ef	ile G	RAPHIC p	rint - DO NOT PROCESS As Filed Data -		DLN: 9	3492067007180
			Short Form			OMB No 1545-1150
For	9 9	90EZ	Return of Organization Exempt From	Income Tax	x	
•						2019
_			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private for	undations)	
	artment	of the	► Do not enter social security numbers on this form as it ma	y be made public.		Open to Public
	isury mal Rev	enue Service	Go to <u>www.irs.gov/Form990EZ</u> for instructions and the	latest informatio	n.	Inspection
			endar year, or tax year beginning 01-01-2019 , and ending 12-31-20)19		
В	Check I	if applicable	C Name of organization) Employer i	dentification number
_		s change	Roaring Fork Recovery Support		47-3529308	3
	Name o Initial r	-	Number and street (or P O box, if mail is not delivered to street address) Room PO Box 2051	n/suite E	Telephone n	umber
	Fınal re	turn/terminate	ed		(970) 704-1569
_		ed return	City or town, state or province, country, and ZIP or foreign postal code Carbondale, CO 81623	F	Group Exem	ption
Ц.	Applica	tion pending			Number	•
					I if the ord	janization is not
G A	lccoun	ting Method	☑ Cash □ Accrual Other (specify) ►	 required to 	attach Sch	edule B
ти	/ohcit		acecarbondale org	(Form 990	, 990-EZ, or	· 990-PF)
			heck only one) - ☑ 501(c)(3) 🕏 🗆 501(c)() ◀ (insert no) 🗆 4947(a)(1) or 🔲 52:	7		
	orm of	organization	☑ Corporation □ Trust □ Association □ Other			
		-	d 7b to line 9 to determine gross receipts If gross receipts are \$200,000 oi	r more or if total as	sets (Part I	L column (B) below)
are	\$500,	,000 or more	e, file Form 990 instead of Form 990-EZ		►	\$ 16,333
P	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances	(see the instruction	s for Part I)	
			the organization used Schedule O to respond to any question in this Part I			
	1		ns, gifts, grants, and similar amounts received		1	16,330
	2	-	rvice revenue including government fees and contracts		2	0
	3		p dues and assessments		3	0
	4		: income		4	3
	5a		Int from sale of assets other than inventory		-	
	b		or other basis and sales expenses	0		0
	c	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
с	6	-	d fundraising events			
nua	а	Gross Incor	ne from gaming (attach Schedule G if greater than \$15,000) 6a		-	
Revenue	Ь		ne from fundraising events (not including \$ of contribu events reported on line 1) (attach Schedule G if the	tions from		
		sum of such	n gross income and contributions exceeds \$15,000) 6b	0		
	С	Less direct	expenses from gaming and fundraising events 6c	0		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract line 6c)	6d	0
	7a		of inventory, less returns and allowances			
	b		of goods sold	0		
	С	-	t or (loss) from sales of inventory (Subtract line 7b from line 7a) \ldots .		7c	0
	8		nue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	16,333
	10	Grants and	sımılar amounts paıd (lıst ın Schedule O)		10	
	11				11	
s.	12	•	her compensation, and employee benefits		12	
Expenses	13		I fees and other payments to independent contractors		13	
per	14		rent, utilities, and maintenance		14	13,249
Ě	15		iblications, postage, and shipping		15	225
	16		nses (describe in Schedule O)		16	890
	17	•	enses. Add lines 10 through 16	•	17	14,364
	18	•	deficit) for the year (Subtract line 17 from line 9)		18	1,969
с р	19	•	or fund balances at beginning of year (from line 27, column (A)) (must agre	ee with		
٩۶۶			r figure reported on prior year's return)		19	
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20	
2	21	Net assets	or fund balances at end of year Combine lines 18 through 20		21	1,969
For	Pape	erwork Red	uction Act Notice, see the separate instructions.	at No 10642I	<u> </u>	Form 990-EZ (2019)

Form 990-EZ (2019)					Page 2
Part II Balance Sheets (see the instructions		washing in this Dout II			_
Check if the organization used Schedule	O to respond to any q		Beginning of year		(B) End of year
22 Cash, savings, and investments			beginning of year	22	
23 Land and buildings				23	
24 Other assets (describe in Schedule O)		· · · ·		24	
25 Total assets		· · · · ·	0	25 26	0
27 Net assets or fund balances (line 27 of column			0	27	1,969
Part III Statement of Program Service				T	Expenses
Check if the organization used Schedule	O to respond to any o	uestion in this Part III	🗆	•	quired for section 501(c) and 501(c)(4)
What is the organization's primary exempt purpose? To serve the Roaring Fork Valley Recovery Communit	у			orga	anızatıons, optional for ers)
Describe the organization's program service accompli measured by expenses In a clear and concise manne					
benefited, and other relevant information for each pro		s provided, the humbe	r or persons		
28 See Addıtıonal Data Table					
(Grants \$) If this amoun	t includes foreign gran	ts, check here	. 🕨 🗆	28a	
29				29a	
			_		
(Grants \$) If this amoun	t includes foreign gran	ts, check here	. ▶ 🗆		
30				30a	
		ts, check here	. ► 🗆	+	
31 Other program services (describe in Schedule O) (Grants \$) If this amoun		ts, check here	· · · · ·	21-	
32 Total program service expenses (add lines 28a		· · · · · · ·		31a 32	0
Part IV List of Officers, Directors, Trustees,	and Key Employees	(list each one even if not	compensated — see the		
Check if the organization used Schedule	O to respond to any q	uestion in this Part IV.	••••	• •	🗆 🔤
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health ben contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount e of other compensation
Daniel Benavent	10 00	0		0	0
Chairman					
Gıgı Durand	10 00	0		0	0
Treasurer					
					ļ
					E 000 E7 (2010)

Case Note: Control in the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the expansion used Schedule O to regord to any cuestion in this Part V	Form	990-EZ (2019)			Page 3
32 Del the organization engage in any significant activity net previously reported to the 1857 ff Ves., 'provide a default discription of each activity in Stretule 0. 33 No 33 Del the organization engage in any significant activity means or govering documents? If Ves.' action is conformed copy of the amended documents of they reflect a change to the organization's name Otherwise, explain the change on Stadebild O See instructions. 34 No 33 Del the organization have unrefleted sciences gross income of \$1,000 or more during the year.' If Yes,'' tom business activities (such as those reported to linke 2, 6a, 3a, 40, 3a, anong Others)? 35 No 34 No 35 No 35 No 35 Def the organization inserved and Pay anong of govering documents? If Yes,'' complete applicable parts of Schedule N 35 35 No 35 Def the organization inserved an elevation of the same set and the set activity in Schedule C, Part III 36 No 36 Def the organization inserved an elevation of the same set and schedule of the same activity in Schedule C, Part III 36 No 37 Inter means, inder of finical amount on tax insolation in the set and activity in schedule I, Part II and enter the total amount more specific divide schedule L, Part II and enter the total amount on the organization during the year of the same set and schedule I, Part II and enter the total amount of tax innosedo in the organization during the year inder schedule	Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
33 Dd the organization enginge in any significant dictivity not previously reported to the IRS? If Yes, if movid a detailed description of each organization and previously reported to the IRS? If Yes, if movid a detailed description of the annealed decuments if the region zame of detailed decuments if the reflect a change in the region zame of the annealed decuments if the reflect a change in the region zame of detailed to the IRS? If Yes, if attach a conformed copy of the annealed decuments if the reflect a change is the region zame of detailed to the IRS? If Yes, if attach a conformed copy of the annealed decuments if the reflect a change is the region zame of detailed to the IRS? If Yes, if attach a conformed copy of the annealed decuments if the reflect a change is the region zame of detailed to the IRS? If Yes, if and the region zame of detailed to the IRS? If Yes, if and the region zame of detailed to the IRS? If Yes, if and the region zame of detailed to the region zame of detailed to the region zame of detailed to the IRS? If Yes, if and the region zame of the region zame of the region zame of detailed to zero. 33 No 34 If Yes, if and the region zame of detailed to the IRS? If Yes, if and the region zame of detailed to the region zame of detailed to zero. 34 No 35 If Yes, if and the region zame of detailed to the region zame or the region zame of the regi		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.		🗆	
detailed description of each activity in Schedule 0 33 No 4 Were any supficient charge manufacturents? If Yes, statch a conformation operation operatioperation operation operation operation operation operation operat				Yes	No
24 Were any significant changes made to the organizing or govering documents (11 "Nest, attach a conformed copy of the ammended documents if here reported on lines 2, 6s, and 7a, among others)? 24 No 35 activates (such as these reported on lines 2, 6s, and 7a, among others)? 35 35 b ft "rest," to line 35a, has the organization fild a Form 990-1 for the year? If "No," provide an explanation is Scholato 0. 356 No 36 d'the organization asset, on 501(c) (14), 501(c) (05, or 501(c) (6) organization situate to action 603(a) organization and policitate parts of the sectors 403(a) organization fild a Form 990-1 for the year? If "No," complete Scholato 0, or the sectors 403(a) organization fild a policitate parts of the sectors 403(a) organization fild a policitate part of the sectors 403(a) organization fild a policitate part of the sectors 403(a) organization form states and build be comparized to fild a policitate part of the sectors 403(a) organization form states and build the sectors 403(a) organization fild a policitate part of the sectors 403(a) organization fild a policitate part of the sectors 403(a) organization form with the sector 403(b) organization form with sector 403(b) organization fild a policitate part of the sectors 403(b) organization fild a policitate part of the sector 403(b) organization fild a policitate part of the sectors 403(b) organization fild a policitate part of the sector 403(b) organization fild a policitate part of the sector 403(b) organization fild a policitate part of the sector 403(b) organization fild a policitate part of the sector 403(b) organization fild a policitate part of the sector 403(b) organization fild a policitate part organization fild a policitate part organization fild	33				
of the amended documents if they reflect a change to the organization's name Otherwise, explain the change 34 No 35a Did the organization have umelated sub mess gross income of \$1,000 or more during the year from business activites (curles as those reported on line 2, 6, and 7a, among others)? 35b 35c No 35b Dif "Yes," to line 35b, has the organization field a Form 990-fibr to the year? If "Yes," complete Schedule C, Part III 35c No 35a Dif the organization undergo a location field a Form 990-fibr to section 633(2). 35c No 35a Dif the organization undergo a location point state of the section 000 (CU) section (f) organization subgroup of point states during the year? If "Yes," complete Schedule C, Part III and one the section PA (F) (F) was not point and schedule C, Part III and enter the total amount involved 35b 3c No 35a Did the organization undergo a location point state of the section PA (F) (F) was not point and schedule C, Part III and enter the total amount involved 36b 3c No 35a Section 502(cl) organization subgroup Schedule D, Part III and enter the total amount involved 36b 3c No 35a Section 502(cl) organization subgroup Schedule D, Part III and enter the total amount involved 36b 3c No 35a Section 502(cl) organization subgroup Schedule D, and S			33		No
an Schedule O See instructions 34 No 35 Dut the organization have unmatted business gross income of \$1,000 or more during the year f TM or provide an exploration in the size is the organization a section \$20,010,000 (14),501,0(5), or \$20,000 (14),501,0(5),000	34				
activities (such as those reported on line 2, 6a, and 7a, among others)?			34		No
b If Yres," to line 35a, has the organization filed a Form 990-T for the yea? If 'No," provide an explaration in Sciedule 0 35b 10b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) 35c No 30 Did the organization indergo a liquidation, dissolution, threaming the year' If 'No," provide an explanation in form 1000 or 1120. Polit for the year? 37a 10b 36 No 37a Exter amount of ablical eventorization, in sequence with during the year? 17a	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
c Was the organization a section \$01(c)(3), 901(c)(3) or 901(c)(6) organization subject to section 6033(e) 3sc No 36 Deb the organization undergo a localization, divesolution, terrimation, or significant disposition of net assets during the year? Thes," complete schedule (2, Part 11) 3sc No 37a Enter amount of solical expenditures, direct or indirect, as described in the instructions ▶ 27a No 38a Deb the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 3sa No 35 Section 501(c)(3) organizations. Enter 3sa 0 0 0 36 Geoss receipt, included on line 9, for public use of dub facilities 3sa 0 0 36 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under steation 4935 ▶ 3sa 0 36 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization many section 4935 ▶ 3sa 0 36 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under stection 50.0000 µ 3setion 4935 ▶ 40b No 37 No Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Ente		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
notec, repörting, and proxy tax requirements during the year? If 'Yes,'' complete Schedule C, Part III 'Sec' No 35c No 37b Dott the organization infegration of the savets during the year? If 'Yes,'' complete applicable parts of Schedule N 37a 37a 37a 37b No 37a Dott he organization file form 1120-POL for the year? 37a 37b No 38a Did the organization file form 1120-POL for the year? 38b 37b No 37a Instains made in a poir year and still outstanding at the ed of the tax year covered by this return? 38a No 39a 0 39a 0 38a 0 39a 0 39a 0 38a No 39a 0 39a 0 38a No 39a 0 39a 0 0 38a No 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization diright expraction of the organization file organization file organization file organization file organization and express or diright expraction of tax imposed on any or year at still organization file organization and excess brefile transaction in a poir year that has not been reported on any of its prori- forms 390 or 390-521 if 'Yes,' complete Schoule L, Part I 40b No	Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
36 Del the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Spheable parts of Schedule N 36 No 37a inter ansure of political expenditures, direct on indirect, as described in the instructions P 37a 37b No 38a Did the organization borow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b No 39 Section 551(c)(2) organizations Enter 39a 0 39a 0 39 Section 551(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4912 , section 4912 , section 4912 40b No 40 Section 551(c)(3), s01(c)(4), and 501(c)(29) organizations. Did the organization may section 4955 excess benefit transaction during the year under section 4912 , section 4912 , section 4955 40b No c Section 551(c)(3), s01(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on graginization may section 4955 excess benefit transaction any the year under section 4912 , section 4912 40b No c Section 551(c)(3), s01(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization apart year that associatithe scheedule L, Per I 40b <t< td=""><td>С</td><td></td><td></td><td></td><td></td></t<>	С				
the year? If "Yes," complete applicable parts of Schedule N 36 No 37a Exer amount optical expenditures, direct or whore, as described in the instructions ▶ 37a 37b No 37a Did the organization file Form \$120-POL for this year?			35c		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b No 38a Dit do expanization form form, or maise any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still autstanding at the end of the tax year coveres by this return? 37b No 39 Dit do expanization form form, or maise any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still autstanding at the end of the tax year coveres by this return? 38a No 9 Section 501(c)(2) organizations Enter amount of tax imposed on the organization during the year under section 4915 39b 0 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 40b No 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4958. 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4958. 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4958. 40b No 1	30		36		No
b Did the organization file Form 1120-POL for this year? 37b No 38a Did the organization borrow from, or make any loans to, any officer, frustee, or key employee or were any such loans made in a prore year and still outstanding at the end of the tax (coverate by this return? 38a No 39 Extens 501(c)(7) organizations Enter 38a No 38a No 30 Gross receipts, included on line 9, for public use of club facilities 39a 0 39a 0 40a Section 501(c)(7) organizations Enter assign and stress and captic contributions included on line 9	37a				
36a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 38a No 37b If "yes," complete Schedule, L. Part II and enter the total amount involved 38b 38b No 37b Section 501(c)(7) organizations Enter 39b 0 39b 0 37c Inhabiton fees and capital contributions included on line 9			37h		No
any such bans made in a pror year and still outstanding at the end of the tax year covered by this return? 38a No b If "Yes," complete Schedule I, Part II and enter the total amount involved 38b 38b 1 3 Section 501(c)(7) organizations Enter 39a 0 39b 0 40 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 39a 0 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization in a prory year that has not been reported on any of its prior Forms 990 or 990-E27 If Yes," complete Schedule I, Part I 40b No 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization 40c No e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter 40c No 1 tax the stass with which a copy of this return is held					
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 38b 39a 0 39 Section 501(c)(7) organizations. Enter 39a 0 39b 0 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911			38a		No
39 Section 501(c)(7) organizations Enter 39 0 39 Geostion (applied contributions included on line 9 39 0 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	ь				
a Initiation fees and capital contributions included on line 9 39a 39a 0 b Gross receipts, included on line 9, for public use of club facilities 39b 0 39b 0 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization and imp the year under section 4912					
b Gross recepts, included on line 9, for public use of club facilities 39b 0 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4915 , section 4915 0 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912, 4955, and 4983 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization 40e No d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax index on line 40c reimbursed by the organization. 40e No e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction in care of © ging turned. 40e No d2a It costed at ▶ 1234 County Rd 106. Carbondale, CO ZIP + 4 ▶ 81623 42b No d2a It costed at ▶ 1234 County Rd 106. Carbondale, CO ZIP + 4 ▶ 81623 42b No <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶					
section 4911					
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization enage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-527 if Yes, "complete Schedule L, Part I 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections4912, 4955, and 4958 40e No d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization 40e No e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete form 8886-1 40e No 1 List the states with which a copy of this return is fied b					
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization by the organization aparty to a prohibited tax shelter 40e No d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization by the organization aparty to a prohibited tax shelter 40e No d It organizations At any time during the tax year, was the organization a party to a prohibited tax shelter 40e No d Us the states with which a copy of this return is file >	ь				
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 Image: Color	2	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that			
managers or disqualified persons during the year under sections4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization? If "Yes," complete form 8886-T. List the states with which a copy of this return in filed ta the states with which a copy of this return in filed The organization's books are in care of Gini Durand Cotated at ▶ 1234 County Rd 106. Carbondale, CO ZIP + 4 ▶ 81623 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country within a dia a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) A t any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . If an end the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of form 990-EZ . Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of form 990-EZ . Did the organization operate one or more hospital facilities during the year? If "Yes," form 990 must be completed instead of form 990-EZ . Did the organization operate one or more hospital facilities during the year? If "Yes," form 990 must be completed instead of form 990-EZ		has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed 40e No e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter 40e No The organization's boks are in care of ► Gige Durand Telephone no ► (970) 948-9389 1000 12124 County Rd 106 Carbondale, CO ZIP + 4 ► 81623 42a Located at ► 1224 County Rd 106 Carbondale, CO ZIP + 4 ► 81623 1224 County Rd 106 Carbondale, CO 21P + 4 ► 81623 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No If "Yes," enter the name of the foreign country	с				
by the organization ▶ 40e No e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T. 40e No 41 List the states with which a copy of this return is fied ▶ Telephone no ▶ (970) 948-9389 42a Telephone no ▶ (970) 948-9389 Located at ▶ 1234 County Rd 106. Carbondale, CO ZIP + 4 ▶ 81623 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Image: Complete Form 990-EZ 43 Section 4947(a)(1) nonexempt chartable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . Image: Complete Form 990-EZ 44a No Adde No 44a No A					
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T. 40e No Lust the states with which a copy of this return is field > Telephone no > (970) 948-9389 Telephone no > (970) 948-9389 Located at > 1234 County Rd 106 Carbondale, CO ZIP + 4 > 81623 81623 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country > See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) No c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country > 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ Yes No 44a No Yes," Form 990 must be completed instead of Form 990-EZ Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No 44a No Yes," low of the organization operate one or more hospital facilites d	d				
transaction? If "Yes," complete Form 8886-T.	_	· · ·			
1 List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Gigi Durand Telephone no ▶ (970) 948-9389 42a Located at ▶ 1234 County Rd 106. Carbondale , CO ZIP + 4 ▶ 81623 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If If "Yes," enter the name of the foreign country ▶ 42b No See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42c No c At any time during the calendar year, did the organization maintain an office outside the U S ? If * * 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	е	transaction? If "Yes," complete Form 8886-T	40e		No
42a Located at ▶ 1234 County Rd 106 Carbondale , CO ZIP + 4 ▶ 81623 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b No c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ 42c No 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . Located at No 44a No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No 44a No b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No c Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d 44d 44d 44d 44d 44d	41	List the states with which a copy of this return is filed 🕨	•		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country If "Yes," enter the name of the foreign country	42a	The organization's books are in care of 🕨 Gigi Durand Telephone not the organization's books are in care of 🕨 Gigi Durand	o 🏲 <u>(9</u> ,	/0) 948-9	9389
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b No If "Yes," enter the name of the foreign country ▶		Located at 🕨 1234 County Rd 106 Carbondale , CO ZIP + 4 🕨	81623	:	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b No If "Yes," enter the name of the foreign country ▶			,		
 financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country As Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				Yes	No
If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At aunts (FBAR) c At aunt the during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 44a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	Ь		42b		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42c No c At any time during the calendar year, did the organization maintain an office outside the U S ? 42c No If "Yes," enter the name of the foreign country ► 43 5ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 6 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44c No 44a No 44c No 44b No 44c No 44a If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No					
Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► □ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► □ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
c At any time during the calendar year, did the organization maintain an office outside the US? 42c No If "Yes," enter the name of the foreign country ▶					
If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	с		42c		No
 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	-				
and enter the amount of tax-exempt interest received or accrued during the tax year 	42 9				
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No c Did the organization receive any payments for indoor tanning services during the year? 44b No d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No	43.		•	•	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No c Did the organization receive any payments for indoor tanning services during the year? 44c No d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No					
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instead of Form 990-EZ 44b No c Did the organization receive any payments for indoor tanning services during the year? 44c No d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 45a No	444		44a		No
c Did the organization receive any payments for indoor tanning services during the year? 44c No d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 45a No	b				NI -
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 45a					
explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 45a			44c		No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Image: Controlled entity within the meaning Image: Controlled entity within the meaning	a		44d		
	45a		45a		No
	45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of cection 512(b)(13)2 If "Yes" Form 990 and Schedule P may need to be completed instead of			

of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2019)

No

45b

Page	3

Form	990-EZ	(2019)
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orm	990-EZ (2019)			Page 4	
			Yes	No	
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I				
		46		No	

Part VI Section 501(c)(3) Organizations Only	
--	--

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

			Yes	No	
47	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	47		No	
48	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	48		No	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No	
Ь	If "Yes," was the related organization a section 527 organization?	49b			

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) 50 who each received more than \$100,000 of compensation from the organization If there is none, enter "None '

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . -.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE			

d Total number of other independent contractors each receiving over \$100,000. . .

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer			2020-02-27 Date	
nere	Gigi Durand Treasurer Type or print name and title				
Paid	Print/Type preparer's name Teddy Burlingame	Preparer's signature	Date 2020-03-07	Check ☐ If self-employed Fırm's EIN ►	PTIN P01201850
Prepare		Firm's name 🕨 T BURLINGAME INC			
Use Onl	Fırm's address ► 96 WEANT BLVD			Phone no (970	948-0283
	CARBONDALE, C	D 816232040			

Additional Data

Software ID: Software Version: EIN: 47-3529308 Name: Roaring Fork Recovery Support

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.) (c	Expenses juired for section 501)(3) and 501(c)(4) janizations; optional for others.)
28 Recovery meetings - A	A , N A , other recovery meetingsreaching approximately 150 people each week	28a	0
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ ho$ D		

Openation Openation SCHEDULE A (Form 990 or 990EZ)		NOT PROCESS As Filed Data - 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.				ort	OMB No 1545-0047		
		f the Treasury		Go to <u>www.irs</u>	s.gov/Form990 for in			ormation.	Open to Public Inspection
Nam	e of th	he organiza Recovery Supp						Employer identifi	cation number
Da	-+ T	Baasan		Chavity State	ue (All organization	c muct comple	to this part \ (47-3529308	
	rt I				us (All organization: e it is (For lines 1 thro			see instructions.	
1			•		sociation of churches	-	• •	(A)(i).	
2					1)(A)(ii). (Attach Sch				
3									
4		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							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II)							
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(#	A)(v).	
7				mally receives (vi). (Complete	a substantial part of it: Part II)	s support from a	governmental ι	init or from the genei	al public described in
8		A communi	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter f				lege or university or a
10		from activit investment	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le omplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its s	
11		An organiza	ation organiz	ed and operated	d exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled in ation vested in the san and C.				
с					supporting organization ions) You must com				ated with, its
d		functionally	ntegrated	The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	fy a distribution	requirement and		
е					ved a written determin integrated supporting		RS that it is a Ty	уре I, Туре II, Туре II	II functionally
f	Enter		<i>,</i> ,	l organizations	- <u>.</u>	J		_	
g				on about the su	pported organization(1	
_	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anızatıon listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				-					
Tota	1								0
- Vid									U

	art II Support Schedule for (Organizations	Described in S	Sections 170/h	$(1)(\Delta)(iv)$ an	d 170(b)(1)(#)(vi)
	(Complete only if you che							
	If the organization failed						1	
5	Section A. Public Support				•			
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
	(or fiscal year beginning in) >	(1) 1010	(2) 2020	(0) =0=1	(4) 1010	(-)		(1) 1000
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid							
2	to or expended on its behalf The value of services or facilities							
3	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 11, column (f)							
6	Public support. Subtract line 5 from							
	line 4							
	Section B. Total Support Calendar year	1				1		
	(or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
9	Income from similar sources Net Income from unrelated business							
9	activities, whether or not the							
	business is regularly carried on							
10								
	loss from the sale of capital assets							
11	(Explain in Part VI) Total support. Add lines 7 through							
	10							
12	Gross receipts from related activities, e	etc (see instructio	ons)		•	12		•
13	First five years. If the Form 990 is for	r the organization	's first. second, th	urd. fourth, or fifth	n tax vear as a sec	tion 501	(c)(3) ord	anization.
	check this box and stop here	-			•			, T
-	Section C. Computation of Public							
	Public support percentage for 2019 (lin			column (f))		14		0 %
	Public support percentage for 2018 Sch					15		0 /0
	a 33 1/3% support test—2019. If the			on line 13 and lin	0 14 is 22 1/2% of		hock this	hov
16					10 14 15 33 1/3 /0 01	more, c	HECK THIS	
	and stop here. The organization qualif 33 1/3% support test—2018. If the				and luna 1 E ia 22 1	120/	aava cha	
						/570 01 11	iore, che	
	box and stop here. The organization	•		-	a 17 16a ar 16h	and line	- 14	
173	a 10%-facts-and-circumstances test is 10% or more, and if the organizatior							
	in Part VI how the organization meets i							
	organization			-	•			
ŀ	10%-facts-and-circumstances tes	t—2018. If the o	rganization did no	t check a box on l	ine 13, 16a, 16b. c	or 1 7a, a	nd line	. —
•	15 is 10% or more, and if the organiz							
	Explain in Part VI how the organization	n meets the "fact	s-and-circumstand	es" test The orga	inization qualifies a	as a publ	ıcly	
	supported organization							
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see		
	instructions							
					Schedul	e A (Foi	rm 990 c	r 990-F7) 2019

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

(a) 2015

(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.)

(c) 2017

9.562

9,562

(d) 2018

13,253

13,253

(e) 2019

16,330

16,330

Schedule A (Form 990 or 990-EZ) 2019

(b) 2016

12,670

0

0

Ω

n

0

0

0

12,670

Section A. Public Support Calendar year

(or fiscal year beginning in) ►

- Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- **5** The value of services or facilities furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- **7a** Amounts included on lines 1, 2, and 3 received from disqualified persons
- b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- c Add lines 7a and 7b
- 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	019	(f) Total
9	Amounts from line 6		12,670	9,562	13,253		16,330	51,815
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0				10,000	01/010
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0					0
С	Add lines 10a and 10b		0					0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		0					0
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)							51,815
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	urd, fourth, or fiftl	h tax year as a se	ction 501(c)(3) or <u>c</u>	ganization,
	check this box and stop here							
Se	ection C. Computation of Public							
15	Public support percentage for 2019 (lin	ie 8, column (f) di	vided by line 13, o	column (f))		15		100 000 %
16	Public support percentage from 2018 S	chedule A, Part II	II, line 15			16		100 000 %
Se	ection D. Computation of Invest	ment Income	Percentage					
17	Investment income percentage for 201	L9 (line 10c, colur	mn (f) dıvıded by l	ine 13, column (f)))	17		0 %
18	Investment income percentage from 2	018 Schedule A, I	Part III, lıne 17			18		0 %
19a	331/3% support tests-2019. If the	organization did n	ot check the box (on line 14, and lin	e 15 is more than	33 1/3%,	and line	17 is not
	more than 33 1/3%, check this box and s	•	-	• •				\blacktriangleright
b	33 1/3% support tests—2018. If the	e organızatıon dıd	not check a box o	on line 14 or line 1	19a, and line 16 is	more that	n 33 1/39	% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publi	cly supported org	anızatıon		▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instruction	s	\blacktriangleright

51,815

0

0

0

0

0

0

0

51,815

51,815

(f) Total

Part IV Supporting Organizations

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

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

Schedule A (Form 990 or 990-EZ) 2019

			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?				
b	A family member of a person described in (a) above?	11b			
С	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	11 c			

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 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.
- 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

Section C. Type II Supporting Organizations

			105	110
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)	1		

Section D. All Type III Supporting Organizations

			Yes	No
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
 - a The organization satisfied the Activities Test Complete line 2 below
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
 - c 🔄 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

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 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

Yes

Voc No

Yes

No

1

2

No

Schedule A (Form 990 or 990-EZ) 2019

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2019

1 1 2 3	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions			
2	Net short-term capital gain		(A) Prior Year	(B) Current Year
2				(optional)
	Recoveries of prior-year distributions	1		
3	Recoveries of phot-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		
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		
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-in instructions)	tegrate	d Type III supporting or	

Schedule A (Form 990 or 990-EZ) 2019			Page 7
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continued	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	l organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require			
6 Other distributions (describe in Part VI) See instructio	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to we details in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017 e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
 a Applied to underdistributions of prior years 			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 31 and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
<u>c</u> Excess from 2017			
d Excess from 2018. e Excess from 2019.			
		Schedulo A (E	orm 990 or 990-F7) (2019)

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: 19009670

Software Version:

EIN: 47-3529308

Name: Roaring Fork Recovery Support

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VISupplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,
Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6
Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC prin	efile GRAPHIC print - DO NOT PROCESS As Filed Data -					
SCHEDULE O	Cumplement			OMB No 1545-0047		
(Form 990 or 990- EZ)	Complete to prov	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. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information.				Open to Public Inspection		
Namel Betherolganization	loyer identification number					
Roaring Fork Recovery Suppo	47-3529	308				

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Meals 57

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Gifts 50

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Event costs 291

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Insurance 250

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Misc 142

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Registration Fees 100