efile Public Visual Render ObjectId: 202303189349312965 - Submission: 2023-11-14 TIN: 84-0574754 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 C Name of organization D Employer identification number B Check if applicable: ASPEN VALLEY LAND TRUST O Address change 84-0574754 O Name change Doing business as O Initial return O Final return/terminate E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 320 MAIN STREET SUITE 204 O Application pending (970) 963-8440 City or town, state or province, country, and ZIP or foreign postal code CARBONDALE, CO 81623 **G** Gross receipts \$ 4,783,741 Name and address of principal officer: **H(a)** Is this a group return for DAVID CHASE ☐Yes ✓ No subordinates? 320 MAIN ST STE 204 Are all subordinates CARBONDALE, CO 81623 ☐ Yes ☐No included? Tax-exempt status: ✓ 501(c)(3) 4947(a)(1) or If "No," attach a list. See instructions. 501(c) () ◀ (insert no.) **H(c)** Group exemption number ▶ Website: ► www.avlt.org L Year of formation: 1967 M State of legal domicile: CO K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROTECTING THE OPEN LANDS AND SPECIAL PLACES OF THE ROARING FORK AND MIDDLE COLORADO RIVER VALLEYS FOR WILDLIFE, AGRICULTURE, AND COMMUNITY FOREVER. Activities & Governance 2 Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) . . . 9 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 9 5 Total number of volunteers (estimate if necessary) . . 6 9 7a Total unrelated business revenue from Part VIII, column (C), line 12 2,500 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 6,441,130 1,627,805 Revenue 172,365 165,335 **9** Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). -1,893,353 2,006,781 56,188 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 65,67 4,785,819 3,856,109 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 746,959 819,578 **Expenses 16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 301,194 658,334 527,351 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,405,293 1,346,929 19 Revenue less expenses. Subtract line 18 from line 12 . 3,380,526 2,509,180 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . 11,919,034 12,385,870 1,147,910 **21** Total liabilities (Part X, line 26) . . . 2,552,695 22 Net assets or fund balances. Subtract line 21 from line 20 . 9,366,339 11,237,960

Part II Signature Block

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

3/8/24,	12:02	PM

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2021)

Form 990 (2021) Page **4**

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
			orm 00	n (2021)

Page 5

Form 990 (2021) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No

16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		orm 99	0 (2021)
		ı	01111 99	0 (2021)
	Page 6			
Form	990 (2021)			Dage 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	Page 6
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		✓
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	$ \hbox{ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . } \\$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	_
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			

17	List the states with which a copy of this Form 990 is required to be filed.
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NAME OF THE PROPERTY OF THE P
	Form 990 (2021)
	Page 7
Form	990 (2021) Page 7
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Se	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Co	implete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per compensation compensation than one box, unless person amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and MISC/1099-MISC/1099organizations related below dotted NEC) NEC) organizations line)

	ille	lual trustee ctor	itional Trustee		nployee	t compensated vee	7			
(1) SUZANNE STEPHENS EXECUTIVE DIRECTOR	40.00			Х		х		139,220	0	0
(2) CHARLIE BANTIS TREASURER	2.00	Х		X				0	0	0
(3) CYNTHIA JACOBSON SECRETARY	2.00	Х		X				0	0	0
(4) DAVID CHASE PRESIDENT	2.00	Х		X				0	0	0
(5) ELLEN DUBE VICE PRESIDENT	2.00	Х		X				0	0	0
(6) STEPHEN BERSHENYI DIRECTOR	1.00	Х						0	0	0
(7) KALLI SINCLAIR DIRECTOR	1.00	х						0	0	0
(8) CURTIS KAUFMAN DIRECTOR	1.00	х						0	0	0
(9) SCOTT MILLER	1.00	Х						0	0	0

DIRECTOR							
(10) RICHARD SHAW	1.00				0	0	(
DIRECTOR							
							Form 990 (2021

Page 8

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Form 990 (2021) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related	than d	one b	ox, ι in of	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
1b Sub-Total c Total from continuation sheets to P d Total (add lines 1b and 1c)		Α.				*		139,220	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ightharpoonup 1

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on				
	line 1a? If "Yes," complete Schedule J for such individual	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				

Name and business address Description of services Compensation from the description of services Form 991 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the description of services Page 9 The	Did any person listed on line 1a receive or services rendered to the organization?If "Ye	•	•	_			5	No
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the arganization ▶ 0 Page 9						<u> </u>	I I	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the arganization ▶ 0 Page 9 ### Page 9							nsation	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0 Page 9 Image: Statement of Revenue Check if Schedule 0 contains a response or note to any line in this Part VIII Statement of Revenue Check if Schedule 0 contains a response or note to any line in this Part VIII . In (A) Related organization Unclaimed Interest of Function Func			-		Des		(C)	ion
Page 9 m 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . Total revenue Related or Related or Statement of Revenue activated tax under revenue revenue 1 to 1 t	Nume and bus	siness dudiess			DC3	emption of services	Compensat	1011
Page 9 m 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . Total revenue Related or Related or Statement of Revenue activated tax under revenue revenue 1 to 1 t								
Page 9 m 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . Total revenue Related or Related or Statement of Revenue activated tax under revenue revenue 1 to 1 t								
Page 9 m 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . Total revenue Related or Related or Statement of Revenue activated tax under revenue revenue 1 to 1 t	Total number of independent contractors (inc	ludina but not limite	d to those listed abo	ve) who r	eceived m	ore than \$100,000 o	f	
m 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . Total revenue Related or Related or Excluded a contains a response or note to any line in this Part VIII . Total revenue Related or Related or Excluded the Excluded revenue business prevenue and the Excluded that the Excluded th								202
The property of the contributions and similar amounts not included in lines 1a - 1f:\$ Total Total							rorm 990 (202
Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (A) Related or exempt function revenue r			Page 9					
Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or exempt function revenue Page Jerated campaigns 1a 1b 1b 1c 1c 1c 1c 1c 1c	m 990 (2021)						D	age
Total revenue Related or exempt function revenue 2 description function revenue 3 description function revenue 2 description function revenue 2 description function revenue 3 description function function revenue 3 description function functi							F	49¢
de de la decompaigns . 1a Interest Inte	Check if Schedule O contains a res	sponse or note to an	y line in this Part VIII					
protection function revenue business revenue excluded tax under \$512 - 1							(D) Revenue	
Section Sect				exe	empt	business	excluded fro	om
mbership dues						revenue	512 - 514	
lated organizations Id remment grants (contributions) 217,249 All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 1g 281,186 Total. Add lines 1a-1f 1,627,805 Business Code 541900 83,750 0 90 90 90 90 90 90 90 90 9	derated campaigns 1a							
lated organizations Id remment grants (contributions) 217,249 All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 1g 281,186 Total. Add lines 1a-1f 1,627,805 Business Code 541900 83,750 0 90 90 90 90 90 90 90 90 9	mhershin dues							
lated organizations Id remment grants (contributions) 217,249 All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 1g 281,186 Total. Add lines 1a-1f 1,627,805 Business Code 541900 83,750 0 90 91 92 92 93 94 95 96 97 97 98 99 90 90 90 91 91 92 93 94 95 96 97 97 98 98 99 99 90 90 90 90 90 90	E INSCISION COLOR							
All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 281,186 Total. Add lines 1a-1f	ndraising events 1c							
All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 281,186 Total. Add lines 1a-1f	· 55							
All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 281,186 Total. Add lines 1a-1f	ated organizations 1d							
All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 281,186 Total. Add lines 1a-1f 1,627,805 Business Code 541900 35,550 0 CONSULTATIONS/SEMINARS 541900 46,035 2,500 f All other program service revenue.								
All other contributions, gifts, grants, and similar amounts not included above 1,410,556 Noncash contributions included in lines 1a - 1f:\$ 281,186 Total. Add lines 1a-1f 1,627,805 Business Code 541900 35,550 0 CONSULTATIONS/SEMINARS 541900 46,035 2,500 f All other program service revenue.	217.249							
1,410,556 Noncash contributions included in lines 1a - 1f:\$ 281,186 1 Total. Add lines 1a-1f 1,627,805 Business Code 341900 35,550 0 CONSULTATIONS/SEMINARS 541900 46,035 2,500 f All other program service revenue.	All other contributions, gifts, grants,							
Noncash contributions included in lines 1a - 1f:\$ 1g								
19 281,186 Total. Add lines 1a-1f	1,410,556							
281,186 1 Total. Add lines 1a-1f	lines to 1fet							
Total. Add lines 1a-1f	1g							
Business Code								
2a MONITORING FEES 541900 83,750 0 CONSULTATIONS/SEMINARS 541900 35,550 0 2,500 f All other program service revenue.	Total. Add lines 1a-1f							
541900 CONSULTATIONS/SEMINARS 541900 35,550 0 2,500 FROJECT FEES 541900 46,035 2,500 f All other program service revenue.		Business Code	92.750			0		
f All other program service revenue.		541900				Ü		
f All other program service revenue.	, CONSULTATIONS/SEMINARS	E41000				0		
f All other program service revenue.	e	541900				2.500		
f All other program service revenue.	PROJECT FEES	541900	46,035			2,500		
f All other program service revenue.								
f All other program service revenue.	E							
f All other program service revenue.	50:							
	1							
g Total. Add lines 2a-2f ▶ 165,335 3 Investment income (including dividends, interest, and other	g Total. Add lines 2a-2f ▶	165,335				,		

(ii) Personal

(i) Real

 ${\bf 4}$ Income from investment of tax-exempt bond proceeds

5 Royalties .

		ı				1	I	i
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income	or (loss)					
	Ī	—`	(i) Securities					
	7a Gross amount from sales of assets other than inventory	7a			60			
	b Less: cost or other basis and sales expenses	7b	927,6	532	0			
	c Gain or (loss)	7c	143,9	1,785,9	60			
	d Net gain or (loss)				1,929,903	0	0	1,929,903
Revenue	on a Gross income from fur (not including \$ contributions reported See Part IV, line 18 b Less: direct expense	l on li	14,417 of ine 1c).	_	88			
Other	c Net income or (los	s) fro	om fundraising e	vents 🕨	56,188	3	0	56,188
ō	Gross income from g See Part IV, line 19 b Less: direct expens c Net income or (loss	• ses	9t)				
	b Less: cost of goods	nces s solo s) fro	d 10 om sales of inver	ь				
	11a							
	b							
	с							
	d All other revenue							
	e Total. Add lines 11	ıa−1	1u	•				
	12 Total revenue. Se	ee in	structions		3,856,109	162,835	2,500	2,062,969 Form 990 (2021)
					– Page 10 ––––			
Eour	000 (2021)							
	n 990 (2021)		Franckie 1 F					Page 10
Pa	Section 501(c	ot c)(3)	Functional Ex and 501(c)(4) of	(penses organizations must c	complete all columns.	All other organization	ns must complete co	olumn (A).
	Check if Sche	dule	O contains a res	sponse or note to ar	ny line in this Part IX			🗆
	not include amounts 8b, 9b, and 10b of P	rep	orted on lines		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assist domestic governments	stand	ce to domestic o			слрепаса	general expenses	слрепаез
2	Grants and other assis Part IV, line 22	stand	ce to domestic in	dividuals. See				
3	Grants and other assis governments, and for							

4 Benefits paid to or for members .

	Page 11			
			Fo	rm 990 (2021)
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
25 Total functional expenses. Add lines 1 through 24e	1,346,929	799,154	246,581	301,194
e All other expenses				
d				
c BANK CHARGES	2,670	0	2,670	0
b MISCELLANEOUS	165	138	14	13
a DUES AND SUBSCRIPTIONS	1,642	1,020	271	351
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
23 Insurance	19,018	11,810	3,138	4,070
22 Depreciation, depletion, and amortization	23,210	14,413	3,830	4,967
21 Payments to affiliates				
20 Interest	9,921	9,921	0	0
federal, state, or local public officials . 19 Conferences, conventions, and meetings	19,383	10,455	5,324	3,604
17 Travel				
16 Occupancy	7,879	6,313	490	1,076
15 Royalties	7.070	6.212	400	1.070
14 Information technology	24,989	15,518	4,123	5,348
13 Office expenses	7,078	967	257	5,854
12 Advertising and promotion	107,922	12,600	0	95,322
(A) amount, list line 11g expenses on Schedule O)				
g Other (If line 11g amount exceeds 10% of line 25, column	199,816	193,316	1,300	5,200
f Investment management fees	39,013	0	39,013	0
e Professional fundraising services. See Part IV, line 17				
d Lobbying	. 1,7.52	<u> </u>	. 1,7.52	
c Accounting	44,791	0	44,791	0
a Management	19,854	13,724	6,130	0
11 Fees for services (non-employees):				
10 Payroll taxes	48,264	29,972	7,964	10,328
9 Other employee benefits	72,206	44,840	11,914	15,452
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,632	9,087	2,414	3,131
7 Other salaries and wages	553,256	338,604	89,967	124,685
defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	552.256	220 604	99.067	124.605
key employees				
5 Compensation of current officers, directors, trustees, and	131,220	86,456	22,971	21,793

	check if schedule o contains a response of note to any line in this raiting.			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	100,570	1	384,934
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	98,017	3	266,786
4	Accounts receivable, net		4	

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	5	Loans and other receivables from any current of trustee, key employee, creator or founder, sub- controlled entity or family member of any of the	stantial contr			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)						
s	7	Notes and loans receivable, net			7			
ssets	8	Inventories for sale or use			8			
SS	9	Prepaid expenses and deferred charges			7,599	9	9,949	
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,460,533				
	b	Less: accumulated depreciation	10b	119,539	4,190,094	10c	4,340,994	
	11	Investments—publicly traded securities .			6,949,882	11	6,732,895	
	12	Investments—other securities. See Part IV, line	11			12		
	13	Investments—program-related. See Part IV, lin	e 11		571,729	13	646,912	
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			1,143	15	3,400	
	16	Total assets. Add lines 1 through 15 (must ed		11,919,034	16	12,385,870		
	17	Accounts payable and accrued expenses .		32,923	17	5,024		
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
Ø	21	Escrow or custodial account liability. Complete	nedule D		21			
Liabilities	22	Loans and other payables to any current or for employee, creator or founder, substantial contr or family member of any of these persons .	% controlled entity					
<u>.e</u>						22		
	23	Secured mortgages and notes payable to unrel	·			23		
	24	Unsecured notes and loans payable to unrelate	•		2,519,772	24 25	1,142,886	
	25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D					
	26	Total liabilities. Add lines 17 through 25 .			2,552,695	26	1,147,910	
Balances		Organizations that follow FASB ASC 958, complete lines 27, 28, 32, and 33.	heck here	► ☑ and				
ala	27	Net assets without donor restrictions			8,535,353	27	10,118,068	
8	28	Net assets with donor restrictions			830,986	28	1,119,892	
r Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	·			29		
s or	30	Paid-in or capital surplus, or land, building or e		<u></u>		30		
Assets								
As	31	Retained earnings, endowment, accumulated in	icome, or oth	ier runus	9,366,339	31	11,237,960	
Net	32	Total net assets or fund balances				32		
~	33	Total liabilities and net assets/fund balances			11,919,034	33	12,385,870	
							Form 990 (2021)	

Form 990 (2021)		Page 12
Part XI Reconcilliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	🗆
1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,856,109
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,346,929
3 Revenue less expenses. Subtract line 2 from line 1	3	2,509,180
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,366,339
5 Net unrealized gains (losses) on investments	5	-637,559
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10	11,237,960

Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			✓
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	i,		
	☐ Separate basis ☐ Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	О.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99	0 (2021)
Form	990 (2021)			
Ac	ditional Data	Retur	n to Fo	rm

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TIN: 84-0574754

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

		ne organization Y LAND TRUST					Employer identific	ation number	
SPEIN	VALLE	Y LAND TRUST					84-0574754		
Pai		Reason for Public ation is not a private four					See instructions.		
ne o	rganiz	A church, convention of		-			(A)(i)		
2		A school described in se	•				(A)(I).		
					•				
3		A hospital or a cooperat	•	-			•		
4		A medical research organame, city, and state:	inization operat	ed in conjunction with	a hospital desc	ribed in section 1	170(b)(1)(A)(III). E	nter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	pperated by a gov	ernmental unit descrit	oed in section	
6		A federal, state, or local	government or	governmental unit de	scribed in sect i	ion 170(b)(1)(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)			
9		An agricultural research non-land grant college of	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:		
LO	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
l1		An organization organize	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).		
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo					
b		Type II. A supporting of management of the sup must complete Part I	organization sup porting organiz	pervised or controlled in ation vested in the san					
C		Type III functionally supported organization(integrated. A	supporting organization				ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satisf	fy a distribution	requirement and			
e		Check this box if the orgintegrated, or Type III n				IRS that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter	the number of supported	d organizations				<u> </u>		
g		de the following informati				ganization listed	(as) Amazoumb of	(wi) Amount of	
	(1)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
otal								0	
		vork Reduction Act Notor or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2022	
				Pa	20.2				
				ray	ge 2 ———				
ched	lule A	(Form 990) 2022						Page 2	
Pai	rt II			zations Described ne box on line 5, 7,				.)(A)(vi)	
		If the organization		ify under the tests I					
Se	ction	A. Public Support							

Calendar vear

Se	Section A. Public Support							
	endar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").							
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							

3/8/2/	l. 12:02 PM	Asne	an Valley Land Tr	ust - Full Filing- N	lonprofit Explorer -	ProPublica			
3/0/24	organization s benefit and either paid	Aspe	ii valley Land ii I	l	Ionpront Explorer -	I			
_	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
_	the organization without charge								
6 73	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and					+	_		
7 a	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.								
8 8	Add lines 7a and 7b Public support. (Subtract line 7c								
	from line 6.)								0
	ection B. Total Support	1	1	•		•			
	endar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	• • • • • • • • • • • • • • • • • • • •								
14	11, and 12.) First 5 years. If the Form 990 is for 1990 is for	L he organization's	first, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organiza	tion, c	heck
	this box and stop here	=					_		_
Se	ection C. Computation of Public	Support Perc	entage						
15	Public support percentage for 2022 (lir					15			0 %
16	Public support percentage from 2021 S	Schedule A, Part	III, line 15			16			
	ection D. Computation of Invest				(6))				
17	Investment income percentage for 202	-		•					0 %
18	Investment income percentage from 2					18			
19a	33 1/3% support tests-2022. If the								
	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	stop here. The	e organization qu	alifies as a public	ly supported organ	nization	2 1/20/- 2	nd line	10 ic
ь	not more than 33 1/3%, check this box	-			•			_	10 15
20									
	Private foundation. If the organization	on ala not check	a box on line 12	, 19a, or 19b, cn	eck this box and s	Schedule	A (Forn	1990)	2022
						Schedule	A (1011)	. 550)	2022
			Page	4					
			rage						
. .									
	dule A (Form 990) 2022							F	Page 4
Par	t IV Supporting Organization		-6 Dt I I6	-hld h 42-	of Doub To complete		d D. 76		-1 J
	(Complete only if you checked a box 12b, of Part I, complete Se								
	12d, of Part I, complete Section				<u> </u>		,		
Se	ection A. All Supporting Organiz	ations							
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the su describe the designation. If historic an				teu by class or pur	pose,			_
_	,	,	,, ,				1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P								
	described in section 509(a)(1) or (2).		s. gamzadon det	cca that the	supported organiz		2		\vdash
2-	Did the evapointies have a superstant	organization de	noribod in anati-	5 F01(a)(4) (F)	or (6)2 If "Vaa " -	nawar linna 21	-	-	_
3a	Did the organization have a supported 3c below.	organization des	scribed in Section	1 3U1(C)(4), (5),	υι (ο) <i>: IT "Yes," ar</i>	iswer lines 3b a		_	\vdash
		manument and	alaabiaa ay 116	Lunday	11(-)(4) (5) (5	') and+: 6'	3a		
b	Did the organization confirm that each the public support tests under section								
	determination.		,		o. ga.nza		2 h	—	

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

3b

	If Yes, explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
С	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 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	0-		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	December 1			
	Page 5			
Sched	dule A (Form 990) 2022			Page 5
	t IV Supporting Organizations (continued)			uge D
	· · · · · · · · · · · · · · · · · · ·		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 on lines 11b and 11c below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			
	Did the efficient discretes to see as a secrete set of an au many supported againsticate have the appropriate		Yes	No
1	Did the officers, 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.			
		1		
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	2		
	organization.	_		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

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	each of the organization's supported organization(s)? If "No," describe in Part VI now supporting organization was vested in the same persons that controlled or managed to			1			
Se	ction D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the	prior tax year, (ii) a copy of the		Yes	No	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the	2			
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3			
Se	ction E. Type III Functionally-Integrated Supporting Organizations						
a b c	Check the box next to the method that the organization used to satisfy the Integral Part The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete The organization supported a governmental entity. Describe in Part VI how you have the complete that the complete in Part VI how you have the complete that the complete in Part VI how you have the complete in Part	line	3 below.	•	ctions)		
	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.						
ь	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.						
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
а	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? If "Yes" or "No", provide details in Part VI.						
b	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.						
			Schedule A	(Forn	n 990)	2022	
	Page 6 ———						
	lule A (Form 990) 2022				F	Page 6	
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е		
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r	
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8						
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r	
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					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					

e Discount claimed for blockage or other factors

	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	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)	ntegrat	ed Type III supporting org	ganization (see		
			Sched	dule A (Form 990) 2022		
	Page 7					

Schedule A (Form 990) 2022 Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

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

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c Remainder. Subtract lines 4a and 4b	from line 4.		
5 Remaining underdistributions for yea 2022, if any. Subtract lines 3g and 4 If the amount is greater than zero, 6 See instructions.	la from line 2.		
6 Remaining underdistributions for 202 lines 3h and 4b from line 1. If the at than zero, explain in Part VI . See in	mount is greater		
7 Excess distributions carryover to 3j and 4c.	2023. Add lines		
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
Schedule A (Form 990) 2022	1 0	ge 8	Page 8
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 nd 3; Part IV, Section E, lines 1c, ; and Part V, Section E, lines 2, 5,	11b, and 11c; Part IV, Section E 2a, 2b, 3a and 3b; Part V, line	line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; 1; Part V, Section B, line 1e; Part V t for any additional information. (See
Return Reference		Explanation	
			Schedule A (Form 990) 2022

Additional Data

Return to Form

Software ID: 22015534 **Software Version:**

efile Public Visual Rend	or ObjectId: 202303189349312965 - Submission: 2023-11	-14	TIN: 84-0574754
Schedule B	Schedule of Contribute		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990 ► Go to <u>www.irs.gov/Form990</u> for the latest		2022
Name of the organization ASPEN VALLEY LAND TRUS	Т		r identification number
Organization type (chec	k one):	84-05747	754
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation	
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a	private foundation	
	☐ 501(c)(3) taxable private foundation		
under sections 50 received from any 990, Part VIII, line For an organization during the year, to purposes, or for the purpose. Don't conceiligious, charitable Caution: An organization 990-EZ, or 990-PF), but it	on described in section 501(c)(3) filing Form 990 or 990-EZ th 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form one contributor, during the year, total contributions of the greath, or (ii) Form 990-EZ, line 1. Complete Parts I and II. On described in section 501(c)(7), (8), or (10) filing Form 990 at all contributions of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Complete Parts on the parts of the total contributions exclusively for religious, charitable, etc., purpose and, enter here the total contributions that were received during the parts unless the General Rule applies to the, etc., contributions totaling \$5,000 or more during the year that isn't covered by the General Rule and/or the Special Rule amust answer "No" on Part IV, line 2, of its Form 990; or che	990 or 990-EZ), Part II, line eater of (1) \$5,000 or (2) 2% or 990-EZ that received from s, charitable, scientific, literarts I, II, and III. or 990-EZ that received from es, but no such contributions ing the year for an exclusively his organization because it received doesn't file Schedule B (13, 16a, or 16b, and that of the amount on (i) Form any one contributor, y, or educational any one contributor,
	. HIUS L ANSWELLING ON FAILTY, IIITE 2. OF ILS FOITH 330. OF CHE	ck the box on line H of its Fo	y religious, charitable, etc., eceived <i>nonexclusively</i> \$
F B 1 B 1 2 2 2	t I, line 2, to certify that it doesn't meet the filing requirement	s of Schedule B (Form 990,	y religious, charitable, etc., eceived <i>nonexclusively</i> \$ Form 990, rm 990-EZ
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t I, line 2, to certify that it doesn't meet the filing requirement t Notice, see the Instructions		y religious, charitable, etc., eceived <i>nonexclusively</i> \$
	t I, line 2, to certify that it doesn't meet the filing requirement t Notice, see the Instructions	s of Schedule B (Form 990,	y religious, charitable, etc., eceived <i>nonexclusively</i> \$ Form 990, rm 990-EZ
	t I, line 2, to certify that it doesn't meet the filing requirement t Notice, see the Instructions PF. Page 2	s of Schedule B (Form 990,	y religious, charitable, etc., eceived <i>nonexclusively</i> \$ Form 990, rm 990-EZ

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Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		<u>Ψ</u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
	-		Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
Schedule B	(Form 990) (2022)		Page 3
Name of org		Employer identification	
		84-0574754	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o a o o ,	
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	FMV (o	(c) r estimate) structions)	(d) Date received
-				\$_	
					Schedule B (Form 990) (2022)
		Page 4			
	B (Form 990) (2022)				Page 4
	rganization LLEY LAND TRUST			Employer iden 84-0574754	tification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See insues the second of the se	tributor. Complete columns (a) te e total of exclusively religious, o etructions.)	cribed in sect	ion 501(c)(7), (8	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship	of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
_		(e) Transfer of gift			
	Transferee's name, address, and	ZIP 4	Relationship	of transferor to	transferee
(a)			1		
(α)					

(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and			o of transferor to transferee
(b) Purpose of gift	_	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and			p of transferor to transferee
			Schedule B (Form 990) (2022)
	Transferee's name, address, and (b) Purpose of gift	(e Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationshi (b) Purpose of gift (c) Use of gift (e) Transfer of gift (c) Use of gift

Additional Data

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Software ID: Software Version:

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ObjectId: 202303189349312965 - Submission: 2023-11-14

TIN: 84-0574754

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2021

	ment of the Treasury I Revenue Service				bed below. ▶Attach t for instructions and tl			Open to Inspe	
If the	ection 501(c)(3) org Section 501(c) (other Section 527 organize organization ans Section 501(c)(3) or Section 501(c)(3) organization ans organization ans	ganization or than sect th	is: Complete Parts I-A and ction 501(c)(3)) organization for the Part I-A only. (es" on Form 990, Part ins that have filed Form 990, Part ins that have NOT filed Fes" on Form 990, Part	nd B. Do nations: Con IV, Line 4, 5768 (electorm 5768 IV, Line 5	or Form 990-EZ, Part Vot complete Part I-C. nplete Parts I-A and C be or Form 990-EZ, Part Votion under section 501(h) (election under section 5 (Proxy Tax) (see separa	elow. Do r /I, line 47)): Comple 501(h)): Co	not complete Part I-B. (Lobbying Activities), ete Part II-A. Do not complete Part II-B. Do no	then pplete Part II-B t complete Pa	3. ırt II-A.
Nar	ne of the organizati EN VALLEY LAND TRUS	ion	organizations. Complete	Part III.			Employer identi	fication num	ber
Dar	t I-A Complet	a if tha	organization is eve	mnt une	ler section 501(c) o	r is a se	84-0574754	ation	
1 2 3	Provide a descript "political campaign Political campaign Volunteer hours fo	ion of the n activitie activity e or political	organization's direct an s." expenditures. See instrud I campaign activities. Se	d indirect ctions	political campaign activit	ies in Part	: IV. See instructions for		
1 2 3 4a	Enter the amount Enter the amount If the organization	of any ex of any ex n incurred made?	ccise tax incurred by the ccise tax incurred by org a section 4955 tax, did	organizati anization r it file Forn	on under section 4955 nanagers under section 4 n 4720 for this year?	4955	> \$	☐ Yes	□ No
Par				mpt und	ler section 501(c),	except s	section 501(c)(3).		
1 2 3 4	Enter the amount function activities Total exempt func	of the filin	ng organization's funds	contributed	for section 527 exempt d to other organizations there and on Form 1120-	for sectior POL, line	1 527 exempt \$ 17b \$	Yes	
5	Enter the names, organization made of political contrib	addresses e payment outions rec	s and employer identificats. For each organization telegraphication that were prompt	ation numb n listed, en ly and dire	per (EIN) of all section 52 ter the amount paid from ctly delivered to a sepan- is needed, provide infor	27 politica n the filing ate politic	l organizations to which g organization's funds. A al organization, such as	the filing Also enter the	amount
(a)	Name		(b) Address		(c) EIN		(d) Amount paid from filing organization's funds. If none, enter -0	(e) And political con received and directly to a separal organization enter	tributions d promptly delivered te political n. If none,
1									
2									
3									
4									
5									
6									
6 For P	aperwork Reduction	Act Notice	e, see the instructions for	Form 990.		Cat. No. !	50084S Sch e	edule C (Form	990) 2021
					– Page 2			•	
Sche	dule C (Form 990)	2021			1 490 2				Page 2

Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(b))

	36CUOII 301(II/).					
A	Check In the filing organization belongs to an expenses, and share of excess lobbying	expenditures).		filiated group me	mber's name	, address, EIN,
В	Check if the filing organization checked box A	and "limited control" p	rovisions apply.	l (i	a) Filing	(b) Affiliated group
	Limits on Lobbying (The term "expenditures" means		ırred.)		anization's totals	totals
1a	Total lobbying expenditures to influence public opinio	n (grass roots lobbying)	· · · · · · · · · · · · · · · · · · ·		0	
b	Total lobbying expenditures to influence a legislative	, ,			0	
С	Total lobbying expenditures (add lines 1a and 1b)				0	,
d	Other exempt purpose expenditures				1,346,929	
е	Total exempt purpose expenditures (add lines 1c and	•			1,346,929	
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in b	oth		209,693	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$500,000	20% of the amount on line	1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,00	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	0.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line 1f	1			52,423	
h	Subtract line 1g from line 1a. If zero or less, enter -0				0	
	Subtract line 1f from line 1c. If zero or less, enter -0				0	
j	If there is an amount other than zero on either line 1					☐ Yes ☑ No
	section 4911 tax for this year?				••••	_ 1c3 _ 1t0
	(Some organizations that made a scolumns below. See t	he separate instruc	ctions for lines	2a through 2		e five
	Calendar year (or fiscal year	enditures During 4-	(b) 2019	(c) 2020	(d) 2021	(e) Total
	beginning in)	(4) 2010	(5) 2013	(6) 2020	(4) 2021	(C) Total
2a	Lobbying nontaxable amount	209,708	198,075	215,529	209,0	693 833,005
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,249,508
с	Total lobbying expenditures	0	0	0		0 0
d	Grassroots nontaxable amount	52,427	49,519	53,882	52,4	423 208,251
е	Grassroots ceiling amount (150% of line 2d, column (e))					312,377
f	Grassroots lobbying expenditures	0	0	0	Schedule (0 0 C (Form 990) 2021
					Schedule (5 (1 01 m 3 5 0) 2021
		Page 3				
Sch	edule C (Form 990) 2021					Page 3
Pa	art II-B Complete if the organization is e		on 501(c)(3) a	nd has NOT f	iled	
	Form 5768 (election under secti	on 501(h)).			(a)	(b)
	each "Yes" response on lines 1a through 1i below, pro vity.	vide in Part IV a detaile	d description of the	e lobbying		
1	During the year, did the filing organization attempt	to influence foreign, nat	tional, state or loca	al legislation,	Yes No	o Amount
-	including any attempt to influence public opinion or	n a legislative matter or	referendum, throu			
a				\2		
b c			= -			
d						
	Publications or nublished or broadcast statements?					

g Direct h Rallie i Other j Total. 2a Did th b If "Ye c If "Ye d If the Part III- 1 Were 2 Did th 3 Did th Part III- 1 Dues, 2 Section expe b Carry c Total 3 Aggres	nts to other organizations for ct contact with legislators, the es, demonstrations, seminars er activities?	ne organization to be not describ tax incurred under section 4912 tax incurred by organization mana section 4912 tax, did it file Forganization is exempt under ore) dues received nondeductible—house lobbying expenditures of y over lobbying and political expenditures of the section of the se	r a legislative body?	(c)(5), o	r section	Yes	No
g Direct h Rallie i Other j Total. 2a Did th b If "Ye c If "Ye d If the Part III- 1 Were 2 Did th 3 Did th Part III- 1 Dues, 2 Section expe b Carry c Total 3 Aggres	nts to other organizations for ct contact with legislators, the es, demonstrations, seminars er activities?	nobbying purposes?	r a legislative body?		1	Yes	No
h Rallie i Other j Total. 2a Did th b If "Ye c If "Ye d If the Part III- 1 Were 2 Did th 3 Did th Part III- 1 Dues, 2 Sectic expe b Carry c Total 3 Aggre	es, demonstrations, seminars er activities?	ne organization to be not describ tax incurred under section 4912 tax incurred by organization man a section 4912 tax, did it file For ganization is exempt under ore) dues received nondeductible -house lobbying expenditures of y over lobbying and political exp	ed in section 501(c)(3)? nagers under section 4912 m 4720 for this year? er section 501(c)(4), section 501 by members? \$2,000 or less? enditures from the prior year?		1	Yes	No
i Other j Total. 2a Did th b If "Ye c If "Ye d If the Part III- 1 Were 2 Did th 3 Did th Part III- 1 Dues, 2 Sectic expe b Carry c Total 3 Aggres	er activities? I. Add lines 1c through 1i the activities in line 1 cause the activities in line 1 cause the activities in line 1 cause the amount of any les," enter the amount of any efiling organization incurred A Complete if the organization make only in the organization agree to carres Complete if the organization agree to carres	ne organization to be not describ tax incurred under section 4912 tax incurred by organization man a section 4912 tax, did it file For ganization is exempt under ore) dues received nondeductible -house lobbying expenditures of y over lobbying and political exp	ed in section 501(c)(3)? nagers under section 4912 m 4720 for this year? er section 501(c)(4), section 501 by members? \$2,000 or less? enditures from the prior year?		1	Yes	No
j Total. 2a Did the b If "Ye d If the Part III- 1 Were 2 Did the 3 Did the Part III- 1 Dues, 2 Section expension a Curre b Carry c Total 3 Aggres	I. Add lines 1c through 1i the activities in line 1 cause to les," enter the amount of any les," enter the amount of any e filing organization incurred -A Complete if the or 501(c)(6). e substantially all (90% or most the organization make only in the organization agree to carres -B Complete if the or	ne organization to be not describ tax incurred under section 4912 tax incurred by organization man a section 4912 tax, did it file For ganization is exempt under ore) dues received nondeductible -house lobbying expenditures of y over lobbying and political exp	nagers under section 4912 m 4720 for this year? er section 501(c)(4), section 501 by members? \$2,000 or less?		1	Yes	No
2a Did the b If "Ye c If "Ye d If the Part III- 1 Were 2 Did the 3 Did the Part III- 1 Dues, 2 Section experiment of Carry c Total 3 Aggress	the activities in line 1 cause to des," enter the amount of any fes," enter the amount of any e filing organization incurred -A Complete if the organization make only in the organization make only in the organization agree to carres -B Complete if the organization in the organization of the organization agree to carres -B Complete if the organization in the organization of the org	ne organization to be not describ tax incurred under section 4912 tax incurred by organization man a section 4912 tax, did it file For ganization is exempt under ore) dues received nondeductible -house lobbying expenditures of y over lobbying and political exp	hed in section 501(c)(3)? hagers under section 4912 m 4720 for this year? er section 501(c)(4), section 501 by members? \$2,000 or less? enditures from the prior year?		1	Yes	No
b If "Ye c If "Ye d If the Part III- 1 Were 2 Did th 3 Did th Part III- 1 Dues, 2 Section experts a Currey b Carry c Total 3 Aggres	res," enter the amount of any res," enter the amount of any e filing organization incurred -A Complete if the organization or more than the organization make only in the organization agree to carres -B Complete if the organization of the organization	tax incurred under section 4912 tax incurred by organization manals a section 4912 tax, did it file Forganization is exempt under the discrete dues received nondeductible shouse lobbying expenditures of the over lobbying and political expenditures.	nagers under section 4912		1	Yes	No
c If "Yed d If the Part III- 1 Were 2 Did th 3 Did th Part III- 1 Dues 2 Section experiment of Carry c Total 3 Aggress	es," enter the amount of any e filing organization incurred -A Complete if the or 501(c)(6). e substantially all (90% or mothe organization make only in the organization agree to carre -B Complete if the or	tax incurred by organization man a section 4912 tax, did it file For ganization is exempt under ore) dues received nondeductible -house lobbying expenditures of y over lobbying and political exp	magers under section 4912		1	Yes	No
1 Were 2 Did th 3 Did th Part III- 1 Dues, 2 Section expe b Carry c Total 3 Aggree	e filing organization incurred A Complete if the or 501(c)(6). e substantially all (90% or mothe organization make only in the organization agree to carrobacterists.	a section 4912 tax, did it file For ganization is exempt unde ore) dues received nondeductible -house lobbying expenditures of y over lobbying and political exp	m 4720 for this year? er section 501(c)(4), section 501 by members? \$2,000 or less? enditures from the prior year?		1	Yes	No
1 Were 2 Did th 3 Did th Part III- 1 Dues 2 Section expe b Carry c Total 3 Aggree	Complete if the or 501(c)(6). e substantially all (90% or mothe organization make only in the organization agree to carres Complete if the or	pre) dues received nondeductible house lobbying expenditures of y over lobbying and political exp	by members?		1	Yes	No
1 Were 2 Did th 3 Did th Part III- 1 Dues, 2 Section expe b Carry c Total 3 Aggree	e substantially all (90% or mother organization make only in the organization agree to carres Complete if the or	ore) dues received nondeductible -house lobbying expenditures of y over lobbying and political exp	by members?		1	Yes	No
2 Did th 3 Did th Part III- 2 Section 2 Curred Carry C Total 3 Aggree	e substantially all (90% or mother organization make only in the organization agree to carres Complete if the or	-house lobbying expenditures of y over lobbying and political exp	\$2,000 or less?enditures from the prior year?			Yes	No
2 Did th 3 Did th Part III- 2 Section 2 Curred Carry C Total 3 Aggree	the organization make only in the organization agree to carr -B Complete if the or	-house lobbying expenditures of y over lobbying and political exp	\$2,000 or less?enditures from the prior year?			Yes	No
2 Did th 3 Did th Part III- 2 Section 2 Curred Carry C Total 3 Aggree	the organization make only in the organization agree to carr -B Complete if the or	-house lobbying expenditures of y over lobbying and political exp	\$2,000 or less?enditures from the prior year?				
1 Dues, 2 Section b Carry c Total 3 Aggree	the organization agree to carr -B Complete if the or	y over lobbying and political exp	enditures from the prior year?		2		
1 Dues, 2 Section Expension Currence Currence Total Aggree	-B Complete if the or		' '				
1 Dues, 2 Section expe a Curre b Carry c Total 3 Aggree		anization is exempt und			3		
expea Curreb Carryc Total3 Aggree	.,			1			
b Carryc Total3 Aggree	ion 162(e) nondeductible loble enses for which the section		(do not include amounts of political				
c Total 3 Aggre				2a 2b			
3 Aggre	•						
			and advantible continue 162(a) dues	2c 3			
	·	. , , , ,	ondeductible section 162(e) dues . Int on line 3, what portion of the excess do				
the o	organization agree to carryov	er to the reasonable estimate of	nondeductible lobbying and political				
5 Taxab	ble amount of lobbying and p	olitical expenditures. See Instruc	ctions	5			
Part IV	Supplemental Info	rmation					
		art I-A, line 1; Part I-B, line 4; Part I-B, lin	ort I-C, line 5; Part II-A (affiliated group listional information.	st); Part II-	A, lines 1 an	d 2 (se	е
	ons), and Part II-B, line 1. Also	Exp	planation				
	ns), and Part II-B, line 1. Also Return Reference	'		Sched	ıle C (Form	9901	2021
	,			Schedi	(. 5111	. 550)	

Additional Data

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ObjectId: 202303189349312965 - Submission: 2023-11-14

TIN: 84-0574754 OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

partment of the Treasury ernal Revenue Service	Part IV, line 6, 7, 8, 9, 1 Go to www.irs.gov/Form	Attach to Form 990.				Open to Public
Name of the organ		990 for instructions a	ind the latest infor	,		Inspection fication number
ASPEN VALLEY LAND TR	UST			84-057	4754	
Part I Organi	zations Maintaining Donor Advis	sed Funds or Other	Similar Funds o			
	te if the organization answered "Yes	s" on Form 990, Part	IV, line 6.			
Takal acceptance		(a) Donor adv	ised funds	(t) Funds an	d other accounts
	end of year					
55 5	of contributions to (during year)					
	of grants from (during year) at end of year					
Did the organiza	at end of year				nds are the	☐ Yes ☐ No
charitable purpo	ation inform all grantees, donors, and do ses and not for the benefit of the donor	or donor advisor, or for	any other purpose co			
	vation Easements. te if the organization answered "Yes	s" on Form 990, Part	IV, line 7.			
	onservation easements held by the organ					
Preservation	on of land for public use (e.g., recreation	or education) \Box	Preservation of an	historica	lly importa	nt land area
Protection	of natural habitat	✓	Preservation of a co	ertified h	nistoric stru	cture
Preservation	on of open space					
	2a through 2d if the organization held a	qualified conservation co	ontribution in the for	n of a co	onservation	
	e last day of the tax year.					e End of the Year
	conservation easements		-	2a		263
Total acreage res	stricted by conservation easements			2b		44,816.20
	ervation easements on a certified historic	•	· _	2c		:
	ervation easements included in (c) acquir n the National Register	red after 7/25/06, and r	ot on a historic	2d		(
	ervation easements modified, transferred 0	d, released, extinguishe	d, or terminated by t	he orgai	nization dui	ing the
Number of state	s where property subject to conservation	n easement is located 🕨		1		
Does the organi and enforcemen	zation have a written policy regarding th t of the conservation easements it holds	e periodic monitoring, ir?	nspection, handling o	f violatio		Yes No
Staff and volunt	eer hours devoted to monitoring, inspect 1963.00	ting, handling of violatio	ns, and enforcing co	nservati	on easeme	
	nses incurred in monitoring, inspecting,		.,			nts during the year
▶ \$	147,508	handling of violations, a	_	ation ea	sements di	
Does each conse	147,508 ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requir	nd enforcing conserv		(B)(i)	
Does each conso and section 170 In Part XIII, des balance sheet, a	ervation easement reported on line 2(d)	above satisfy the requir	nd enforcing conservements of section 17	0(h)(4)(se state	(B)(i) ment, and	ring the year Yes No
Does each conso and section 170 In Part XIII, des balance sheet, a the organization	ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requir ervation easements in it footnote to the organiza s. of Art, Historical Ti	ements of section 17	0(h)(4)(se state ments th	(B)(i) ment, and hat describe	Yes No
Does each consortant and section 170 In Part XIII, despondence sheet, a the organization Complete If the organization historical treasu	crvation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requirements in it footnote to the organizate. of Art, Historical Ties on Form 990, Part C 958, not to report in it is exhibition, education,	ements of section 17	0(h)(4)(se statements ther Simi	ment, and hat describe	Yes No es works of art,
Does each conse and section 170 In Part XIII, des balance sheet, a the organization III Organi Comple If the organizati historical treasu Part XIII, the te If the organizati historical treasu historical treasu historical treasu	crvation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requirements in it footnote to the organization. The state of the organization of the state of the organization of the state of t	ements of section 17	se state ments the standard balance of displacements.	ment, and hat describe lance sheet public series e sheet wo	Yes No No S works of art, vice, provide, in rks of art,
Does each conse and section 170 In Part XIII, des balance sheet, a the organization Comple If the organizati historical treasu Part XIII, the te If the organizati historical treasu following amount	crvation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requirements in it footnote to the organization. The state of the organization of the state of the organization of the state of t	ements of section 17s revenue and expentation's financial state reasures, or Other IV, line 8. ts revenue statement or research in further elitems. evenue statement and or research in further	se state ments ther Simi and baserance of d balance	ment, and hat describe lance sheet for public series beet wo for public series and the series where the sheet wo for public series sheet wo for public series and the series where the sheet wo for public series are sheet where the sheet wo for public series are sheet where the sheet wo for public series are sheet where the sheet was sheet which	Yes No SS works of art, vice, provide, in rks of art,
Does each conse and section 170 In Part XIII, des balance sheet, a the organization TII Organi: Comple: If the organization instorical treasu Part XIII, the teep of the organization instorical treasu following amour (i) Revenue including and section in the organization in the organi	ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requirervation easements in it footnote to the organizates. of Art, Historical Tist on Form 990, Part C 958, not to report in it ic exhibition, education, ents that describes these C 958, to report in its reic exhibition, education,	ements of section 17 s revenue and expentation's financial state reasures, or Other IV, line 8. ts revenue statement or research in further extense statement and or research in further	se statements the stand balance of displacements of the stand balance of the stands of	ment, and nat describe lance sheet f public ser e sheet wo f public ser	Yes No SS works of art, vice, provide, in rks of art,
Does each conse and section 170 In Part XIII, des balance sheet, a the organization Tomple If the organization that it is origanization art XIII, the te organization is organization is the organization of the organization in the organization is the organization of the organization of the organization is the organization of the organization o	crvation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requirements in it footnote to the organizates. of Art, Historical Trest on Form 990, Part C 958, not to report in itic exhibition, education, ents that describes these C 958, to report in its received in the control of the con	ements of section 17s revenue and expension's financial state reasures, or Othe IV, line 8. ts revenue statement or research in further eitems. evenue statement and or research in further	se statements the stand balance of the stands of the stand	ment, and nat describe lance sheet f public ser e sheet wo f public ser	Yes No
Does each conso and section 170 In Part XIII, destalance sheet, a the organization Comple If the organization historical treasu Part XIII, the te organizati historical treasu following amour (i) Revenue included If the organizati following amour following follo	crvation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the requirer above satisfy the requirer are revealed as a series of Art, Historical Trest on Form 990, Part C 958, not to report in its exhibition, education, ents that describes these ic exhibition, education, ents that describes these ic exhibition, education, and the series exhibition are report in its rest ic exhibition, education, ents that describes these ic exhibition, education, edu	ements of section 17	se statements the stand balance or displacements of the stand balance or displacements or displacements of the stand balance or displacements of the stand balance or displacements	ment, and lat describe lance sheet foublic serves sheet wo found the sheet sheet wo found the sheet sheet wo found the sheet s	Yes No

	02 PM	Аэре	n Valley Land	Trust - Full F	iling- Nonprofit Ex	plorer - ProPu	blica	
			Page	2 ——				
chedule I	D (Form 990) 2021							Page 2
art III	Organizations Mai	intaining Collections of	of Art, Histo	orical Treas	sures, or Other	Similar Ass	sets (conti	
		sition, accession, and other						
a 🗌	Public exhibition		d	l 🗆 Loa	n or exchange pro	grams		
p _	Scholarly research		e	Oth	er			
c	Preservation for future of	generations						
	vide a description of the or t XIII.	ganization's collections and	explain how	they further tl	he organization's e	exempt purpos	e in	
		ization solicit or receive do s rather than to be maintai					Yes	□ No
Part IV		dial Arrangements. anization answered "Yes	" on Form 99	90, Part IV, I	line 9, or report	ed an amoun		
	line 21.							
		trustee, custodian or other						
IIICI	uded on Form 330, Fait X:						☐ Yes	□ No
F 15 III	Voc " avalain the arrangem	ant in Dart VIII and comple	sta tha fallawis	na tabla.		Λn	nount	
_		nent in Part XIII and comple		-	1c	All	ilouiit	
J. J.	_							
_								
_	cributions during the year .				 			
f End	ling balance				1f			
a Did	the organization include a	n amount on Form 990, Par	t X, line 21, f	or escrow or o	custodial account l	iability?	☐ Yes	☐ No
b If "\	Yes." explain the arrangem	ent in Part XIII. Check here	e if the explan	ation has bee	n provided in Part	XIII		
Part V		terre in rune xiii. erreek her	on the explan					
	Endowment Funds	S.			p. o			
raitv	Endowment Funds Complete if the orga	s. anization answered "Yes	" on Form 99					
rait v						_	rs back (e)	Four years back
		anization answered "Yes (a) Currer		90, Part IV, I	ine 10. (c) Two years back	(d) Three year	rs back (e)	Four years back 3,371,055
a Begir	Complete if the orga	anization answered "Yes (a) Currer	nt year (b ,164,250 643,700	90, Part IV, I) Prior year 3,353,857 4,116,899	(c) Two years back 3,177,19	(d) Three year 8 2,9	04,126 40,831	3,371,055 94,786
a Begir	Complete if the organing of year balance .	anization answered "Yes (a) Currer	nt year (b ,164,250	90, Part IV, I Prior year 3,353,857	(c) Two years back 3,177,19	(d) Three year 8 2,9	04,126	3,371,055
a Begirb Controlc Net in	Complete if the organing of year balance .	(a) Currer , and losses	nt year (b ,164,250 643,700	90, Part IV, I) Prior year 3,353,857 4,116,899	(c) Two years back 3,177,19	(d) Three year 8 2,9	04,126 40,831	3,371,055 94,786
a Begirb Controlc Net ind Grantee Other	Complete if the organing of year balance .ributions .nvestment earnings, gains,	(a) Currer	nt year (b ,164,250 643,700	90, Part IV, I) Prior year 3,353,857 4,116,899	ine 10. (c) Two years back 3,177,19 971,25 235,13	(d) Three year 8 2,9 7 1 2	04,126 40,831	3,371,055 94,786
a Begirb Controlc Net ind Grante Other and pressure	Complete if the organing of year balance . ributions	(a) Currer	nt year (b ,164,250 643,700 -244,851	90, Part IV, I Prior year 3,353,857 4,116,899 284,428	ine 10. (c) Two years back 3,177,19 971,25 235,13	(d) Three year 8 2,9 7 1 2	04,126 40,831 .79,791	3,371,055 94,786 -117,870
 a Begir b Control c Net in d Grant e Other and p f Admit 	Complete if the organing of year balance . ributions	(a) Currer , and losses	nt year (b ,164,250 643,700 -244,851	90, Part IV, I Prior year 3,353,857 4,116,899 284,428	(c) Two years back 3,177,19 971,25 235,13	(d) Three year 8 2,9 7 1 2	04,126 40,831 .79,791	3,371,055 94,786 -117,870
 a Begir b Control c Net in d Granne e Other and p f Admir g End of 	Complete if the organing of year balance	anization answered "Yes (a) Currer , and losses	nt year (b ,164,250 643,700 -244,851 221,902 ,341,197	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250	ine 10. (c) Two years back 3,177,19 971,25 235,13 1,029,72	(d) Three year 8 2,9 7 1 2	04,126 40,831 79,791 47,550	3,371,055 94,786 -117,870 443,845
a Begir b Contro c Net in d Grann e Other and p f Admi g End c	Complete if the organing of year balance	(a) Currer , and losses , and losses , ange of the current year end	nt year (b ,164,250 643,700 -244,851 221,902 ,341,197	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250	ine 10. (c) Two years back 3,177,19 971,25 235,13 1,029,72	(d) Three year 8 2,9 7 1 2	04,126 40,831 79,791 47,550	3,371,055 94,786 -117,870 443,845
a Begir b Control c Net in d Grann e Other and p f Admi g End c Prov a Boa	Complete if the organing of year balance ributions nivestment earnings, gains, ts or scholarships r expenditures for facilities or orgrams nistrative expenses of year balance vide the estimated percent	(a) Currer , and losses , and losses , ange of the current year end	nt year (b ,164,250 643,700 -244,851 221,902 ,341,197	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250	ine 10. (c) Two years back 3,177,19 971,25 235,13 1,029,72	(d) Three year 8 2,9 7 1 2	04,126 40,831 79,791 47,550	3,371,055 94,786 -117,870 443,845
a Begir b Contri c Net ii d Gran e Other and p f Admi g End o Prov a Boa b Peri	Complete if the organing of year balance . ributions	anization answered "Yes (a) Currer 7 , and losses	nt year (b ,164,250 643,700 -244,851 221,902 ,341,197	90, Part IV, I Prior year 3,353,857 4,116,899 284,428 590,934	ine 10. (c) Two years back 3,177,19 971,25 235,13 1,029,72	(d) Three year 8 2,9 7 1 2	04,126 40,831 79,791 47,550	3,371,055 94,786 -117,870 443,845
a Begir b Contri c Net ii d Gran e Other and p f Admi g End c Prov a Boa b Peri c Terror	Complete if the organing of year balance	anization answered "Yes (a) Currer 7 , and losses	nt year (b ,164,250 643,700 -244,851 221,902 ,341,197 I balance (line	90, Part IV, I Prior year 3,353,857 4,116,899 284,428 590,934	ine 10. (c) Two years back 3,177,19 971,25 235,13 1,029,72	(d) Three year 8 2,9 7 1 2	04,126 40,831 79,791 47,550	3,371,055 94,786 -117,870 443,845
a Begir b Contri c Net ii d Gran e Other and p f Admi g End c Pro a Boa b Peri The a Are	Complete if the organing of year balance . ributions nvestment earnings, gains, ts or scholarships r expenditures for facilities programs nistrative expenses of year balance vide the estimated percent and designated or quasi-enormanent endowment m endowment	anization answered "Yes (a) Currer 7 , and losses	nt year (b),164,250 643,700 -244,851 221,902 ,341,197 I balance (line	90, Part IV, IP Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column ((c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 7 3,1	04,126 40,831 79,791 47,550	3,371,055 94,786 -117,870 443,845 2,904,126
a Begir b Contro c Net in d Grann e Other and p f Admi g End c Prov a Boa b Perr The c Terr The orgo	Complete if the organing of year balance	anization answered "Yes (a) Currer 7 , and losses	nt year (b),164,250 643,700 -244,851 221,902 ,341,197 I balance (line	90, Part IV, IP Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column ((c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 7 3,1	04,126 40,831 .79,791 47,550 77,198	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No
a Begir b Contro c Net in d Grann e Other and p f Admi g End c Prov a Boa b Perro C Terr The ia Are orga (i)	Complete if the organing of year balance ributions restment earnings, gains, its or scholarships rexpenditures for facilities or orgrams ributions rexpenditures for facilities or scholarships rexpenditures for facilities or garms rexpenditures for facili	anization answered "Yes (a) Currer 7 , and losses	nt year (b),164,250 643,700 -244,851 221,902 ,341,197 I balance (line	90, Part IV, IP Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column ((c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 7 3,1	04,126 40,831 79,791 47,550 77,198	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No No
a Begir b Contro c Net in d Grann e Other and p f Admi g End c Prov a Boa b Perro The c Terr The orga (i) (ii)	Complete if the organing of year balance ributions restment earnings, gains, its or scholarships rexpenditures for facilities or orgrams ributions rexpenditures for facilities or scholarships rexpenditures for facilities or facili	anization answered "Yes (a) Currer 7 , and losses 7 rage of the current year enclowment 27.300 % 5.700 % 20, and 2c should equal 100 ot in the possession of the current year.	nt year (b),164,250 643,700 -244,851 221,902 ,341,197 I balance (line	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column ((c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 7 3,1	04,126 40,831 79,791 47,550 77,198	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No No
a Begir b Contro c Net in d Grann e Other and p f Admi g End C Prov a Boa b Perro The c Terr The (i) (ii) b If ""	Complete if the organing of year balance ributions nivestment earnings, gains, its or scholarships r expenditures for facilities or orgrams nistrative expenses of year balance vide the estimated percent and designated or quasi-end manent endowment m endowmen	anization answered "Yes (a) Currer 7 , and losses 7 rage of the current year encodowment 27.300 % 5.700 % 2b, and 2c should equal 100 ot in the possession of the current year encodown and 2c should equal 100 ot in the possession of the current year encodown.	nt year (b),164,250 643,700 -244,851 221,902 ,341,197 I balance (line	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column ((c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 7 3,1	04,126 40,831 79,791 47,550 77,198	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No No
a Begir b Control c Net in d Grann e Other and p f Admi g End c Prov a Boa b Perr The c Terr The (i) (ii) b If " Des	Complete if the organing of year balance oributions on the programs of the complete in the com	anization answered "Yes (a) Currer 7 , and losses age of the current year end dowment 27.300 % 5.700 % 2b, and 2c should equal 100 ot in the possession of the current year end age of the curre	nt year (b),164,250 643,700 -244,851 221,902 ,341,197 I balance (line	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column ((c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 7 3,1	04,126 40,831 79,791 47,550 77,198	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No No
a Begir b Control c Net in d Grann e Other and p f Admi g End c Prov a Boa b Pern The c Terr The da Are orga (i) (ii) b If " L Des	Complete if the organing of year balance ributions rivestment earnings, gains, its or scholarships r expenditures for facilities programs r inistrative expenses r year balance ride the estimated percent and designated or quasi-end manent endowment m endowment m endowment recentages on lines 2a, 2 there endowment funds no anization by: Unrelated organizations Related organizations res" on 3a(ii), are the relation in Part XIII the intendent Land, Buildings, a	anization answered "Yes (a) Currer 7 , and losses age of the current year encodowment 27.300 % 5.700 % 2b, and 2c should equal 100 ot in the possession of the current year encodown in the possession of the current year encodown.	164,250 643,700 -244,851 221,902 341,197 I balance (line	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column (that are held a thedule R? . the funds.	(c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 9 7 3,1 or the	3a(i) 3a(i) 3b	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No No No
a Begir b Control c Net in d Grann e Other and p f Admi g End c Prov a Boa b Perr The c Terr The ia Are orga (i) b If " b Des	Complete if the organing of year balance ributions rivestment earnings, gains, its or scholarships r expenditures for facilities programs r inistrative expenses r year balance ride the estimated percent and designated or quasi-end manent endowment m endowment m endowment recentages on lines 2a, 2 there endowment funds no anization by: Unrelated organizations Related organizations res" on 3a(ii), are the relation in Part XIII the intendent Land, Buildings, a	anization answered "Yes (a) Currer 7 , and losses age of the current year end dowment 27.300 % 5.700 % 2b, and 2c should equal 100 ot in the possession of the current year end age of the curre	104,250	90, Part IV, I) Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column (that are held a thedule R? . the funds.	ine 10. (c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 9 7 3,1 or the	3a(i) 3a(i) 3b	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No No No
a Begir b Control c Net in d Grann e Other and p f Admi g End o Perro a Boa b Perro The c Terr The da Are orgo (ii) b If " l Des	Complete if the organism of year balance ributions	anization answered "Yes (a) Currer 7 , and losses , and losses 7 age of the current year enclowment 27.300 % 5.700 % 2b, and 2c should equal 100 ot in the possession of the current year enclowment at ded uses of the organization of the organization answered "Yes (a) Cost or other basis	104,250	90, Part IV, IP Prior year 3,353,857 4,116,899 284,428 590,934 7,164,250 19, column (hat are held a hedule R? thedule R? the funds.	10. (c) Two years back 3,177,19 971,25 235,13 1,029,72 3,353,85 a)) held as:	(d) Three year 8 2,9 7 1 2 9 9 7 3,1 or the	3a(i) 3a(i) 3b	3,371,055 94,786 -117,870 443,845 2,904,126 Yes No No No No

Complete if the or	ganization answered "Yes	" on Form 990, Part IV, lir	<u>ne 11a. See Form 990, Pa</u>	rt X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,670,493		3,670,493
b Buildings		595,121	75,205	519,916
c Leasehold improvements				
d Equipment		179,919	42,834	137,085
e Other		15,000	1,500	13,500
Total. Add lines 1a through 1e. (0	Column (d) must equal Form !	990, Part X, column (B), line	10(c).) ▶	4,340,994
				/

Schedule D (Form 990) 2021

	(Form 990) 2021					Pa
art VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part I\	/ lin	a 11h Saa For	m 990 Part '	(line 12
	(a) Description of security or category	(b			(c) Method of	
	(including name of security)	Bo val		Cost	or end-of-year	market value
) Financia	al derivatives	vai				
-	held equity interests					
Other	·					
.)						
3)						
C)						
))						
)						
=)						
G)						
H)						
otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•				
art VIII	Investments - Program Related.					
	Complete if the organization answered 'Yes' on Form 990,	Part I				
	(a) Description of investment		(b)	Book value	(c) Me Cost or end	thod of valuation: I-of-year market value
	RICTED PROPERTY-LAND			226,550		С
	CTED PROPERTY-LAND			420,362		С
2)						
3)						
!)						
5)						
5)						
7)						
3)						
9)						
ital. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•		646,912		
Part IX	Other Assets.			441		
	Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV	, iine	e 110. See Forn	n 990, Part X, I	(b) Book value
.)	(ay assumption					(2) 2000 1000
2)						
3)						
4)						
5)						
5)						
7)						
3)						
9)						
otal. (Coli	ımn (b) must equal Form 990, Part X, col.(B) line 15.)					•
((-, -, -, -, -, -, -, -, -, -, -, -, -, -		-		-	

(1) Federal income taxes

,	casia:como canco		ng Nonpront Explorer	abiloa	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total	(Column (b) must equal Form 990, Part X, col.(B) line 25.))	•	1,142,886
2. Lia	bility for uncertain tax positions. In Part XIII, provide the text of the footnote t	the or	ganization's financial stat	ements tha	at reports the
orgar	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	e if the	text of the footnote has b	een provid	led in Part XIII 🛮 🗸
				Schedule	D (Form 990) 2021
	Page 4 —				
	11. 7. (5				
	lule D (Form 990) 2021			_	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			turn.	
1	Total revenue, gains, and other support per audited financial statements .			1	3,232,877
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_	3,232,077
a	Net unrealized gains (losses) on investments	2a	-637,559		
b	Donated services and use of facilities	2b	53,340		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	١		2e	-584,219
3	Subtract line 2e from line 1			3	3,817,096
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	39,013		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	٠		4c	39,013
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,856,109
Par	XII Reconciliation of Expenses per Audited Financial Stater			leturn.	
	Complete if the organization answered 'Yes' on Form 990, Par		ne 12a.		1 261 256
1	Total expenses and losses per audited financial statements			1	1,361,256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	53,340		
a b	Prior year adjustments	2b	33,340		
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	53,340
3	Subtract line 2e from line 1			3	1,307,916
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1/30//310
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,013		
	Other (Describe in Part XIII.)	4b	35,013		
b	· · · · · · · · · · · · · · · · · · ·			4c	39.013
	·			4c 5	39,013 1,346,929

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Pt II, Line 3	3 CONSERVATION EASEMENT MODIFICATIONS; NONE RELEASED.
Pt II, Line 5	THE LAND TRUST FIRST CONTACTS THE LANDOWNER TO CONFIRM AND CORRECT THE PROBLEM. IF UNSUCCESSFUL, THE TRUST WORKS WITH THE LAND TRUST'S ATTORNEY, EXEC DIRECTOR AND CONSULTANTS TO FORMULATE RECOMMENDATIONS FOR CORRECTIVE ACTION WITH A DEADLINE FOR COMPLIANCE. THE LAND TRUST'S INSURANCE IS NOTIFIED AND A CLAIM OPENED IF NECESSARY. THE SITE IS INSPECTED TO ENSURE COMPLIANCE WITH THE CORRECTIVE ACTION.
Pt II, Line 9	NO VALUE HAS BEEN ASSIGNED TO THE CONSERVATION EASEMENTS IN THE FINANCIAL STATEMENTS OR IN THE FOOTNOTES.
Pt V, Line 4	ENDOWMENT FUNDS INCLUDE QUASI-ENDOWMENT BOARD DESIGNATED MONITORING FUNDS WHICH ARE RESTRICTED TO MONITOR AND LEGALLY ENFORCE THE CONSERVATION EASEMENT AND FEE-OWNED PROPERTIES. TEMPORARILY RESTRICTED FUNDS ARE RESTRICTED BY THE

Pt X, Line 2	NO PROVISION FOR UNCERTAIN TAX POSITIONS WAS MADE IN THE FINANCIAL STATEMENTS. Schedule D (Form 990) 2021
Additional Data	Return to Form

Software ID: 22015534 **Software Version:**

efile Public Visual Render

ObjectId: 202303189349312965 - Submission: 2023-11-14

TIN: 84-0574754

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2022

	Complete if the organize	zation answered "Yes" (on Form 990, Part IV, lines 1	7, 18, or 19, or if the	2022
epartment of the Treasury Iternal Revenue Service		Attach to Form	n \$15,000 on Form 990-EZ, I 990 or Form 990-EZ. nstructions and the latest in		Open to Public Inspection
lame of the organization SPEN VALLEY LAND TRUS	т			Employer	identification number
SPEN VALLET LAND TRUS	I			84-0574754	4
	Activities. Complete i	_		orm 990, Part IV, line	e 17.
	organization raised funds	· · · · · · · · · · · · · · · · · · ·		all that apply.	
a Mail solicitations	. J	е		-government grants	
b Internet and ema	il solicitations	f	Solicitation of gov	ernment grants	
c Phone solicitation	S	g	Special fundraising	g events	
d In-person solicita	cions	_			
Did the organization or key employees list	have a written or oral agre ed in Form 990, Part VII) (eement with any indivor	vidual (including officers, n with professional fundi	directors, trustees raising services?	Yes □ No
	ghest paid individuals or e t least \$5,000 by the organ		pursuant to agreements	under which the fundra	
i) Name and address of ir or entity (fundraiser		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
otal					
List all states in which licensing.	the organization is register	red or licensed to soli	cit contributions or has t	peen notified it is exem	pt from registration or
=======================================	=======================================		=======================================		
or Paperwork Reduction Ac	t Notice, see the Instruction	ns for Form 990 or 990	D-EZ. Cat. No.	50083H	Schedule G (Form 990) 202
		Pa	ge 2		
-k-dul- C (F	12				Page
licensing. or Paperwork Reduction Action Ac	t Notice, see the Instruction	ns for Form 990 or 990	D-EZ. Cat. No.	50083Н	Schedule G (Form 99

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1 COMMUNITY EVENT (event type)	(b) Event #2 DONOR CULTIVATION	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue		(c.c.i.c.c,pc)	EVENT (event type)	(cota namos)	
ď					
	1 Gross receipts	29,368	40,873		70,241
	2 Less: Contributions	2,365	12,052		14,417
	line 2)	27,003	28,821		55,824
	4 Cash prizes				
S	5 Noncash prizes				
ense	6 Rent/facility costs	5,243	2,104		7,347
ă	7 Food and beverages	5,264	10,094		15,358
Direct Expenses	8 Entertainment	600	800		1,400
ä	9 Other direct expenses	9,032	28,384		37,416
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			61,521
	11 Net income summary. Subtract line 10				-5,697
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1 Gross revenue				
nses	2 Cash prizes				
Xpe	3 Noncash prizes				
Direct Expe	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	: line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati				
a	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a	Were any of the organization's gaming lic				
b	1. 100/ Oxpidiii				
				Schedule G (Form 990) 2022
				Schedule G (

Sche	dule G (Form 990) 2022				Page 3
11	Does the organization conduct gam	ing activities with nonmemb	ers?	· · · 🗆 Yes	s 🗆 No
12	Is the organization a grantor, benef formed to administer charitable gai		r a member of a partnership or other entit	ty	s
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility			. 13a	%
b	An outside facility			. 13b	%
14			ganization's gaming/special events books	and records:	
	Name 💌				
	Address				
15a	revenue?		hom the organization receives gaming		s 🗆 No
b	If "Yes," enter the amount of gamin amount of gaming revenue retained		organization 🕨 \$	and the	
С	If "Yes," enter name and address o	• •			
	Name •				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation	\$			
	Description of services provided				
	☐ Director/officer	☐ Employee	☐ Independent contractor		
17	Mandatory distributions:				
а	=		distributions from the gaming proceeds to		_
b	retain the state gaming license? . Enter the amount of distributions re		ibuted to other exempt organizations or s	· · · · Yes	No No
	in the organization's own exempt a			pent	
Pai			nations required by Part I, line 2b, coloplicable. Also provide any additional		
	Return Reference		Explanation		
				Schedule G (Form 990)	2022
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	iditional bata			Retuii	i to Form
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3/8/24. 12:02 PM Aspen Valley Land Trust - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202303189349312965 - Submission: 2023-11-14 TIN: 84-0574754 SCHEDULE M OMB No. 1545-0047 Noncash Contributions (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** ASPEN VALLEY LAND TRUST 84-0574754 Part I Types of Property (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles . . Boats and planes 7 8 Intellectual property . . . 9 Securities—Publicly traded . Χ 278,850 TRADING VALUE 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests Securities—Miscellaneous . . Qualified conservation contribution—Historic structures 0 NO VALUE ASSIGNED 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . Χ 1,210 RETAIL COST 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . Χ 1,126 RETAIL COST 25 Other ▶ (PLANTS) 26 Other ► (-27 Other ▶ (. 28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions 29 3 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash **b** If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2022)

31

32a

Yes

Page 2 -

Schedule M (Form 990) (2022)

Page 2

No

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II

Explanation

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Schedule M (Form 990) (2022)

Additional Data

Return to Form

Software ID: Software Version:

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ObjectId: 202303189349312965 - Submission: 2023-11-14

TIN: 84-0574754

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 **2021**

Open to Public Inspection

Name of the organization ASPEN VALLEY LAND TRUST

Employer identification number

84-0574754

	04 03/4/34
Return Reference	Explanation
Pt VI, Line 11b	THE 990 IS REVIEWED BY SENIOR STAFF, FINANCE COMMITTEE, AND BOARD MEMBERS PRIOR TO FILING
Pt VI, Line 12c	BOARD MEMBERS SELF-MONITOR CONFLICTS OF INTEREST, DISCLOSE CONFLICTS AT EACH BOARD MEETINGS, AND SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT
Pt VI, Line 15a	REVIEW OF NATIONAL SALARY SURVEY FOR LAND TRUST PERSONNEL, LOCAL NONPROFIT EXECUTIVE SALARIES, NATIONAL COST OF LIVING, BOARD DISCUSSIONS OF APPROPRIATE SALARIES, AND ANNUAL BOARD APPROVAL OF SALARIES
Pt VI, Line 15b	REVIEW OF NATIONAL SALARY SURVEY FOR LAND TRUST PERSONNEL, EXEC DIRECTOR RECOMMENDATION, BOARD DISCUSSIONS OF APPROPRIATE SALARIES, AND ANNUAL BOARD APPROVAL OF SALARIES
Pt VI, Line 18	AVAILABLE UPON REQUEST AND OTHER WEBSITES ONLINE
Pt VI, Line 19	AVAILABLE UPON REQUEST
Pt XII, Line 2c	THE NONPROFIT HAS A FINANCE COMMITTEE WHO OVERSEES THE AUDIT REVIEW AND APPROVES THE SELECTION OF THE AUDITOR.
Form 990, Part IX, Line 11g	LAND & EASEMENT MGMT 86383. 86383. 0. 0.
Form 990, Part IX, Line 11g	TECHNICAL MONITORING SERVICES 51324. 51324. 0. 0.
Form 990, Part IX, Line 11g	PROPERTY ACQUISITION 15902. 15902. 0. 0.
Form 990, Part IX, Line 11g	PROJECT COSTS 39707. 39707. 0. 0.
Form 990, Part IX, Line 11g	CONSULTING 6500. 0. 1300. 5200.
ar Danamuark Dadu	tion Act Notice see the Instructions for Form 900 or 900-E7 Cat. No. 51.056K Schedule O /Form 900) 2021

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

Cat. No. 51056K

Schedule O (Form 990) 2021

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Software ID: 22015534

Software Version:

efile Public Visual Render ObjectId: 202303189349312965 - Submission: 2023-11-14 TIN: 84-0574754

OMB No. 1545-0047 SCHEDULE R Related Organizations and Unrelated Partnerships 2022 (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number ASPEN VALLEY LAND TRUST 84-0574754 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) Primary activity (e) End-of-year assets (a)
Name, address, and EIN (if applicable) of disregarded entity (f) Direct controlling (c) Legal domicile (state (d) Total income foreign country) entity (1) AVLT COFFMAN RANCH LLC 320 MAIN STREET STE 204 CARBONDALE, CO 81623 LAND CONSERVATION & STEWARDSHIP CO 4,856,085 ASPEN VALLEY LAND TRUST 2,243,321 (2) CHAPIN WRIGHT MARBLE BASECAME LAND CONSERVATION & CO 323,058 ASPEN VALLEY LAND TRUST 111,268 320 MAIN STREET STE 204 STEWARDSHIP CARBONDALE, CO 81623 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) Legal domicile (state or foreign country) (g) Section 512(b) (13) controlled entity? (b) (d) (e) (f) Name, address, and EIN of related organization Public charity status (if section 501(c)(3)) Direct controlling entity Primary activity Exempt Code section Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2021 Page 2 Schedule R (Form 990) 2021 Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (d) Direct controlling (a) Name, address, and EIN of (c) Legal domicile (e) Predominant income(related, (f) Share of total (j) General or managing (g) Share of end-of-(h) Disproprtionate (i) Code V-UBI related organization allocations? amount in ownership (state or foreign entity unrelated, income year assets box 20 of partner? xcluded from tax (Form 1065 512-514) Yes Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (c) Legal domicile (a) Name, address, and EIN of related organization (b) Primary activity (e) Type of entity (C corp, S (g) Share of end-of-year (i) Section 512(b)(13) controlled entity?

entity

(state or foreign

country)

income

assets

corp

No

ownership

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			Page 3 -												
Sched	dule R (Form 990) 2021													Pag	e 3
Par	rt V Transactions With Related Org				on answe	ered "Yes"	on Form 9	990, Part	IV, line 34,	35b, or	36.				
1 D	Note. Complete line 1 if any entity is listed in uring the tax year, did the orgranization engage				o or more	rolated org	anizations l	licted in D	orto II-IV2					Yes	No
	Receipt of (i) interest, (ii) annuities, (iii) ro												1a		—
	Gift, grant, or capital contribution to related												1b		
	Gift, grant, or capital contribution from relate												1c 1d		
d e	Loans or loan guarantees to or for related or Loans or loan guarantees by related organize											•	1e		
		(,,													_
	Dividends from related organization(s) .									•			1f		
g h	Sale of assets to related organization(s) . Purchase of assets from related organization												1g 1h		
	Exchange of assets with related organization												1i		—
j	Lease of facilities, equipment, or other assets	s to related organiza	ntion(s) .										1j		
k	Lease of facilities, equipment, or other asset	s from related orga	nization(s)										1k		_
	Performance of services or membership or fu												11		_
	Performance of services or membership or fu												1m		
	Sharing of facilities, equipment, mailing lists, Sharing of paid employees with related orga												1n 1o		
Ū	Sharing or paid employees with related orga												H		_
р	Reimbursement paid to related organization											-	1p		
q	Reimbursement paid by related organization	(s) for expenses .										•	1q		_
r	Other transfer of cash or property to related	organization(s) .											1r		—
	Other transfer of cash or property from relat												1s		
2	If the answer to any of the above is "Yes," se		or informati	ion on who mu	st complet	te this line, i		overed rela	•	d transac	ction threshold				
	Name of re	(a) elated organization					(b) Transacti type (a-:		(c) Amount involv	ed	Method of de	(d) etermining	amount ir	volved	
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						<u> </u>		<u> </u>		<u> </u>	Sch	edule R	(Form 9	90) 20)21
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														Pag	e 4
	dule R (Form 990) 2021								. 000 P. I	T) (27				
Par	t VI Unrelated Organizations Taxed the following information for each entity tax	xed as a partnership	through w	hich the organ	ization co							ssets or o	jross rev	renue) t	that
Par	t VI Unrelated Organizations Tax de the following information for each entity tax ot a related organization. See instructions reg	xed as a partnership parding exclusion fo	through w	which the organ westment partn	ization co erships.	nducted mo	re than five	percent c	of its activitie	s (measu	ired by total a				
Par	t VI Unrelated Organizations Taxed the following information for each entity tax	xed as a partnership garding exclusion for (b) Primary	through w certain inv (c) Legal	which the organ westment partn (d) Predominant	ization co erships. Are al	nducted mo (e) I partners	(f) Share of	(g) Share of	of its activitie	s (measu	(i) Code V-UBI	(; Gene	i) ral or	(Ferce	k) entage
Par	t VI Unrelated Organizations Tax: de the following information for each entity ta: tot a related organization. See instructions reg (a)	xed as a partnership parding exclusion for (b)	through w	which the organ vestment partn	ization co erships. Are al	nducted mo	re than five	percent o	of its activitie	s (measu	red by total a	(i) ral or aging	(Ferce	k)
Par	t VI Unrelated Organizations Tax: de the following information for each entity ta: tot a related organization. See instructions reg (a)	xed as a partnership garding exclusion for (b) Primary	(c) Legal domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under	ization co erships. Are al	(e) I partners ection L(c)(3)	(f) Share of total	(g) Share of end-of-yea	of its activitie	s (measu	(i) Code V-UBI amount in box 20	Gene mana	i) ral or aging	(Ferce	k) entage
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									Sched	lule R (Form	990) 2021
		Page 5									
Schedule R (Form 990) 2021											Page 5
Part VII Supplemental Info	ormation mation for responses to question	ons on Schedule	R. See instruction	s.							
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