Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

Department of the Treasury
Internal Revenue Service

Internal Revenue Service				Go to www.irs.gov/Form990 for instructions and the latest information. Inspection										
A For the 2022 calend				lar year, or tax year begin	, 20									
в	Cheo	ck if a	applicable:	C Name of organization HI	STORIC ROUTT	COUNTY				D Empl	oyer identification number			
	Addr	ess c	change	Doing business as				84-1485332						
	Nam	e cha	ange	Number and street (or P.O. bo	Room/su	ite	E Telep	hone number						
	Initia	l retu	ırn	PO BOX 775717							(970)875-1305			
	Fina	l retu	rn/terminated	City or town, state or province,	country, and ZIP or forei	gn postal code				G Gros	s receipts			
	Ame	nded	return	STEAMBOAT SPRI	NGS, CO 8047	7				\$	98,813			
	Appl	icatio	n pending	F Name and address of principal	officer:				H(a) Is this a g	group return	for subordinates? Yes X No			
									H(b) Are all s	subordinat	es included? Yes No			
I	Tax-	exem	npt status: X	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		lf "No,"	attach a li	st. See instructions			
J	Web	site:		.HISTORICROUTTCOU	JNTY.ORG				H(c) Group e	exemption	number			
к	Form	n of o	rganization: X	Corporation Trust Ass	ociation Other		L Year of format	ion: 19 9	9 м з	State of leg	gal domicile: CO			
Pa	art		Summar	ry		÷								
		1	Briefly descr	ribe the organization's miss	ion or most significa	ant activities: HIS	CORIC ROU	лтт со	UNTY'S	MISSI	ON IS TO PRESERVE			
			AND TO P	ROMOTE THE HISTOR	IC CHARACTER	OF ROUTT COUN	ITY COMMU	NITIE	S AND R	URAL	AREAS THROUGH THE			
Sce			BUILT EN	VIRONMENT. HISTOR	IC ROUTT COU	NTY CONNECTS Y	ESTERDAY	'S PL	ACES WI	тн то	MORROW.			
nar														
Governance		2	Check this b	ox 🗌 if the organization d	iscontinued its oper	ations or disposed of	more than 28	5% of its	net assets.					
ő		3	Number of v	oting members of the gove	rning body (Part VI	, line 1a)				3	7			
യ് ഗ		4	Number of ir	ndependent voting member	s of the governing t	oody (Part VI, line 1b)				4	7			
Activities &		5		er of individuals employed in						5	2			
Stivi		6		er of volunteers (estimate if	-					6	20			
Ă		7a	Total unrelat	Total unrelated business revenue from Part VIII, column (C), line 12							0			
				Net unrelated business taxable income from Form 990-T, Part I, line 11							0			
						÷			Prior Year		Current Year			
		8	Contributions	s and grants (Part VIII, line	1h)				109	,789	92,540			
ē		9	Program ser	rvice revenue (Part VIII, line	e 2g)			,303	6,853					
Revenue		10	-	ncome (Part VIII, column (A					,460	(580)				
Rev		11	E STATE ST						0					
_		12		ue - add lines 8 through 11 (127	,552	98,813			
		13	Grants and s	similar amounts paid (Part I			,000	6,012						
		14		d to or for members (Part I)			0							
		15		ner compensation, employee					48	,763	40,427			
ses		16a	6a Professional fundraising fees (Part IX, column (A), line 11e)								0			
Expenses				ising expenses (Part IX, col			13,859							
Ř		17	Other expen	ises (Part IX, column (A), lir	nes 11a-11d, 11f-24	e)			47	,653	50,651			
	· ·	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, colur	mn (A), line 25)			116	,416	97,090			
	·	19	Revenue les	ss expenses. Subtract line	18 from line 12					,136	1,723			
ř	s							Begi	nning of Curre	ent Year	End of Year			
ets c	anc	20	Total assets	(Part X, line 16)					150	,701	144,669			
Net Assets or	d Ba	21	Total liabilitie	es (Part X, line 26)					21	,637	18,672			
Net	L Fu	22	Net assets o	or fund balances. Subtract	line 21 from line 20				129	,064	125,997			
Pa	rt	II	Signatu	Ire Block										
				clare that I have examined this retu claration of preparer (other than off				of my know	vledge and bel	ief, it is				
			KELL	Y HALPIN										
Sig	jn		Signature of office	cer						Da	te			
He	re		KELL	Y HALPIN, EXEC DI	RECTOR									
			Type or print na	-										
			Print/Type pre	eparer's name	Preparer's signature		Date		Check	X if	PTIN			
Pai	id		Kari Ne	elson CPA			06-02-20	23	self-em		P01031089			

Form	990 (2022) HISTORIC ROUTT COUNTY	84-1485332	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	HISTORIC ROUTT COUNTY'S MISSION IS TO PRESERVE AND TO PROMOTE THE HISTORIC C	HARACTER OF	ROUTT
	COUNTY COMMUNITIES AND RURAL AREAS THROUGH THE BUILT ENVIRONMENT. HISTORIC F	OUTT COUNTY	CONNECTS
	YESTERDAY'S PLACES WITH TOMORROW.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Π	—
	prior Form 990 or 990-EZ?	🗌 Yes	<u>x</u> No
-	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Π	—
	services?	🗌 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 45,737 including grants of \$) (Revenue	¢)
4a	SEE SCHEDULE O	φ)
4b	(Code:) (Expenses \$including grants of \$) (Revenue	\$)
4.	(Code:) (Evenence f) (Devenue	¢	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 45,737		

Forn	n 990 (2022) HISTORIC ROUTT COUNTY 84-1485	332	F	Page 3					
Pa	rt IV Checklist of Required Schedules		V	N					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No					
-	complete Schedule A	1	x						
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_							
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		x					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)								
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,								
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors								
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If								
	"Yes," complete Schedule D, Part I	6		x					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,								
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"								
	complete Schedule D, Part III	8		x					
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a								
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or								
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x					
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments								
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x						
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,								
	VII, VIII, IX, or X as applicable.								
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"								
	complete Schedule D, Part VI	11a	x						
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more								
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х					
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more								
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х					
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets								
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x						
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses								
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete								
	Schedule D, Parts XI and XII	12a		х					
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If								
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,								
	fundraising, business, investment, and program service activities outside the United States, or aggregate								
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or								
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х					
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		х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on								
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х					
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		х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?								
	If "Yes," complete Schedule G, Part III	19		х					
20 a		20a		х					
	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		X					

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Pa	rt IV Checklist of Required Schedules (continued)				1
		Г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	••• -	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated		~~		
04-	employees? If "Yes," complete Schedule J.	••• -	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		24-		
	through 24d and complete Schedule K. If "No," go to line 25a.		24a		x
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		240		
لم	to defease any tax-exempt bonds?		24c 24d		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	•• -	240		
25a			05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	•• -	25a		x
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?		05h		
	If "Yes," complete Schedule L, Part I	••• -	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		~		
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	•• -	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		27		
20	persons? If "Yes," complete Schedule L, Part III	•••	27		x
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? If				
a	"Yes," complete Schedule L, Part IV.		28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		20a 28b		x x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	•• -	200		~
U	"Yes," complete Schedule L, Part IV.		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	-	200		x x
25 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	•• -	25		^
30	conservation contributions? If "Yes," complete Schedule M.		30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	•• -	31		x x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•• –	01		~
02	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	· • • -			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	•• -			
•	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		-		
-	19? Note: All Form 990 filers are required to complete Schedule O		38	x	ĺ
Par			-		
- 41	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	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	· • •	1c	х	
			Form	000	(2022

	rm 990 (2022) HISTORIC ROUTT COUNTY 84-14853								
Par									
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 returm								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
-		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		x					
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		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X					
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		x					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		x					
0	sponsoring organization have excess business holdings at any time during the year?	8		x					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against 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?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans	_							
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
17	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	47							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	n roo, completer em occo.								

Forr	m 990 (2022) HISTORIC ROUTT COUNTY 8	34-14853	32	Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	ow, and for	a "No"	'	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI				х
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	7			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1		
	any other officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?		6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
-	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following:				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the forr	n?	11a	х	
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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli	cts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?		14	х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization		15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	J1(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	у,			
	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.				
	KELLY HALPIN (970)875-1305, PO BOX 775717, STEAMBOAT SPRINGS, CO 80477				

Form 990 (202	2) HISTORIC ROUTT COUNTY	84-1485332	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated E	mployees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's t	ax year.		
 List all of 	he organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			1		(C)	,				
(A) Name and title	(B) Average hours per week	box,	, unles	Pos eck m s per	sition Iore th son is	nan one s both an /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) GATES GOODING	3.00									
DIRECTOR		x						0	0	0
(2) HOLLY KIRKPATRICK	3.00									
DIRECTOR		х						0	0	0
(3) TEGAN EBBERT	3.00									
DIRECTOR		х						0	0	0
(4) TANYA LILLEHOFF	3.00									
DIRECTOR		х						0	0	0
(5) CRAIG_TOWNSEND	3.00									
PRESIDENT		х		x				0	0	0
(6) TYLER GIBBS	3.00									
VICE PRESIDENT		х		х				0	0	0
(7) CHRIS IMBLER	3.00									
TREASURER		х		х				0	0	0
(8) EMILY KATZMAN	40.00									
EXECUTIVE DIRECTOR							х	0	0	0
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										
										Earm 000 (2022)

	90 (2022) HISTORIC ROUTT CO									-	4-1485			9age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp		·	es, ar	nd I	Highest Comp	ensated	I Emplo	oyees	(cont	tinued
	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss pei	rson is	han one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reporta compens from rela	able ation ated	cor	(F) ated am of other mpensat	r
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organization 1099-M 1099-N	ISC/	orgai	rom the nization d organiz	
(15)			-											
(16)	·		-											
(17)			-											
(18)			-											
(19)			-											
(20)			-											
(21)			-											
(22)			-											
(23)			-											
(24)			-											
(25)			-											
1b c	Subtotal			•••		 	 							
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limit reportable compensation from the organization								0 ore than \$100,000	of	0			0
3	Did the organization list any former officer, direc employee on line 1a? <i>If "Yes," complete Schedu</i>						-					3	Yes X	No
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th <i>individual</i>	an \$150,00	0? If "Y	′es,"	' con	nplei	te Sch	nedu	lle J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensat	ion from	n any	unr	elate	ed org	aniz	ation or individual			5		x
Section 1	on B. Independent Contractors Complete this table for your five highest compensa	tod indonor	dont co	otro	otore	tha	t rocoi	ivod	more than \$100.00	0 of				
1	compensation from the organization. Report comp										ax year.			
	(A) Name and business addres								(B) Description of servic			(C) Compens	ation	
2	Total number of independent contractors (includin	g but not lir	nited to	thos	se lis	sted a	above) wh	10					
	received more than \$100,000 of compensation fro	-												

art V	0 (202	Statement of Rev		ROUTT C	JUN.				84-14853	3 32 Pag
	• • • •	Check if Schedule O co			or n	ote to any line in this	Part VIII			
			, num				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–51
	1a	Federated campaigns .			1a					
	b	Membership dues			1b					
unts	c	Fundraising events			1c					
, e	d	Related organizations .			1d					
ar A	е	Government grants (contr			1e	42,426				
imi	f	All other contributions, gift	ts, gra	ants,						
erS		and similar amounts not ir			1f	50,114				
đ	g	Noncash contributions inc			_					
and Other Similar Amounts		lines 1a-1f		L	1g					
	n	Total. Add lines 1a-1f					92,540			
	20	DDOGDAN DEVENUE				Business Code	6 952	C 953		
	za b	PROGRAM REVENUE				900099	6,853	6,853		
e	c b									
Kevenue	d									
Ke	e									
		All other program service r	reven	ue						
		Total. Add lines 2a-2f .					6,853			
		Investment income (includi					• • • •			
		other similar amounts) .					510			5
	4	Income from investment of	tax-e	exempt bond	proce	eeds				
	5	Royalties	<u></u>							
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from		(i) Securitie	S	(ii) Other				
		sales of assets								
	_ _	other than inventory Less: cost or other basis	7a	(1,	090					
•	U D	and sales expenses	76							
		Gain or (loss)		(1,	000					
		Net gain or (loss)	· · ·				(1,090)			(1,0
		Gross income from fundrai			• • •		(1,090)			(1,0
	- Ou	events (not including \$	loing							
		of contributions reported o	n line	;						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from f	fundra	aising events	s					
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19 .		9a					
		Less: direct expenses .			9b					
	C	Net income or (loss) from g	gamir	ng activities	•••					
	10a	Gross sales of inventory, le								
		returns and allowances .			10a					
		Less: cost of goods sold			10k					
	C	Net income or (loss) from s	sales	of inventory	• •					
	11-					Business Code				
e	11a									
Kevenue	b									
\$	c d	All other revenue								
ř	, u		• • •			L				
ř	<u>م</u>	Total. Add lines 11a-11d								

Section 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to a	ů,		• • • • • • • • • • • • • •	X
Do not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				·
and domestic governments. See Part IV, line 21	6,012	6,012		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	37,554	22,532	12,393	2,629
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,873	1,724	948	201
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,090		4,090	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees	127	127		
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	20,853	7,565	13,288	
12 Advertising and promotion	9,617			9,617
13 Office expenses	939		812	127
14 Information technology	1,615		1,615	
15 Royalties				
16 Occupancy	4,360	2,180	2,180	
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6	6		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0.451	1 405	0.40	
23 Insurance	2,451	1,495	942	14
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
	2 004	350	756	988
a DUES	2,094	285	/ 50	988
b AWARDS c project expense	1,997	1,997		
d PROFESSIONAL DEVELOPMENT e All other expenses	1,290 927	1,290 174	470	283
25 Total functional expenses. Add lines 1 through 24e.	97,090	45,737	37,494	13,859
26 Joint costs. Complete this line only if the	37,030		57,191	13,039
organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form	990 (20	22) HISTORIC ROUTT COUNTY	8	4-148533	2 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<u></u>		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	99,403	1	99,650
	2	Savings and temporary cash investments	3,263	2	10,249
	3	Pledges and grants receivable, net	28,985	3	17,807
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		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)		6	
ú	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,324			
	b	Less: accumulated depreciation 10b 2,324		10c	
	11	Investments - publicly traded securities		11	1,270
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	19,050	15	15,693
	16	Total assets. Add lines 1 through 15 (must equal line 33)	150,701	16	144,669
	17	Accounts payable and accrued expenses	21,637	17	18,672
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	21,637	26	18,672
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.			
ance ance	27	Net assets without donor restrictions	79,674		92,229
3ala	28	Net assets with donor restrictions	49,390	28	33,768
nd F		Organizations that do not follow FASB ASC 958, check here			
Fui		and complete lines 29 through 33.			
õ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	129,064	32	125,997
	33	Total liabilities and net assets/fund balances	150,701	33	144,669

EEA

Form 990 (2022)

Form	990 (2022) HISTORIC ROUTT COUNTY	34-148533	2	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		98,	,813
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,	,090
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	,723
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		129,	,064
5	Net unrealized gains (losses) on investments	5		(4,	,790)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		125,	,997
Par	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	••••	2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	••••	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
2-	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ŀ.	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
ά	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	••••	3b		
EEA			Form	990	(2022)

SCHE	DULE	Α
(Form	990)	

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.

OMB No. 1545-0047
2022

						Open to Public			
		organization	Go to	www.irs.gov/For	m990 for instructions a	and the lat	test inform	Employer identification	Inspection
		-							
Par		ROUTT C		rity Status (Al	l organizations mus	t comple	to this r	84-14853	
					nes 1 through 12, check c				10115.
1 ne o	<u> </u>		•		hurches described in se	•	,		
2	=				h Schedule E (Form 990		b)(1)(A)(1)	•	
2	=				ion described in section		(^)/;;;)		
4	_	•		0	tion with a hospital descr			b)(1)(A)(iii) Enter the	0
-			e, city, and state:			ibcu in Sc			6
5	_	•		nefit of a college o	r university owned or ope	erated by a	agovernme	ental unit described in	
Ū		•)(1)(A)(iv). (Comple	•			govonini		
6	_	•		,	I unit described in sectio	on 170(b)([,]	1)(A)(v).		
7			-	-	art of its support from a g			rom the general public	2
			ection 170(b)(1)(A)(3	
8					(vi). (Complete Part II.)				
9					ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant co	ollege
	or	university or	a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	-
	un	niversity:							
10	re su	ceipts from a pport from g	ctivities related to its ross investment inco	exempt functions, me and unrelated b	33 1/3% of its support fro subject to certain except pusiness taxable income e section 509(a)(2). (Co	tions; and ((less secti	(2) no mor on 511 tax	e than 33 1/3% of its	DSS
11	Ar	n organizatio	n organized and ope	erated exclusively t	o test for public safety.	See sectio	n 509(a)(4	l).	
12	Ar	n organizatio	n organized and ope	rated exclusively fo	r the benefit of, to perform	n the funct	tions of, or	to carry out the purpo	oses of
	on	ne or more p	ublicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)	(3). Check
	the	e box on line	s 12a through 12d th	at describes the typ	pe of supporting organization	ation and c	omplete lir	ies 12e, 12f, and 12g.	
а		••			rvised, or controlled by i		-		giving
			•		rly appoint or elect a maj		e directors	or trustees of the	
			•	-	rt IV, Sections A and B				
b		••			controlled in connection		• •		•
			•		tion vested in the same p	persons that	at control o	r manage the support	ed
		•	on(s). You must con	•	ganization operated in c	onnoction	with and	functionally integrates	d with
С					ou must complete Part			, ,	u with,
d			• • • •	,	ng organization operate				ation(s)
ŭ		••	•	•	generally must satisfy a				()
					ete Part IV, Sections A				
е			, ,		en determination from the			I. Type II. Type III	
-			0		integrated supporting or			·, ·) [• · · , ·) [• · ··	
f	Ente		r of supported organ						[
g	Prov	/ide the follow	ving information abo	ut the supported or	ganization(s).				
		e of supported or	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
_						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to 	d to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2020 2 Tax revenues levied for the organization's benefit and either paid to 140,972 68,844 66,090 86,607 56	t III.) 2022 (f) Total
Part III. If the organization fails to qualify under the tests listed below, please complete Part Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2020 2 Tax revenues levied for the organization's benefit and either paid to 140,972 68,844 66,090 86,607 56	t III.) 2022 (f) Total
Calendar year (or fiscal year beginning in)(a) 2018(b) 2019(c) 2020(d) 2021(e) 21Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")(a) 2018(b) 2019(c) 2020(d) 2021(e) 22Tax revenues levied for the organization's benefit and either paid to140,97268,84466,09086,60756	
 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to 	
membership fees received. (Do not include any "unusual grants.")140,97268,84466,09086,607562Tax revenues levied for the organization's benefit and either paid to140,97268,84466,09086,60756	5,967 419,480
include any "unusual grants.") 140,972 68,844 66,090 86,607 56 2 Tax revenues levied for the organization's benefit and either paid to	5,967 419,480
2 Tax revenues levied for the organization's benefit and either paid to	6,967 419,480
organization's benefit and either paid to	
or expended on its behalf 35,083 35,361 38,038 39,084 42	2,426 189,992
3 The value of services or facilities	
furnished by a governmental unit to the	
organization without charge	
4 Total. Add lines 1 through 3 176,055 104,205 104,128 125,691 99	9,393 609,472
5 The portion of total contributions by	
each person (other than a	
governmental unit or publicly	
supported organization) included on	
line 1 that exceeds 2% of the amount	
shown on line 11, column (f)	92,558
6 Public support. Subtract line 5 from line 4.	516,914
Section B. Total Support	
	2022 (f) Total
	9,393 609,472
8 Gross income from interest, dividends,	
payments received on securities loans,	
rents, royalties, and income from	
similar sources	510 3,583
9 Net income from unrelated business	
activities, whether or not the business	
is regularly carried on	
10 Other income. Do not include gain or	
loss from the sale of capital assets	
(Explain in Part VI.)	
11 Total support. Add lines 7 through 10	613,055
12 Gross receipts from related activities, etc. (see instructions) 12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14	84.32 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	97.35 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% o	
box and stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/	
this box and stop here. The organization qualifies as a publicly supported organization.	
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b	
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop her	
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a public	
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, o	
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and sto	
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a pul	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this bo	
instructions	

O I I I I							
	dar year (or 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						
	organization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
~	organization without charge						
6	Total. Add lines 1 through 5						
7a							
ь.	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 Add lines 7a and 7b						
C o	Add lines 7a and 7b						-
8							
Sacti	line 6.)						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(1) 10(a)
10a	Gross income from interest, dividends,						
IVa	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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as a	a section 501	(c)(3)
	organization, check this box and stop her	•					· · · · ·
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	, column (f), d	livided by line '	13, column (f))		15	
16	Public support percentage from 2021 Sche	edule A, Part	III, line 15 .			16	(
Secti	on D. Computation of Investment Inc	come Perce					
17	Investment income percentage for 2022 (li	ine 10c, colun	nn (f), divided b	y line 13, colu	mn (f))	17	•
18	Investment income percentage from 2021	Schedule A, I	Part III, line 17			18	
19a	33 1/3% support tests - 2022. If the organ	nization did no	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 33 1	/3%, and line
	17 is not more than 33 1/3%, check this bo	ny and ston h	oro The order	nization qualific	e as a nublicly	supported or	nanization
		on and Stop II	ere. The organ	inzation qualine	s as a publicity	Supported of	gamzation

HISTORIC ROUTT COUNTY

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

	••	Ū		-	-
	line 18 is not more than 33	1/3%, check this box and st	op here. The organization quali	fies as a publicly supported orga	anization
20	Private foundation. If the	ne organization did not cl	neck a box on line 14, 19a, o	r 19b, check this box and se	e instructions

84-1485332

Page 3

Schedule A (Form 990) 2022

Part III

Page 4

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

Part	e A (Form 990) 2022 HISTORIC ROUTT COUNTY 84-1485332			Page
			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?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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 organization.	2		
ectio	on C. Type II Supporting Organizations			1
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
CU	on D. All Type III Supporting Organizations		Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI hov	,		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organization(s).	~		
5	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ectio	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e inst	ructio	ons
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer lines 2a and 2b below.	,	Yes	N
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	_~		
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.	3a		
	a second of and apportant organizations; in the of the provide details in that the	Ju		L
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.	3b		

Part	K (Form 990) 2022 HISTORIC ROUTT COUNTY Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	1 5332 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 <i>(exp</i>	
	instructions. All other Type III non-functionally integrated supporting organ	izatior	ns must complete Sect	<u> </u>
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

Schedule A (Form 990) 2022

	e A (Form 990) 2022 HISTORIC ROUTT COUNTY	2) Supporting Organi	84-1		5332 Page 7
Part		b) Supporting Organi		<i>u)</i>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
	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	i the organization is resp	onsive	_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	/:::>
Casti		(i)	(ii)		(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	IS	
- 1	Distributable amount for 2022 from Section C, line 6		Pre-2022		Amount for 2022
<u>1</u> 2	Underdistributions, if any, for years prior to 2022				
2	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
 a	E 0017				
a	France 0040				
C	From 2018				
d	From 2020				
e	From 2021				
 f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
5 h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
<u> </u>	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
EEA					Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
HISTORIC ROUTT COUNTY	84-1485332
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Even an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest i	nformati	ion.	
	E	Empl	

Employer identification	ation number
84-14853	32

HISTO	RIC ROUTT COUNTY		84-1	485332		
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	counts.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(1	b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised				
	funds are the organization's property, subject to the organiz	-		🗌 Yes 🗌 No		
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	ed			
	only for charitable purposes and not for the benefit of the do					
	conferring impermissible private benefit?			Yes 🗌 No		
Part						
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.				
1	Purpose(s) of conservation easements held by the organiza					
	Preservation of land for public use (for example, recreati		historicallv ir	mportant land area		
	Protection of natural habitat	Preservation of a c	•	•		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservatio	on		
-	easement on the last day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements		. 2a			
b	Total acreage restricted by conservation easements					
c	Number of conservation easements on a certified historic st					
d	Number of conservation easements included in (c) acquired		. 20			
u	historic structure listed in the National Register	-	. 2d			
3	Number of conservation easements modified, transferred, re			during the		
3		eleased, extinguished, or terminated by the o	ryanization			
4	tax year Number of states where property subject to conservation ea	accoment is located				
4 5	Does the organization have a written policy regarding the pe					
5	violations, and enforcement of the conservation easements			🗌 Yes 🗌 No		
6	Staff and volunteer hours devoted to monitoring, inspecting,					
U	Stan and volumeer nous devoted to monitoring, inspecting,	rial ding of violations, and enforcing conserva	allon easen	ients during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing conservation	occomonte	during the year		
'	Amount of expenses incurred in monitoring, inspecting, han		reasements	s during the year		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(b)	(/)(B)(i)			
0	and section $170(h)(4)(B)(ii)?$			Yes 🗌 No		
٥	In Part XIII, describe how the organization reports conserva					
3	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.					
Part	<u> </u>	of Art Historical Treasures or O	ther Sim	ilar Assets		
I UI	Complete if the organization answered "Yes"					
1a	· · · · · · · · · · · · · · · · · · ·		l halanco sh	eet works		
Ia	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its fina			dblic		
h	If the organization elected, as permitted under FASB ASC 9		anaa ahaat i	worke of		
b	art, historical treasures, or other similar assets held for publi					
	provide the following amounts relating to these items:			ic service,		
				¢		
	(i) Revenue included on Form 990, Part VIII, line 1					
2	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tri-	-	an, provide	: 1110		
-	following amounts required to be reported under FASB ASC	-		¢		
a L	Revenue included on Form 990, Part VIII, line 1					
<u>b</u>	Assets included in Form 990, Part X			. >		

Schedu	le D (Form 990) 2022 HISTORIC ROUTT						84-14853			Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar Ass	ets (c	ontin	nued)
3	Using the organization's acquisition, access	sion, and other record	ls, check a	ny of the fo	llowing that	make sig	pnificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	r exchange p	rogram				
b	Scholarly research		е	_	0.	-				
c	Preservation for future generations									-
4	Provide a description of the organization's of	collections and evolution	n how they	/ further the	organizatio	n's avan	nt numose in Part			
-	XIII.									
5	During the year, did the organization solicit	or reacive depations	of ort bioto	rical traca	uree or othe	r oimilor				
5	0 1 0				-				- F	7
Der	assets to be sold to raise funds rather than		part of the	organizatio	on's collectio	n		Ye	5	No
Par	t IV Escrow and Custodial Arra		_						_	
	Complete if the organization	answered "Yes"	on Forr	n 990, P	art IV, line	9, or i	reported an amo	unt on	Forr	n
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custoo	lian or other intermedi	iary for cor	ntributions	or other asse	ets not				
	included on Form 990, Part X?							Ye:	s [No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing tak	ole:						
							Amou	unt		
с	Beginning balance					. 10	;			
d	Additions during the year						4			
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on I								. [No
	If "Yes," explain the arrangement in Part XI						•			
b Par		II. Check here if the e	explanation	Inds Deen			• • • • • • • • • •		<u>· </u>	<u></u>
Fai		opowered "Vee"	on Form	~ 000 D	ort IV/ line	10				
	Complete if the organization									
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance	18,696	1	L6,111	13	,195				
b	Contributions	177		497		889	12,618			
С	Net investment earnings, gains, and									
	losses	(3,406)		2,387	2	,313	715			
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	127		299		286	138			
f	Administrative expenses									
g	End of year balance	15,340	1	L8,696	16	,111	13,195			
2	Provide the estimated percentage of the cu			-		/	10,190			
-	Board designated or quasi-endowment	-	o (into 19,							
b	Permanent endowment %									
		0								
С										
	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss	session of the organiz	ation that a	are held an	id administer	ed for the	e			Τ
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	x	
	(ii) Related organizations							3a(ii)	<u> </u>	х
b	If "Yes" on line 3a(ii), are the related organi	izations listed as requ	ired on Sc	hedule R?				3b		
4	Describe in Part XIII the intended uses of t		lowment fu	nds.						
Par	t VI Land, Buildings, and Equi	pment.								
	Complete if the organization	answered "Yes"	' on Forr	n 990, P	art IV, line	11a. S	See Form 990, P	art X,	line '	10.
	Description of property	(a) Cost or othe	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	k value)
		(investme	ent)	(0	other)	d	epreciation			
1a	Land									
b	Buildings									
	Leasehold improvements									
С А					2 204		0.004			
d					2,324		2,324			
e Tatal				(D) "	(0-)					
	Add lines 1a through 1e. (Column (d) must	equai ⊢orm 990, Par	π X, colum	n (B), line	10C. ,					
EEA							Sched	ule D (Fo	orm 9؟	JO) 2022

Schedule D (Form 990) 2022

Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)ASSETS HELD BY OTHERS	15,593
(2) ECURITY DEPSOSITS	100
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	15,693

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal inc	ome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

	e D (Form 990) 2022 HISTORIC ROUTT COUNTY	84-1485332	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part			
	e 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	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01. E	Indowment funds intended uses (Part V, line 4)		
HISTO	ORIC ROUTT COUNTY (HRC) ESTABLISHED AN ENDOWMNET FUND IN JULY 2019 IN CON	JUCTION WITH 1	HE
ORGAN	NIZATION'S 20TH ANNIVERSARY. THIS ENDOWMENT FUND WILL HELP HRC STRENGTHE	N OVER TIME BY	CREATIN
A PEF	RPETUAL SOURCE TO FUND AND EXPAND HRC'S GENERAL OPERATIONS AND PROGRAMS.		

SCHEDULE J	Compensation Information	OMB No.	1545-0	047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	22	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to		ic
Department of the Treasu Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe		
Name of the organization	Employer identification			
HISTORIC ROUTT				
Part I Questi	ons Regarding Compensation			1
			Yes	No
	ppropriate box(es) if the organization provided any of the following to or for a person listed on For			
	, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	or charter travel			
	companions			
	Inification and gross-up payments			
	ary spending account			
b If any of the	poxes on line 1a are checked, did the organization follow a written policy regarding payment			
•	ment or provision of all of the expenses described above? If "No," complete Part III to			
		. 1b		
erhiaili • •		. 10		
2 Did the organ	nization require substantiation prior to reimbursing or allowing expenses incurred by all			
-	stees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		. 2		
3 Indicate which	h, if any, of the following the organization used to establish the compensation of the			
	s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	nization to establish compensation of the CEO/Executive Director, but explain in Part III.			
-	ation committee			
	ent compensation consultant			
	of other organizations X Approval by the board or compensation committee			
4 During the ye	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization	or a related organization:			
a Receive a se	verance payment or change-of-control payment?	. 4a		x
b Participate in	or receive payment from a supplemental nonqualified retirement plan?	. 4b		x
c Participate in	or receive payment from an equity-based compensation arrangement?	. 4c		x
If "Yes" to ar	y of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
•	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	n contingent on the revenues of:			
•	ition?			x
•	prganization?	. 5b		x
If "Yes" on lir	ne 5a or 5b, describe in Part III.			
•	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	n contingent on the net earnings of:	-		
•	tion?			X
•		. <u>6b</u>		x
If "Yes" on III	ne 6a or 6b, describe in Part III.			
7 For persons	listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	t described on lines 5 and 6? If "Yes," describe in Part III	. 7		v
	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	· [/	-	X
-	contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		. 8		v
in raitin .		. 0		X
9 If "Yes" on lir	ne 8, did the organization also follow the rebuttable presumption procedure described in			
	section 53.4958-6(c)?	. 9		
. togalations	······································	- v	1	<u> </u>

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B)Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
EMILY KATZMAN	(i)	0	0	0	0	0	0	
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
_	(i)							
6	(ii)							
_	(i)							
7	(ii)							
0	(i)							
8	(ii)							
9	(i) (ii)							
9								
10	(i) (ii)							
	(i)							
11	(i)							
	(i)							
12	(i) (ii)							
	(i)							
13	(i) (ii)	<u> </u>						
-	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

84-1485332

Page 2

EEA

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HISTORIC ROUTT COUNTY

Employer identification number 84-1485332

01. Form 990 governing body review (Part VI, line 11)

A POST-COVID EVENT IN OCTOBER.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE HRC BOARD OF DIRECTORS MEETS REGULARLY THROUGHOUT THE YEAR. ANY POTENTIAL CONFLICTS OF

INTEREST ARE DISCUSSED IN THESE MEETINGS AND DOCUMENTED IN BOARD MEETING MINUTES. BOARD

MEMBERS SIGN A BOARD MEMBER EXPECTATION AGREEMENT ANNUALLY THAT REINFORCES THE COMMITMENT

TO PROVIDE OPEN AND DIRECT DISCLOSURE OF ANY CONFLICTS OF INTEREST AND EXCUSE ONESELF FROM

DISCUSSIONS AND VOTES THAT ARE A CONFLICT OF INTEREST OR PERCEIVED CONFLICT.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE DIRECTOR IS THE ONLY EMPLOYEE OF THE ORGANIZATION. THE BOARD OF DIRECTORS

SETS THE EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY AT A REGULARLY SCHEDULED BOARD

MEETING, WHICH IS DOCUMENTED IN THE MEETING MINUTES.

04. Governing documents, etc, available to public (Part VI, line 19)

UPON REQUEST.

05. List of other fees for services expenses (Part IX, line 11g)

PROGRAM SERVICES-PROJECT MANAGEMENT \$7,565

MANAGMENT AND GENERAL- ADMINISTRATIVE CONTRACT

NON-PROFIT KNOW HOW INC \$13,288

06. Part III, response or note to any other line in Part III

LINE 4A-PROGRAM SERVICE ACCOMPLISHMENTS

Schedule O (Form 990) 2022	Page 2
Name of the organization HISTORIC ROUTT COUNTY	Employer identification number 84-1485332
-PRESERVATION PROJECTS: HISTORIC ROUTT COUNTY (HRC) FACILITATES COLLABORA	TIVE PROJECTS TO
PRESERVE AND RESTORE THE BUILT ENVIRONMENT AND TO INTERPRET SIGNIFICANT H	ISTORIC
RESOURCES. HRC ASSISTS WILLING PROPERTY OWNERS TO REHABILITATE, STABILIZE	, OR RESTORE
THEIR HISTORIC PROPERTIES BY OFFERING TECHNICAL ASSISTANCE, BY WRITING AN	D MANAGING
GRANTS, AND BY PROVIDING OTHER SERVICES AS NEEDED. IN 2021 HRC SECURED FU	NDING AND BEGAN
TO MONITOR THE REHABILITATION OF THE HISTORIC JULIE HARRIS THEATRE AT THE	PERRY-MANSFIELD
PERFORMING ARTS SCHOOL AND CAMP. THE PRESERVATION WORK CONTINUED THROUGH	OUT 2022 AND WILL
BE COMPLETED IN 2023. IN 2021, HRC TOOK A LEADERSHIP ROLE WITH THE ROUTT	COUNTY
COMMISSIONERS TO PERSUADE THEM TO MOVE RATHER THAN DEMOLISH THE HISTORIC	SELBE CABN TO A
NEW LOCATION AT THE STEAMBOAT MOUNTAIN SCHOOL, AND SECURED FUNDS TO HELP	WITH THE PROJECT.
IN 2022 THE CABIN WAS RELOCATED AND PLACED ON A NEW FOUNDATION. WORK ON	THE INTERIOR WILL
BE COMPLETED IN 2023. IN 2022 HRC CONTINUED ITS RESEARCH ON THE HOMES TH	AT HAD BEEN MOVED
FROM THE MINING TOWN OF MT. HARRIS IN 1958 WITH SITE VISITS AND PHOTO DOC	UMENTATION. A
REPORT WILL BE ISSUED IN 2023. IN 2022, HRC FINALIZED A MULTI-YEAR CONTR	ACT WITH THE US
FOREST SERVICE TO DEVELOP A STEWARDSHIP PROGRAM TO MAINTAIN THE PUBLICLY	OWNED HISTORIC
RESOURCES THAT HRC HAS HELPED TO PRESERVE OVER THE PAST TWO DECADES.	
-HISTORIC DESIGNATION AND DOCUMENTATION: HRC WORKS WITH WILLING PROPERTY	OWNERS TO
DOCUMENT OR NOMINATE THEIR HISTORIC PROPERTIES TO THE STEAMBOAT SPRINGS,	ROUTT COUNTY,
COLORADO, OR NATIONAL HISTORIC REGISTERS. THIS IS HRC'S MOST FAR-REACHIN	G AND IMPACTFUL
PROGRAM. SINCE THE LATE 1990S HRC HAS HELPED OVER 105 INDIVIDUAL PROPERT	Y OWNERS
SUCCESSFULLY LIST THIER PROPERTY TO A HISTORIC REGISTER, INCLUDING 7 NEW	LISTINGS IN
2022.	
-OUTREACH AND EDUCATION: HRC RECEIVED A GENEROUS GRANT TO UPDATE AND ENH	ANCE ITS WEBSITE
IN 2022. THE PROJECT WILL BE COMPLETED IN 2023. HRC REGULARLY COLLABORA	TES WITH LOCAL
AND REGIONAL ENTITIES TO PROVIDE RESOURCES AND GUIDANCE ON PRESERVATION I	SSUES, AND WRITES
ARTICLES WITH PHOTOS PROMOTING CULTURAL LANDSCAPES AND HISTORIC PROPERTIE	S FOR THE LOCAL
MEDIA AND HRC'S E-NEWSLETTER. HRC PROMOTED PRESERVATION MONTH IN MAY WIT	H A BANNER ON

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
HISTORIC ROUTT COUNTY	84-1485332
LINCOLN AVENUE IN STEAMBOAT SPRINGS AND PUBLICLY CELEBRATED ITS ACCOMPLIS	υμέντως μτώτι γ
LINCOLN AVENUE IN STEAMBOAT SPRINGS AND PUBLICUT CELEBRATED ITS ACCOMPLIES.	AMENIS WIIN A
POST-COVID EVENT IN OCTOBER.	

Form	8868	
(Rev. Jar	uary 2022)	

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)					
print	HISTORIC ROUTT COUNTY	84-1485332					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.						
due date for	PO BOX 775717						
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	STEAMBOAT SPRINGS CO 80477						

Application Is For		Application	Return
		Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)		Form 4720 (other than individual)	09
Form 990-PF		Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of **KELLY HALPIN**, **PO BOX 775717 STEAMBOAT SPRINGS CO 80477**

Τe	elephone No. > 970-875-1305 FAX No. >			
• If	the organization does not have an office or place of business in the United States, check this box	••••		
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is		
for th	whole group, check this box \ldots \ldots \blacktriangleright . If it is for part of the group, check this box \blacktriangleright	and attach		
a list	with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until <u>11-15</u> , 20 <u>23</u> , to file the exempt organ the organization named above. The extension is for the organization's return for: ►		r D	
	Change in accounting period			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caut	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-T	E and Form 88	79-TE for paym	ient
instru	uctions.			
For F	Privacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	m 8868 (Rev. 1	-2022)

EEA

Form 8879-TE

IRS e-file Signature Authorization tv

OMB No. 1545-0047

TOL	а	ı a	X	EX	em	ıpτ	Eľ	π	

For calendar year 2022, or fiscal year beginning , 2022, and ending

Do not send to the IRS. Keep for your records.

2022

, 20

84-1485332

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN

HISTORIC ROUTT COUNTY

Name and title of officer or person subject to tax

KELLY HALPIN, EXEC DIRECTOR

Type of Return and Return Information Part I

8038-0 3a, 4a 3b, 4b	CP and Form 5330 filers may enter dolla , 5a, 6a, 7a, 8a, 9a, or 10a below, and th	rs a ne a s ap	g this Form 8879-TE and enter the applicable amount, if any, from the return. For nd cents. For all other forms, enter whole dollars only. If you check the box or mount on that line for the return being filed with this form was blank, then leav oplicable, blank (do not enter -0-). But, if you entered -0- on the return, then er one line in Part I.	n line 1a, 2 ve line 1b, :	2b,
1a	Form 990 check here 🗴	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	98,813
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	-	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	

Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax		
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19). .	9b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	

Under penalties of perjury, I declare that	I am an officer of the above entity or	I am a person subject to tax with respect to (name
of entity)	, (EIN)	and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

x I authorize	Kari Nelson CPA	to enter my PIN	12345	as my signature
	ERO firm name		Enter five num do not enter all	
agency(ies) r	ar 2022 electronically filed return. If I have indicated with regulating charities as part of the IRS Fed/State program osure consent screen.			
filed return. If	or person subject to tax with respect to the entity, I will e f I have indicated within this return that a copy of the retured/State program, I will enter my PIN on the return's disc	m is being filed with a state ager		
Signature of officer or	person subject to tax		Date 05-2	20-2023
	tification and Authentication			
	Enter your six-digit electronic filing identification owed by your five-digit self-selected PIN.	842816 31089)	
		Do not ente	er all zeros	
	ove numeric entry is my PIN, which is my signature on the return in accordance with the requirements of Pub. 416 ess Returns.			
ERO's signature		Date	06-02-202	23
		Form - See Instructions		
	Do Not Submit This Form to the		To Do So	
For Privacy Act ar	nd Paperwork Reduction Act Notice see the instruction	ons		Form 8879-TF

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