name	ot	the	organization
	ς,		or gamma and the

Departm Internal P							Open to Public	
Name of the organization Employer identification number								
Roaring Fork Recovery Support 47-3529308								
Part				organizations must	comple	te this p		ons.
The or 1 [2 [3 [4 [5 [7 [8 [9 [10 [ganization is no A church, co A school dea A hospital or A medical rendered in the spital's national section 170 A federal, standered in the scribed in the scribe	ot a private foundation onvention of churc scribed in section a cooperative host search organization ime, city, and state tion operated for (b)(1)(A)(iv). (Com- ate, or local governation that normally section 170(b)(1) y trust described in ral research organi- or a non-land-gration in activities related in gross investment the organization a	tion because it i hes, or associati 170(b)(1)(A)(ii). spital service or on operated in co- e: the benefit of a plete Part II.) nment or govern receives a subs (A)(vi). (Complet n section 170(b) ization described nt college of agr receives: (1) mor to its exempt fut income and un fter June 30, 19	organizations must s: (For lines 1 through on of churches descr (Attach Schedule E (F ganization described i onjunction with a hosp college or university mental unit described tantial part of its sup te Part II.))(1)(A)(vi). (Complete d in section 170(b)(1) iculture (see instruction e than 33 ¹ /3% of its sin nctions—subject to c related business taxa 75. See section 509(a sively to test for public	12, chec ibed in se form 990 n section outal desc owned o d in section port from Part II.) (A)(ix) op ons). Enter upport from ertain exc ble incom a)(2). (Cor	erated in ertion 17 or 990-E. 170(b)(1 ribed in s r operate on 170(b) a gover erated in the nan er the nan er the nan or contril ceptions, ne (less sin mplete Pa	ne box.) (0(b)(1)(A)(i). Z).), (1)(A)(iii). section 170(b)(1)(A)(ed by a government (1)(A)(v). nmental unit or from conjunction with a l. ne, city, and state of butions, membershif and (2) no more that ection 511 tax) from art III)	(iii). Enter the al unit described in in the general public and-grant college the college or p fees, and gross n 331/3% of its
	An organizat of one or m Check the bo Type I. A the supp	ion organized and ore publicly support ox in lines 12a throws supporting organization	operated exclusion orted organization ugh 12d that des nization operated (s) the power to	sively for the benefit on ns described in sect i scribes the type of sup l, supervised, or contr regularly appoint or e ete Part IV, Sections	f, to perfo ion 509(a porting c rolled by i ilect a ma	orm the fu)(1) or second organization ts suppo ujority of t	unctions of, or to car action 509(a)(2). See on and complete line rted organization(s),	e section 509(a)(3). is 12e, 12f, and 12g. typically by giving
b	Control o	A supporting organ r management of	nization supervis	ed or controlled in co organization vested in V, Sections A and C	nnection the same	with its s		
С				ting organization open ons). You must comp				ally integrated with,
d	that is no	ot functionally integ	grated. The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribi	ution requirement an	
е				a written determination determination ally integrated supported support				e II, Type III
f g			-	oorted organization(s).		•••		[]
	(i) Name of support	ed organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								·
(B)								
(C)	· _,	· · · · · · · · · · · · · · · · · · ·						
(D)								· · · · · · · · · · · · · · · · · · ·
(E)		· · ·· ·· ·						

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

Schedule A (Form 990 or 990-EZ) 2018 REV 10/24/18 PRO

Part III 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 unde Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization is 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 on line 1 that exceeds 2% of the amount shown on line 1, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Subtract line 5 from line 4	Schedu	د. le A (Form 990 or 990-EZ) 2018						1 Page
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b	15 is 10% or more, and if the organization in Part VI how the organization in	ation meets th neets the "fact	e "facts-and-o ts-and-circum	circumstances' stances" test.	' test, check t The organizati	this box and s on qualifies as	top here. a publicly
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4 1 5 1 6 1 7a 4 r b 4 r c 4 8 F	Fax revenues levied for the organization's benefit and either paid to or expended on its behalf . . or expended on its behalf 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 . Amounts included on lines 2 and 3 received from other than disqualified .			0.	9,562.		
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b / r r c / 8 F	Amounts included on lines 2 and 3 received from other than disqualified				_		
r 4 6 6 8 F	eceived from other than disqualified			0.			
۲ م ۲ م 8 F							
c / 8 F	persons that exceed the greater of \$5.000						
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8 F	or 1% of the amount on line 13 for the year			0.			
	Add lines 7a and 7b	Contract (11) Strengton (12) Strengton (12)		0.		A Common of the Statistics of the Instance of	
J.	Public support. (Subtract line 7c from ine 6.)						25 40
	n B. Total Support						35,48
	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 A	Amounts from line 6			12,670.	9,562.	13,253.	35,48
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	oyalties, and income from similar sources .			0.			
	Unrelated business taxable income (less					.	-
	section 511 taxes) from businesses acquired after June 30, 1975	-			Í	[
	Add lines 10a and 10b			0.			
	Net income from unrelated business			·			
	activities not included in line 10b, whether						
	or not the business is regularly carried on			0.			
	Other income. Do not include gain or						
le	oss from the sale of capital assets						
	Explain in Part VI.)						. <u> </u>
	Total support. (Add lines 9, 10c, 11,						
	and 12.)			12,670.	9,562.	13,253.	35,48
	First five years. If the Form 990 is for th	-					
	organization, check this box and stop her			<u></u>	· · · · ·	<u> </u>	· · ▶
	n C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2018 (line 8					15	100
	Public support percentage from 2017 Sch n D. Computation of Investment Inc			<u>· · ·</u> · ·	<u></u>	16	100
	n D. Computation of Investment Inc nvestment income percentage for 2018 (I			v line 13 colur	nn (fl)	17	0
17 4	nvestment income percentage for 2018 (i nvestment income percentage from 2017			•		17	0
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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

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

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Part	IV Supporting Organizations (continued)		P	age 🕻
			'es	No
11	*Has the organization accepted a gift or contribution from any of the following persons? Λ person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		23	
a	below, the governing body of a supported organization?	11a		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
ect	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Y	es	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
ect	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Y	es	No
ect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization'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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	Y 1	es	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
ect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	instructi	ons)	
b c	 The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity 	(see instr	uctic	ons,

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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Yes

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No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			Pa
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1 Check here if the organization satisfied the Integral Part Test as a qualifyir			
• instructions. All other Type III non-functionally integrated supporting orga	niza	tions must complete Section	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Yea (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	Í		
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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1100		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	_ <u>1</u> b)	
c Fair market value of other non-exempt-use assets	1c	:	
d Total (add lines 1a, 1b, and 1c)	1d	l	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		I
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	.1		
2 Enter 85% of line 1.	2	- STREET	
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	All and the second s	
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 integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2018

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	e A (Form 990 or 990-EZ) 2018			Page
Part		3) Supporting Organ	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		······································	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
			ACTION OF THE THE ACTION AND A THE ACTION A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1747 - 1. Mathematical Contraction of the Contracti
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e f	Total of lines 3a through e	1.25 409 - 3 425 2,	<u>Mini (3.277) Allinii (3.</u> Minii (3.277)	<u>i i il illilli i illillilli i illilli</u> 13. al politici illilli
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g h	Applied to underdistributions of prior years		Martin - 11 Martin - 1 Martin - 1 Martin	Secol Willight Constanting to Shifting
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	Carryover from 2013 not applied (see instructions)			999-2779-2000-2007-2752-2000-277-252000 534 - 27792-2674-77792-2674-267-27792
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u> Vallander († 1985)</u> Vallander († 1986)	U. K. BARKEL (MARK)
4	Distributions for 2018 from Section D, line 7: \$			
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 b	Applied to underdistributions of prior years	Telefonden in den standen for sin son standen for sin son sin sin sin sin sin sin sin sin sin si		NGE 8. OKSTANDE // IIIIIIII MAR DE ESTIMATION
	Applied to 2018 distributable amount Remainder. Subtract lines 4a and 4b from 4.		nnan seinen sin sin seinen sin sin seinen sin sin seinen seinen seinen seinen seinen seinen seinen seinen seine Nach seinen s	ner Station of Station Station
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5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:		Min I Mar Control 1	ster i tillet hænder i som
а	Excess from 2014 .			an a
b	Excess from 2015			
С	Excess from 2016			
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Schedule A (Form 990 or 990-EZ) 2018

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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form Complete to provide information for responses t	o specific questions on	OMB No 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any addit Attach to Form 990 or 990-	Open to Public	
Internal Revenue Service	► Go to www.irs.gov/Form990 for the late		Inspection
Name of the organization		Employer identifi	
Roaring Fork Reco	very Support	47-3529308	3
Pt II, Line 26:			
Description: Tra	nsfer of Equity funds to new non-prof	it Beginning of Year: 0	End of Year: 0
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