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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2009

Form **990-EZ**

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning _____, and ending _____		<b>C</b> Name of organization <b>MONTEZUMA LAND CONSERVANCY</b>		<b>D</b> Employer identification number <b>31-1632961</b>
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P.O. BOX 1522</b>		<b>E</b> Telephone number <b>970-565-1664</b>
		City or town, state or country, and ZIP + 4 <b>CORTEZ CO 81321</b>		<b>F</b> Group Exemption Number ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ **WWW.MONTEZUMALANDCONSERVANCY.ORG**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

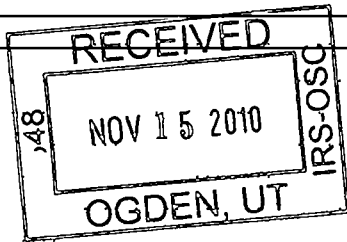
**J** Tax-exempt status (check only one) —  501(c) ( **3** ) ◀ (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **466,193**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received		<b>1</b>	<b>309,233</b>
<b>2</b>	Program service revenue including government fees and contracts		<b>2</b>	<b>20,066</b>
<b>3</b>	Membership dues and assessments		<b>3</b>	
<b>4</b>	Investment income		<b>4</b>	<b>19,071</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b> <b>85,747</b>		
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b> <b>88,655</b>		
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>SEE STMT 1</b>	<b>5c</b>	<b>-2,908</b>
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			<b>SEE STMT 2</b>
<b>a</b>	Gross revenue (not including \$ <b>9,000</b> of contributions reported on line 1)	<b>6a</b> <b>32,076</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>6b</b> <b>9,547</b>		
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		<b>6c</b>	<b>22,529</b>
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b>	Less cost of goods sold	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ _____)		<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<b>9</b>	<b>367,991</b>
<b>10</b>	Grants and similar amounts paid (attach schedule)		<b>10</b>	
<b>11</b>	Benefits paid to or for members		<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits		<b>12</b>	<b>184,471</b>
<b>13</b>	Professional fees and other payments to independent contractors		<b>13</b>	<b>13,234</b>
<b>14</b>	Occupancy, rent, utilities, and maintenance		<b>14</b>	<b>3,940</b>
<b>15</b>	Printing, publications, postage, and shipping		<b>15</b>	
<b>16</b>	Other expenses (describe ▶ <b>SEE STATEMENT 3</b> )		<b>16</b>	<b>153,385</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16		<b>17</b>	<b>355,030</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)		<b>18</b>	<b>12,961</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		<b>19</b>	<b>793,420</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>		<b>20</b>	<b>34,634</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20		<b>21</b>	<b>841,015</b>



### Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	<b>764,505</b>	<b>718,092</b>
<b>23</b>	Land and buildings		
<b>24</b>	Other assets (describe ▶ <b>SEE STATEMENT 5</b> )	<b>848,959</b>	<b>134,730</b>
<b>25</b>	<b>Total assets</b>	<b>1,613,464</b>	<b>852,822</b>
<b>26</b>	<b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 6</b> )	<b>820,044</b>	<b>11,807</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>793,420</b>	<b>841,015</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 7</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title <b>28 SEE STATEMENT 8</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>		<b>223,722</b>
<b>29 SEE STATEMENT 9</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>		<b>32,990</b>
<b>30 SEE STATEMENT 10</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>		<b>37,138</b>
<b>31 Other program services (attach schedule)</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses (add lines 28a through 31a)</b>		<b>32</b>	<b>293,850</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)</b>				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KAREN HOLMGREN	PRESIDENT 2.00	0	0	0
RAY COULON	VICE PRESNT 1.00	0	0	0
LINDA HONEYCUTT	SECRETARY 2.00	0	0	0
PHIL KEMP	TREASURER 2.00	0	0	0
MELISSA GOULD	DIRECTOR 2.00	0	0	0
MIKE PRESTON	DIRECTOR 2.00	0	0	0
DICK WHITE	DIRECTOR 2.00	0	0	0
DOUG BAGGE	DIRECTOR 2.00	0	0	0
DANIEL FERNANDEZ	DIRECTOR 2.00	0	0	0
BETTY JANES	DIRECTOR 2.00	0	0	0
VINCE LEE	DIRECTOR 2.00	0	0	0
DAVE NICHOLS	EXEC. DIR 20.00	47,500	4,800	0
NINA WILLIAMS	 25.00	36,000	1,800	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ <u>37a</u></span>		
b	Did the organization file Form 1120-POL for this year?		<b>X</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<b>X</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><u>38b</u></span>		
39a	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right"><u>39a</u></span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><u>39b</u></span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right"><u>0</u></span> , section 4912 <span style="float:right"><u>0</u></span> , section 4955 <span style="float:right"><u>0</u></span>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		<b>X</b>
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right"><u>0</u></span>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right"><u>0</u></span>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
41	List the states with which a copy of this return is filed <span style="float:right"><u>CO</u></span>		
42a	The organization's books are in care of <b>JUNIPER KATZ, EXECUTIVE D</b> Telephone no <b>970-565-1664</b> <b>216A WEST MONTEZUMA AVENUE</b> Located at <b>CORTEZ, CO</b> ZIP + 4 <b>81321</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">_____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">_____</span>		<b>X</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <u>43</u></span>		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

**Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  
 Signature of officer: Philip A. Kemp Date: November 11, 2010  
 Type or print name and title: PHILIP A. KEMP, BOARD TREASURER

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: 11/10/10 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: BROWN WHEELDON TAFOYA AND BARRETT PC  
150 E 9TH ST STE 300  
DURANGO, CO 81301-5446  
 Preparer's Identifying Number (See instr): P00007545  
 EIN: 84-1324604  
 Phone no: 970-259-8000

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

**MONTEZUMA LAND CONSERVANCY**

Employer identification number

**31-1632961**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	135,319	441,006	539,888	589,456	309,232	2,014,901
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	135,319	441,006	539,888	589,456	309,232	2,014,901
<b>5</b> 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)						642,693
<b>6 Public support.</b> Subtract line 5 from line 4						1,372,208

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	135,319	441,006	539,888	589,456	309,232	2,014,901
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,490	12,196	20,009	22,783	16,163	75,641
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						2,090,542
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	248,470
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	65.64%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	65.12%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

- 19a** 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b** 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

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# Federal Statements

## Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description	How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
8838.969 SH PIMCO LOW DURATION INST DONATION			VARIOUS	5/14/09	\$ 85,738	\$ 88,655	\$ 0	\$ -2,917
TOTAL					\$ 85,738	\$ 88,655	\$ 0	\$ -2,917

## Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description	How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
FIDELITY					\$ 9	\$ 0	\$ 0	\$ 9
TOTAL					\$ 9	\$ 0	\$ 0	\$ 9

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
ADVERTISING AND PROMOTION	488
TRAVEL	4,408
INSURANCE	2,888
BANK/CREDIT CARD CHARGES	291
CERTIFICATION	7,792
TRAINING	1,290
OTHER PROFESSIONAL SERVIC	53,686
LANDOWNER ASSISTANCE	63,760
RENT	7,250
UTILITIES	275
DUES AND SUBSCRIPTIONS	1,560
POSTAGE	1,534
PRINTING AND COPYING	1,588
SUPPLIES	2,826
TELEPHONE	2,246
COMPUTER SERVICES	1,503
TOTAL	\$ <u>153,385</u>

**Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
CHANGES IN UNREALIZED GAIN & TEMP. RESTRICTIONS	\$ 34,634
TOTAL	\$ <u>34,634</u>

**Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	\$ 840,734	\$ 129,519
EQUIPMENT, FURNITURE, & FIXTURES	18,361	19,287
LESS ACCUMULATED DEPRECIATION	10,136	14,076
	<u>848,959</u>	<u>134,730</u>

**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 20,044	\$ 11,807
UNSECURED NOTES AND LOANS PAYABLE	800,000	
	<u>820,044</u>	<u>11,807</u>

**Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

THE MISSION OF THE MONTEZUMA LAND CONSERVANCY IS TO PERMANENTLY PROTECT IMPORTANT OPEN LANDS IN PARTNERSHIP WITH LANDOWNERS, IN ORDER TO CONSERVE AGRICULTURAL, NATURAL, AND SCENIC OPEN SPACE RESOURCES IN MONTEZUMA AND DOLORES COUNTY.

**Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

LAND PROTECTION AND CONSERVATION - DURING 2009 MONTEZUMA LAND CONSERVANCY PARTNERED WITH LANDOWNERS TO COMPLETE FOUR NEW CONSERVATION EASEMENTS FOR A TOTAL OF 339 ACRES PROTECTED. WE AMENDED ONE CONSERVATION EASEMENT TO ADD 111 ACRES. ONE OF THESE EASEMENTS WAS PART OF MONTEZUMA LAND CONSERVANCY'S FOCUSED PROGRAM OF PURCHASING CONSERVATION EASEMENTS THROUGH BARGAIN SALES TRANSACTIONS FUNDED BY GREAT OUTDOORS COLORADO AND OTHER PARTNERING ORGANIZATIONS.

**Statement 9 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments****Description**

PUBLIC EDUCATION - THE PURPOSE OF MONTEZUMA LAND CONSERVANCY'S PUBLIC OUTREACH AND EDUCATION PROGRAM IS TO PROVIDE INFORMATION TO STAKEHOLDERS ABOUT LAND CONSERVATION, AND THE MONTEZUMA LAND CONSERVANCY, IN ORDER TO INSPIRE STAKEHOLDERS TO ACT ON BEHALF OF LAND CONSERVATION AND THE MONTEZUMA LAND CONSERVANCY. WE ENGAGE PEOPLE THROUGH NEWSLETTERS, FIELD TRIPS, INFORMATIONAL EVENTS, NEWS RELEASES, WORKSHOPS AND MEETINGS WITH LANDOWNERS IN THE COMMUNITY.

**Statement 10 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments****Description**

STEWARDSHIP - AT THE BEGINNING OF THE YEAR MONTEZUMA LAND CONSERVANCY WAS RESPONSIBLE FOR 53 CONSERVATION EASEMENTS, IN COLORADO ONLY, TOTALING APPROXIMATELY 16,908 ACRES. BY YEAR'S END, THE MONTEZUMA LAND CONSERVANCY WAS RESPONSIBLE FOR 57 CONSERVATION EASEMENTS, IN COLORADO ONLY, TOTALING APPROXIMATELY 17,358 ACRES. MONTEZUMA LAND CONSERVANCY AMENDED ONE EASEMENT DURING THE YEAR. NO RESTRICTIONS WERE DECREASED OR TERMINATED. THE ONLY CHANGE WAS TO THE ACREAGE, THUS INCREASING THE AMOUNT OF CONSERVATION VALUE. THE CONSERVANCY PERFORMED MONITORING ON ALL OF THE EASEMENTS THEREBY ENSURING THE PROTECTION OF THESE IMPORTANT LANDS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>BREWFEST</u> (event type)	(event type)	<u>NONE</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	37,974		37,974
	2	Less Charitable contributions	9,000		9,000
	3	Gross revenue (line 1 minus line 2)	28,974		28,974
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,975		7,975
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				20,999

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?		X
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

**13** Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

<b>13a</b>		%
<b>13b</b>		%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ **JUNIPER KATZ, EXECUTIVE DIRECTOR**  
**216A WEST MONTEZUMA AVENUE**  
 Address ▶ **CORTEZ**

**CO 81321**

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$
- amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party

and the

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
<b>15a</b>		<b>X</b>
<b>17a</b>		<b>X</b>

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**MONTEZUMA LAND CONSERVANCY**

Identifying number

**31-1632961**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	926
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	519
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	519

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	463
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	3,384
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		463	5.0	HY	200DB	93
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	3,940
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

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

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>Montezuma Land Conservancy</b>	Employer identification number <b>31-1632961</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>P O. Box 1522</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Cortez</b>	<b>CO 81321</b>

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Brown Wheeldon Tafoya and Barrett PC**

Telephone No. ▶ **(970) 259-8000** 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 the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15/2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2009** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <span style="float: right;">0</span>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

<b>Type or print</b> <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization Montezuma Land Conservancy	Employer identification number 31-1632961
	Number, street, and room or suite no. If a P O box, see instructions P O Box 1522	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Cortez CO 81321	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  **Brown Wheeldon Tafoya and Barrett PC**  
Telephone No.  (970) 259-8000 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 the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return

8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Bred A Taf Title  C PA Date  8/9/10