*** PUBLIC DISCLOSURE COPY ***

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	ne 2018 calendar year, or tax year beginning and e	ending				
В	Check i applical	f C Name of organization		D Employer identification numb			
	Addr	ges CONSERVATION LEGACY					
	Nam	e	_	84-14	450808		
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final		101	(970			
	term ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	25,761,826.		
	retur			H(a) Is this a group re	turn		
	Appl	Finance and address of principal officer: I EKESA MALONE		for subordinates	? Yes X No		
_	pend	SAME AS C ABOVE		H(b) Are all subordinates ind	luded? Yes No		
		xempt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🗌 4947(a)(1) ol	r 🗌 527	If "No," attach a	list. (see instructions)		
-		ite: WWW.CONSERVATIONLEGACY.ORG	0	H(c) Group exemption			
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year o	of formation: 1998 M	I State of legal domicile: CO		
Ρ	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities: FOSTE	RING	CONSERVATION	SERVICE		
Duc		IN SUPPORT OF COMMUNITIES AND ECOSYSTEMS.					
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.		
NO NO	3	Number of voting members of the governing body (Part VI, line 1a)			13		
3	4	Number of independent voting members of the governing body (Part VI, line 1b)			13		
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			<u>1874</u> 17479		
viti	6	Total number of volunteers (estimate if necessary)	per of volunteers (estimate if necessary)				
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			1,280.		
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u>.</u>	7b	-470.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		18,154,009.	21,707,958.		
Revenue	9	Program service revenue (Part VIII, line 2g)		3,665,130.	3,776,282.		
Jev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38,630.	21,053.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,941.	108,605.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,978,710.	25,613,898.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,288,312.	19,180,096.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 8,34					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,539,044.	5,613,009.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,827,356.	24,793,105.		
		Revenue less expenses. Subtract line 18 from line 12		1,151,354.	820,793.		
S OL				inning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		L0,865,811.	11,963,478.		
Net Assets or	21	Total liabilities (Part X, line 26)		2,855,129.	3,132,003.		
		Net assets or fund balances. Subtract line 21 from line 20		8,010,682.	8,831,475.		
Pa	art II	Signature Block					

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

	Signature of officer		11/4/2019					
Sign			Date					
Here	LORETTA PINEDA, TREASURE	{						
-	Type or print name and title	·						
	Print/Type preparer's name Pre	parer's signature Date	Check PTIN					
Paid	FRANK H. SMITH	rank H. Smith 10/2	4/19 self-employed P00639053					
Preparer	Firm's name 🕨 MARCUM LLP		Firm's EIN 🕨 11–1986323					
Use Only	Firm's address ▶ 1899 L STREET, NW,	SUITE 850	*					
	WASHINGTON, DC 2003	36	Phone no. (202) 227-4000					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, se	ee the separate instructions.	Form 990 (2018)					
	*** ELECTRONICAL	LY FILED ON 10/24/2019	*** COPY					

	990 (2018) CONSERVATION LEGACY	84-1450808	Page 2
Par	t 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:		h
	IN 2018, CONSERVATION LEGACY ENGAGED 2,210 INDIVIDUALS WI 1.2 MILLION SERVICE HOURS ON PUBLIC LANDS AND IN COMMUNITY		J
	NATIONWIDE. PARTICIPANTS ENGAGED IN OVER 87,000 HOURS OF		
	TRAINING AND WORKFORCE DEVELOPMENT. PROJECT HIGHLIGHTS II		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		s X 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 services?	Ye	s X 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 r	neasured by expenses	5.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 8 , 470 , 285 . including grants of \$) (Revenue (Revenu (Revenue (Revenue (Revenue (Revenue (Re	ue\$778	,984.)
	STEWARDS INDIVIDUAL PLACEMENTS - STEWARDS -	CEMENT PROGE	RAM
	PROVIDES INDIVIDUALS WITH SERVICE AND CAREER OPPORTUNITI	ES TO	
	STRENGTHEN COMMUNITIES AND PRESERVE NATURAL RESOURCES. PA	ARTICIPANTS	
	WORK WITH FEDERAL AGENCIES, TRIBAL GOVERNMENTS, AND NONPI	ROFITS TO BU	JILD
	INSTITUTIONAL CAPACITY, DEVELOP COMMUNITY RELATIONSHIPS,		Г <u> </u>
	ECOSYSTEM HEALTH. IN 2018, THE STEWARDS PROGRAM COMPLET		
	HOURS OF SERVICE, LEVERAGED \$4,492,965 IN GRANTS TO SUPPO		
	BUILDING IN LOCAL COMMUNITIES, LEVERAGED 221,153 OF IN-K		
	IN SUPPORT OF COMMUNITIES AND PUBLIC LANDS, MAPPED/SURVEY		
	OVER 3 MILLION ACRES OF LAND, AND COLLECTED OVER 10,000 \$	SURVEYS/SAMI	PLES
	IN SUPPORT OF LAND AND WATER MANAGEMENT NEEDS.		
		1 500	<u> </u>
b	(Code:) (Expenses \$ 7,084,353. including grants of \$) (Revenue		,641.)
	SOUTHWEST CONSERVATION CORPS (SCC) OPERATES CONSERVATION		
	PROGRAMS ACROSS SOUTHERN COLORADO AND NORTHERN NEW MEXICO		<u></u>
		STERS INCLUS	SIVE
	OPPORTUNITIES AND COLLABORATIVE PARTNERSHIPS FOR POSITIVE		
	THROUGH DEVELOPMENT OF KNOWLEDGE, LEADERSHIP, AND COMPAS: OUR LANDS AND COMMUNITIES. IN 2018, SCC COMPLETED 339,000		>
	SERVICE, IMPROVED 8,406 ACRES OF LAND, AND MAINTAINED OR		2
	MILES OF TRAIL.	CREATED 41.	<u> </u>
с	(Code:) (Expenses \$ 6,206,978. including grants of \$) (Revenue)	ue \$ 1,194	, 816.)
	ARIZONA CONSERVATION CORPS - ARIZONA CONSERVATION CORPS	(AZCC) OPERA	ATES
	PROGRAMS ACROSS ARIZONA AND SOUTHERN NEW MEXICO TO ENGAGI	E INDIVIDUAI	ĽS
	AND STRENGTHEN COMMUNITIES THROUGH SERVICE AND CONSERVAT	ION. AZCC	
	CONNECTS YOUTH, YOUNG ADULTS AND RECENT ERA MILITARY VET	ERANS WITH	
	CONSERVATION SERVICE WORK PROJECTS ON PUBLIC LANDS. IN 2	018, AZCC	
	COMPLETED 292,000 HOURS OF SERVICE, IMPROVED 14,000 ACRES	S OF LAND, A	AND
	MAINTAINED OR CREATED 287 MILES OF TRAIL.		
ld	Other program services (Describe in Schedule O.)		
		230,441.)	
le	Total program service expenses ► 23,057,334.		
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 Part IV
 Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Revenue Procedure 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			
Ũ	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			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
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,		v	
	Part VI	<u>11a</u>	Х	
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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		x
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		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		10		x
40	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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	000	X
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
4 -	Schedule J	23		
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No," go to line 25a	24a		_ <u></u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
-1	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
Ja	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	ransaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	258		- 23
D	hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05h		Х
2	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		- 23
5				
	ormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"	20		х
7	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		17
1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		х
5	of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		
3				
_	nstructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		23
C		28c		х
h	director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	280		X
	Did the organization receive more than \$25,000 in hon-cash contributions? If "Yes," complete Schedule M	29		23
C	-	30		х
1	contributions? If "Yes," complete Schedule M	30		- 11
1	f "Yes," complete Schedule N, Part I	31		х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		- 11
2		32		Х
3	Schedule N, Part II	32		23
5		33		х
1	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
+		34		х
50	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
0	f "Yes," complete Schedule R, Part V, line 2	36		Х
7	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 0/		
5		38	x	
Par		00		
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 J Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	X	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1874			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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 gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	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 12b			
13	Section 501(c)(29) gualified nonprofit health insurance issuers.	1		
	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
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
			000	(0010)

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for a "No"	response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in		_

Check if Schedule O contains a response or note to any line in this Part VI		X				
Section A. Governing Body and Management						

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
_	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or 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 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point	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, st	ockho	ders, 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	r by th	e 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 read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
				10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
12a	- , , ,			12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	· ·		10	x	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			13 14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval			14	- 23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Dy III	dependent			
2				15a	x	
	Other officers or key employees of the organization			15a	v	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	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 AZ, NM, TN, WV, V	A,C	0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-	T (Section 501(c)(3)	s on l y)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest po l icy, and	d financ	ia	
	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 boo	ks and	d records 🕨 🔜			
	BELINDA VILLANUEVA - (970) 403-1149					
	701 CAMINO DEL RIO, NO. 101, DURANGO, CO 81301				000	(00.15)
832000) 12-31-18			Forn	1 990	(2018)
	6			C	O	JΥ

<u>Form 990 (20⁻</u>	18) CONSERVATION LEGACY	84-1450808	Page 7								
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated									
E	Employees, and Independent Contractors										
C	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 Employees										
4. O	the state of the second second second to be lighted. Descent research to the families of the second s	and the second state the sale of the second state at a set	4								

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C)	1		(D)	(E)	(F)
Name and Title	Average (do not check more than one							Reportable	Reportable	Estimated
	hours per		do not check mo					compensation	compensation	amount of
	week		officer and a director/trustee)				tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	93			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e,	bens		(W-2/1099-MISC)		organization
	organizations be l ow	ual tr	tiona		hloye	t con				and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREW MOORE	2.00		_		<u>×</u>	1 0	ш.			
CHAIR		х		x				0.	0.	0.
(2) ENRIQUE FIGUEROA	2.00									
VICE CHAIR		х		X				0.	0.	Ο.
(3) ANN BAKER EASLEY	2.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(4) LORETTA PINEDA	2.00									
SECRETARY		Х		X	\square			0.	0.	0.
(5) KAREN RUDOLPH	1.00									
TREASURER		Х		X	\vdash			0.	0.	0.
(6) ROBERT BURKHARDT	1.00							_		_
DIRECTOR		х						0.	0.	0.
(7) NELSON CRONYN	1.00									
DIRECTOR	1 0 0	Х			<u> </u>			0.	0.	0.
(8) LARRY HAND	1.00									•
DIRECTOR	1 0 0	Х			<u> </u>			0.	0.	0.
(9) CORNELL TORIVIO	1.00	77							0	0
DIRECTOR	1 0 0	Х			<u> </u>			0.	0.	0.
(10) PHILANDRIAN TREE	1.00	v							0	0
DIRECTOR (11) DAWNAFE WHITESINGER	1.00	Х			┣─			0.	0.	0.
(II) DAWNAFE WHITESINGER DIRECTOR	L 100	х						0.	0.	0.
(12) STEPHANIE WU	1.00	^		<u> </u>	<u> </u>			U•	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(13) ELWOOD YORK	1.00			-			-	<u>0.</u>		
DIRECTOR		х						0.	0.	0.
(14) SUSAN CIMBUREK	40.00									
CEO- AS OF 11/2018		1		x				32,722.	0.	0.
(15) DAVID R. CRITTON	40.00									
CO-CEO/CHIEF OPERATING OFFICER		1		x				110,824.	0.	9,112.
(16) AMY SOVOCOOL	40.00									-
CO-CEO/CHIEF EXTERNAL AFFAIRS OFFICE				X				118,350.	0.	3,645.
					1					

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Form 990 (2018) CONSERVAT									84-14	508	08	Page 8
Part VII Section A. Officers, Directors, Trust		loye	es,			ghes	t C					
(A) Name and title							an	(D) Reportable compensation from	(E) Reportable compensation from related	n	Esti amo	(F) mated ount of ther
	(list any hours for related organizations below line) Hours tor related organizations below line) Hours tor hours hours tor hours tor hours hours tor hours tor hours tor hours hours tor hours ho									compo froi orgai and	ensation m the nization related izations	
1b Sub-total	b Sub-total									0.	12	,757.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0. 261,896.		0.	12	<u>0.</u> ,757.
2 Total number of individuals (including but no							o re		000 of reportable			
compensation from the organization												2 /es No
3 Did the organization list any former officer,	director or tri	etoo	ko	vor	nlo	000	orl	highest companyated er	nnlovee on	Г	,	
line 1a? If "Yes," complete Schedule J for su					• •			•		- 1	3	x
4 For any individual listed on line 1a, is the su	m of reportabl	e coi	mpe	ensat	tion	and	oth	ner compensation from t	ne organization			x
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a											4	
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	olete Schedule	e J fo	or su	ich p	perso	<u>on</u> .				<u></u>	5	X
1 Complete this table for your five highest cor	npensated ind	ener	nder	nt co	ontra	octor	s th	nat received more than \$	100 000 of comp	ensatic	on fron	 ו
the organization. Report compensation for t	-							the organization's tax y				
(A) Name and business								(B) Description of s	ervices	Co	(C) mpens	
ROCKY MOUNTAIN YOUTH CORP JACK DRIVE, STEAMBOAT SPR	-							CONSERVATION SERVICES			272	,354.
NORTHWEST YOUTH CORPS	NF OR	97.	4.0	z				CONSERVATION SERVICES			192	,228.
							CONSERVATION			172	,220.	
							SERVICES			149	<u>,177.</u>	
COPE & ASSOCIATES, INC. 108 MAIDSTONE LANE, WILLI	STON, V	A	05	49!	5			MANAGEMENT CONSULTING			125	,654.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lim	nited	l to t	hos: 0		ted	above) who received mo	ore than			

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	VIII		RVATION :				84-1450	808 Page
		Check if Schedule O cont	ains a response o	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
<u>a</u> 1	1 a	Federated campaigns	1a	1,441.				
	b	Membership dues	1b					
	с	Fundraising events	1c					
2	d	Related organizations	1d					
	е	Government grants (contributi	ions) 1e	20,374,556.				
2	f	All other contributions, gifts, gran	its, and					
		similar amounts not included abor	ve 1f	1,331,961.				
2	g	Noncash contributions included in lines	1a-1f: \$	3,544.				
0	h	Total. Add lines 1a-1f		►	21,707,958.			
				Business Code				
2	2 a	CONTRACTS		900099	3,776,282.	3,776,282.		
	b							
	с							
	d							
9	е							
	f	All other program service reve	enue					
		Total. Add lines 2a-2f			3,776,282.			
3	3	Investment income (including						
	-	other similar amounts)			6,129.			6,1
4	1	Income from investment of tax		ſ				
5		Royalties		· · ·				
`			(i) Real	(ii) Personal				
6	3 a	Gross rents	37,396.	(ii) i ciscilai				
1		Less: rental expenses	24,501.					
		Rental income or (loss)	, ·		12,895.		1,280.	11,6
Ι_		Net rental income or (loss)			12,055.		1,200.	
'	(а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	138,351.					
	b	Less: cost or other basis	102 407					
		and sales expenses	123,427.					
	С	Gain or (loss)	14,924.		44.004			
		Net gain or (loss)		····· ►	14,924.			14,9
8	8 a	Gross income from fundraising						
		including \$						
		contributions reported on line						
		Part IV, line 18						
	b	Less: direct expenses	b					
	С	Net income or (loss) from func	draising events	· ►				
9	Эа	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gam	ning activities	🕨				
10) a	Gross sales of inventory, less	returns					
		and allowances	аа					
	b	Less: cost of goods sold						
		Net income or (loss) from sale)				
		Miscellaneous Revenu		Business Code				
11	1 a	SIEC MANAGEMENT FEES		900099	54,000.			54,0
	b	REIMBURSEMENT/REBATE		900099	30,120.			30,1
	с	EVENT REVENUE		900099	21,600.	21,600.		
1	d	All other revenue		900099	-10,010.	· /		-10,0
	-			L	, .			,
	6	Total. Add lines 11a-11d			95,710.			

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0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(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				
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	365,663.	151,078.	214,585.	
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	16,127,816.	15,451,707.	675,718.	391.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	68,310.	66,599.	1,709.	<u>2.</u> 42.
9	Other employee benefits	1,379,395.	1,295,671.	1,709. 83,682.	42.
10	Payroll taxes	1,238,912.	1,155,134.	83,740.	38.
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,385.		2,385.	
с	Accounting	51,844.		51,842.	2.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,371,980.	1,158,662.	205,642.	7,676.
12	Advertising and promotion				
13	Office expenses	100,147.	94,813.	5,330.	4.
14	Information technology	83,079.	78,657.	4,420.	2.
15	Royalties				
16	Occupancy	445,844.	369,387.	76,448.	<u>9.</u> 9.
17	Travel	1,391,224.	1,370,934.	20,281.	9.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	281,043.	266,567.	14,471.	5.
20	Interest	26,651.		26,651.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	440,261.	424,563.	15,687.	11.
23	Insurance	140,414.	5,940.	134,474.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O)	4 4 9 9 9 1 1 1			
а	PROG./PROJECT SUPPLIES	1,077,269.	1,077,269.		
b	MISCELLANEOUS	139,075.	31,743.	107,176.	156.
С	STAFF/CORPS MEMBER DEV.	61,793.	58,610.	3,182.	1.
d					
е	All other expenses	04 800 405			0.040
25	Total functional expenses. Add lines 1 through 24e	24,793,105.	23,057,334.	1,727,423.	8,348.
26	Joint costs. Complete this line only if the 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)				

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Form **990** (2018)

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Form 990 (2018)

CONSERVATION LEGACY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

CONSERVATION LEGACY

. a	ιΛ	Balance oncer					
		Check if Schedule O contains a response or not	te to any l ine	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,093,574.	1	2,097,445.
	2	Savings and temporary cash investments			103,021.	2	56,802.
	3	Pledges and grants receivable, net	987,089.	3	437,348.		
	4	Accounts receivable, net			3,734,110.	4	4,122,809.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied persons	(as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			126,123.	7	109,348.
As	8	Inventories for sale or use				8	
	9				154,923.	9	175,345.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,158,789.			
	b	Less: accumulated depreciation		1,557,386.	3,282,639.	10c	3,601,403.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			1,377,479.	12	1,358,435.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		r		14	
	15	Other assets. See Part IV, line 11			6,853.	15	4,543.
	16	Total assets. Add lines 1 through 15 (must equa			10,865,811.	16	11,963,478.
	17	Accounts payable and accrued expenses			921,995.	17	996,248.
	18	Grants payable				18	
	19	Deferred revenue			60,483.	19	119,775.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Ś	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
lide						22	
Ľ	23	Secured mortgages and notes payable to unrela		r	1,232,294.	23	1,161,249.
	24	Unsecured notes and loans payable to unrelated	•			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Schedule D			640,357.	25	854,731.
	26	Total liabilities. Add lines 17 through 25		r	2,855,129.	26	3,132,003.
		Organizations that follow SFAS 117 (ASC 958	3), check her	e 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 an					
S	27	Unrestricted net assets			7,907,407.	27	8,401,533.
alar	28				103,275.	28	429,942.
Ä	29	Permanently restricted net assets				29	
ŭ		Organizations that do not follow SFAS 117 (A					
г		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid in or capital surplus, or land, building, or ec		r		31	
άA	32	Retained earnings, endowment, accumulated in		r		32	
Ne	33	Total net assets or fund balances			8,010,682.	33	8,831,475.
	34	Total liabilities and net assets/fund balances			10,865,811.	34	11,963,478.

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Form 990 (2018)

Part X Balance Sheet Observation in the state of the

Form	990 (2018) CONSERVATION LEGACY	84-1	450808	Pag	_{ge} 12
Pa	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	25,613		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,793		
3	Revenue less expenses. Subtract line 2 from line 1	3	820		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,010	,68	<u>32.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	8,831	.,4'	<u>75.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····	····	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			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:				
	X 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				1
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	g l e Audit			1
	Act and OMB Circular A-133?		<u>3</u> a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

RV1

Name	of the	organization
------	--------	--------------

Nar	ne of t	the organization							identification number	
			ERVATION L		•				4-1450808	
	art I	Reason for Public (e instructions	S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck on l y	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 (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v) <u>.</u>			
7	Χ	An organization that norma	Ily receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C			•					
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college	
•		or university or a non-land-g								
		university:	,			,	,			
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	oort from o	contributio	ns members	hin fees an	d gross receipts from	
.0		activities related to its exem								
		income and unrelated busir		•					-	
		See section 509(a)(2). (Cor				sses acqui		janization a		
11		An organization organized a	• •	vely to test for public sat	faty Saa	section 5(10(2)(4)			
12	\square	An organization organized a			-			rny out the	nurnoses of one or	
12		more publicly supported or		-				-		
			-							
		lines 12a through 12d that								
а		Type I. A supporting orga	-			-				
		the supported organization			majority c	or the alrea	cors or truste	es or the st	ipporting	
		organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	orted	
		organization(s). You mus	-							
c	; [Type III functionally inte	•	·				lly integrate	d with,	
		its supported organization		-						
C		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	reness	
		_ requirement (see instructi								
e	•	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported c	organizations							
<u> </u>		vide the following information			(iv) In the error	nization listed		-		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)	
Tota	al									
		Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018	

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Schedule A (Form 990 or 990 EZ) 2018 CONSERVATION LEGACY 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 or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8399948.	11763811.	14098192.	18154009.	21707958.	74123918.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	8399948.	11763811.	14098192.	18154009.	21707958.	74123918.
	The portion of total contributions	00000101	11/050110	110901920	101010090		11209101
5	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)						F 4 4 0 0 0 4 0
	Public support. Subtract line 5 from line 4.						74123918.
	ction B. Total Support				1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	8399948.	11763811.	14098192.	18154009.	21707958.	74123918.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	-7,902.	278,812.	27,333.	29,687.	42,245.	370,175.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				996.		996.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	172,411.	78,292.	119,187.	68,375.	63,034.	501,299.
11	Total support. Add lines 7 through 10						74996388.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 17	,583,729.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stor	o here			-		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, co l umn (f) di	vided by line 11, c	olumn (f))		14	98.84 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	99.10 %
						ore, check this bo	x and
	16a 33 1/3% support test - 2018. 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 ▶ X						
b	33 1/3% support test - 2017. If the c		•				
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"				•	•	
h	10% -facts-and-circumstances test						
		•					
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organizatio		•				
0		and not oncort a		a, 100, 170, 01 171) or 990-F7) 2018

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 CONSERVATION LEGACY

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

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) 🕨 📘	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, 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 bus-						
in and under eaching 510						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
an ann an de al an ite le ale alf						
· · · · · · · · · · · · · · · · · · ·						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						1
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6			(0) == : =			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in 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 						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 	he organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t 						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here 						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public 	Support Per	centage				
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin 	Support Per e 8, column (f), d	centage livided by l ine 13,				
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 S 	Support Per e 8, column (f), d Schedule A, Part	r centage livided by line 13, III, line 15	column (f))		15	
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin 16 Public support percentage from 2017 S Section D. Computation of Invest 	Support Per e 8, column (f), d Schedule A, Part ment Income	centage livided by line 13, III, line 15 Percentage	column (f))		15	
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin 16 Public support percentage from 2017 S Section D. Computation of Invest 	Support Per e 8, column (f), d Schedule A, Part ment Income 8 (line 10c, colur	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by I	column (f))	·····	15 16	
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin 16 Public support percentage from 2017 Section D. Computation of Invest Investment income percentage for 2018 	Support Per e 8, column (f), d Schedule A, Part ment Income 8 (line 10c, colur D17 Schedule A,	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by I Part III, line 17	column (f))	·····	15 16 17 18	
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin Public support percentage from 2017 Section D. Computation of Invest Investment income percentage for 201 	Support Per e 8, column (f), d Schedule A, Part ment Income 8 (line 10c, colur D17 Schedule A, organization did r	rcentage livided by line 13, 4 III, line 15 Percentage mn (f), divided by I Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and line	9 15 is more than 3	15 16 17 18 33 1/3%, and line 1	17 is not
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin Public support percentage for 2017 Section D. Computation of Invest Investment income percentage for 201 	Support Per e 8, column (f), d Schedule A, Part ment Income 8 (line 10c, colur 017 Schedule A, organization did r I stop here. The	rcentage livided by line 13, lll, line 15 Percentage mn (f), divided by I Part III, line 17 not check the box organization qual	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organize	15 16 17 18 33 1/3%, and line 3 ation	17 is not
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Public support percentage for 2018 (lin Public support percentage for 2018 (lin Public support percentage for 2017 Section D. Computation of Investi Investment income percentage for 201 	Support Per e 8, column (f), d Schedule A, Part ment Income 8 (line 10c, colur 017 Schedule A, rganization did r I stop here. The rganization did r	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s i line 14 or line 19a	9 15 is more than 3 upported organiza 1, and line 16 is mo	15 16 17 18 33 1/3%, and line 3 ition ore than 33 1/3%,	17 is not
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public Public support percentage for 2018 (lin 16 Public support percentage from 2017 Section D. Computation of Invest Investment income percentage from 201 Investment income percentage from 201 Investment income percentage from 201 A sa 1/3% support tests - 2018. If the o more than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the o 	Support Per e 8, column (f), d Schedule A, Part ment Income 8 (line 10c, colur 017 Schedule A, rganization did r I stop here. The organization did r < this box and st	rcentage livided by line 13, III, line 15 Percentage mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s I line 14 or line 19a Inization qualifies a	9 15 is more than 3 upported organiza u, and line 16 is mo as a publicly suppo	15 16 17 18 33 1/3%, and line tition ore than 33 1/3%, orted organization	

Schedule A (Form 990 or 990 EZ) 2018 CONSERVATION LEGACY

1

2

За

Зb

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization (s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
<u>Sec</u>	supervised, or controlled the supporting organization.	2		
000			Yes	Nia
	Man a majority of the experimetical divertees of twettees device the territory also a majority of the divertees		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of 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			
800	the supported organization(s). Ition D. All Type III Supporting Organizations	1		
Sec			<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 (a) and (b) below.		Yes	No
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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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		
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	Type III Non-Functio			Organizations
Schedule A	(Form 990 or 990-EZ) 2018	CONSERVATION	LEGACY	

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectior	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 C	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
m	naintenance of property held for production of income (see instructions)	6		
7 C	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optiona l)
1 A	ggregate fair market value of all non-exempt-use assets (see			
ir	structions for short tax year or assets held for part of year):			
аA	verage monthly value of securities	1a		
bА	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
dΤ	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d	3		
	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
S	ee instructions)	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by .035	6		
	ecoveries of prior-year distributions	7		
8 N	linimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
	nter 85% of line 1	2		
3 M	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
	nter greater of line 2 or line 3	4		
	ncome tax imposed in prior year	5		
-	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		Type III supporting orga	nization (see

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

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18



Schedule A (Form 990 or 990 EZ) 2018 CONSERVATION LEGACY

	rt V Type III Non-Functionally Integrated 509		nizations (continued)	H IHJUUUU Page 7
Sect	ion D - Distributions		(00/10/1000)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18



Schedule A (Form 990 or 990 EZ) 2018 CONSERVATION LEGACY

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part V 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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER	
2014 AMOUNT: \$	8.
2015 AMOUNT: \$	15,963.
2016 AMOUNT: \$	39,775.
2017 AMOUNT: \$	14,375.
2018 AMOUNT: \$	9,034.
VEHICLES REC'D I	PROGRAM ACQUISITION
2014 AMOUNT: \$	116,544.
2015 AMOUNT: \$	0.
2016 AMOUNT: \$	0.
2017 AMOUNT: \$	0.
2018 AMOUNT: \$	0.
SIEC MANAGEMENT	FEE
2014 AMOUNT: \$	55,859.
2015 AMOUNT: \$	62,329.
2016 AMOUNT: \$	79,412.
2017 AMOUNT: \$	54,000.
2018 AMOUNT: \$	54,000.
832028 10-11-18	20 Schedule A (Form 990 or 990-EZ) 2018
401024 150872 CON	ISERVATION 2018.04030 CONSERVATION LEGACY

14401024 150872 CONSERVATION

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

84-1450808

CONSERVATION	LEGACY

Organization type (check of	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

For 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

X 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 or 990-EZ), 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 for an exclusively religious, charitable, etc., exclusively religious, exclusively religious,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

CONSERVATION LEGACY

14471024 150872 CONSERVATION

Employer identification number

Page 2

84-1450808

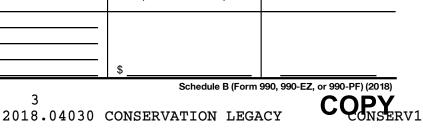
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>13,545,978.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>3,486,807.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>3,284,230.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$458,177.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-08		\$ \$ Schedule B (Form	Person Payroll Payroll Complete Part II for noncash contributions.)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

CONSERVATION LEGACY

14471024	150872	CONSERVATION
-		



(a)	Noncash Property (see instructions). Use duplicate copies of Pa		
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a)		(2)	
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
	8	\$	990, 990-EZ, or 990-PF) (2

Employer identification number

84-1450808

Page 4

me of organi	zation		Employer identification number
NSERVA	TION LEGACY		84-1450808
fro	om any one contributor. Complete columns (a) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less	The source of the second state of the second
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	_
	Transferee's name, address, a		Relationship of transferor to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I			
	Transforce's name address	(e) Transfer of gift	Polationship of transforor to transforoe
_	Transferee's name, address, a		Relationship of transferor to transferee
) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
454 11-08-18			Schedule B (Form 990, 990-EZ, or 990-PF) (2018
23454 11-08-18 1024 15	0872 CONSERVATION	4 2018.04030 CC	Schedule B (Form 990, 990-EZ, or 990-P DNSERVATION LEGACY

SCHEDULE	D
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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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 84-1450808

	CONSERVATION LEGACY	84-1450808
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(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 fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
_	impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, l ine 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation conservation contribution in the form of a conservation conse	
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
a	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
2	listed in the National Register	2d
3	vear	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ŭ	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	
-		<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation early a server the server of the ser	asements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	YesNo
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
	conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and k	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	N A
~	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under SEAS 116 (ASC 059) relating to these items:	provide
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	► ¢
a b	Revenue included on Form 990, Part VIII, line 1	
<u>a</u>	Assets included in Form 990, Part X	🚩 Ψ

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

14401024 150872 CONSERVATION



Sche	dule D (Form 990) 2018 CONSERV	ATION LEGACY			84-1	450808	Page 2
Par	t III Organizations Maintaining C	ollections of Art, His	torical Treasures	, or Other	Similar Asse	ets _{(continu}	ed)
3	Using the organization's acquisition, accessi	on, and other records, cheo	k any of the following	that are a sigr	nificant use of it	s collection it	ems
	(check all that apply):						
а	Public exhibition	d 🗌] Loan or exchange pr	ograms			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain how t	they further the organiz	zation's exemp	ot purpose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations of art, h	nistorical treasures, or	other simi l ar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of the orga	anization's collection?			Yes	No
Par	t IV Escrow and Custodial Arran	gements. Complete if th	ne organization answei	red "Yes" on F	orm 990, Part I	V, l ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermediary for	r contributions or othe	r assets not in	cluded		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 21, for	r escrow or custodial a	ccount liability	/?	Yes	No
_	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete	if the organization answere	d "Yes" on Form 990,	Part IV, line 10)		
		(a) Current year (b)	Prior year (c) Two	years back (d) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curr	rent year end balance (line ⁻	1g, column (a)) held as	:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment 🕨	%					
с	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organization th	at are he l d and admin	istered for the	organization	_	
	by:					\	es No
	(i) unrelated organizations					3a(i)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required on	Schedule R?			3b	
	Describe in Part XIII the intended uses of the		funds.				
Par	t VI Land, Buildings, and Equipm	ient.					
	Complete if the organization answere	d "Yes" on Form 990, Part	V, line 11a. See Form	990, Part X, I ii	ne 10.		
	Description of property	(a) Cost or other	(b) Cost or other	1	cumulated	(d) Book	value
		basis (investment)	basis (other)		reciation		
1a	Land		263,75				,758.
	Buildings		1,538,70		03,283.	1,335	
с	Leasehold improvements		110,64		25,476.		<u>,165.</u>
d	Equipment		3,195,28		18,549.	1,876	
	Other		50,392	2.	10,078.		,314.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part X. colu	mn (B). line 10c.)		►	3,601	,403.
					Sched	ule D (Form	990) 2018

832052 10-29-18



Schedule D (Form 990) 2018	CONSERVATION	LEGACY

Part VII 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	1,358,435.	COST
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,358,435.	
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 va l ue	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

Complete if the organization answered "Yes"	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 va l ue	(c) Method of valuation: Cost or end-of-year market value				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						

Total. (Col. (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 va l ue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

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) Desc	ription of liability	(b) Book value
(1) Federal income taxes		
(2) SECURITY DEPOS	SITS	2,400.
(3) CAPITAL LEASES	5 OBLIGATION	852,331.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form	900 Part X col (B) line 25)	854,731.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2018

832053 10-29-18



Sche	edule D (Form 990) 2018 CONSERVATION LEGACY			84-	1450808 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	turn.	
	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	25,653,990.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	15,591.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	24,501.		
е	Add lines 2a through 2d			2e	40,092.
3	Subtract line 2e from line 1			3	25,613,898.
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.)	4b			
с	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	25,613,898.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	24,833,197.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	15,591.		
b	Prior year adjustments	2b		4	
с	Other losses			4	
d	Other (Describe in Part XIII.)	2d	24,501.		
е	Add lines 2a through 2d			2e	40,092.
3	Subtract line 2e from line 1			3	24,793,105.
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.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	24,793,105.
	rt XIII Supplemental Information				
-		N / P			

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

PART X, LINE 2:

CONSERVATION LEGACY HAS EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE

YEAR ENDED DECEMBER 31, 2018, AND DETERMINED THAT THERE WERE NO MATTERS

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY

HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

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832054 10-29-18



24,501.

24,501.

	Schedule D (Form 990) 2018
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Co to www.irs.gowr ormsso for the latest mormation.

Employer identification number 84-1450808

OMB No. 1545-0047

Open to Public

Inspection

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVEMENT OF 29,276 ACRES OF LAND AND CREATION OR MAINTENANCE OF 953

MILES OF TRAIL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONSERVATION LEGACY

SOUTHEAST CONSERVATION CORPS - SOUTHEAST CONSERVATION CORPS (SECC)

OPERATES CONSERVATION SERVICE PROGRAMS THROUGHOUT THE SOUTHEASTERN US

TO MEET THE NEEDS OF THE NATURAL LANDSCAPES WHILE EMPOWERING PEOPLE TO

CULTIVATE COMPASSION, RESPONSIBILITY, AND GRIT THROUGH COMMUNITY

SERVICE, AND ENVIRONMENTAL STEWARDSHIP. IN 2018, SECC COMPLETED 48,000

HOURS OF SERVICE, IMPROVED 6,258 ACRES OF LAND, AND MAINTAINED OR

CREATED 74 MILES OF TRAIL.

EXPENSES \$ 735,203. INCLUDING GRANTS OF \$ 0. REVENUE \$ 223,070.

APPALACHIAN CONSERVATION CORPS - APPALACHIAN CONSERVATION CORPS (ACC)

OPERATES CONSERVATION SERVICE PROGRAMS IN THE MID-ATLANTIC AND

APPALACHIA REGIONS TO ENGAGE LOCAL YOUNG AND YOUNG ADULTS IN MEANINGFUL

OPPORTUNITIES TO WORK AND SERVE ON PUBLIC LANDS WHILE PROVIDING

OPPORTUNITIES FOR PERSONAL AND PROFESSIONAL GROWTH. IN 2018, ACC

COMPLETED 24,000 HOURS OF SERVICE, IMPROVED 326 ACRES OF LAND, AND

MAINTAINED OR CREATED 179 MILES OF TRAIL.

EXPENSES \$ 482,892. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,371.

PRESERVE AMERICA YOUTH SUMMIT - CONSERVATION LEGACY PRESENTED THREE

PRESERVE AMERICA YOUTH SUMMITS ENGAGING OVER 60 HIGH SCHOOL STUDENTS

AND TEACHERS IN PROGRAMS TO ADVANCE YOUTH ENGAGEMENT IN SERVICE

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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Name of the organization	Employer identification number
CONSERVATION LEGACY	84-1450808
STEWARDSHIP CONSERVATION AND HISTORIC PRESERVATION. DURING	MULTI-DAY
SUMMITS, YOUTH PARTICIPATED IN STRUCTURED EDUCATION AND SE	RVICE
ACTIVITIES WHICH CULMINATED WITH A PRESENTATION OF THEIR U	NFILTERED
IDEAS AND YOUTH PERSPECTIVE TO NATIONAL PARK SERVICE AND C	OMMUNITY
LEADERS.	
EXPENSES \$ 77,623. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FEDERAL FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AS WELL AS OUR FINANCE COMMITTEE BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT IN ACCORDANCE WITH THE ORGANIZATIONAL BY-LAWS. IN ADDITION, THE BOARD OF DIRECTORS ASKS FOR DISCLOSURE OF CONFLICTS OF INTEREST FOR ANY AGENDA ITEMS AT THE BEGINNING OF EACH BOARD MEETING. STAFF MEMBERS FOLLOW A SIMILAR PROCESS BY SIGNING THE SAME CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICT OF INTEREST IS BROUGHT TO THE ATTENTION OF THE SENIOR TEAM AND ASSESSED FOR DEGREE. IF THE BOARD OF DIRECTORS DETERMINES THAT A BOARD MEMBER HAS FAILED TO DISCLOSE ANY CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION, WHICH MAY INCLUDE REMOVING THE BOARD MEMBER FROM THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS AND APPROVES ANNUAL SALARIES OF THE CEO WITH NO PARTICIPATION BY THE CEO OR OTHER INTERESTED PERSONS. CEO AND SENIOR STAFF SALARIES ARE DETERMINED BY REVIEW OF RELEVANT SALARY SURVEYS (CO 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 31



Name of the organization

NONPROFIT ASSOCIATION, INDUSTRY 990 INFORMATION, JOB POSTINGS OF SIMILAR

POSITIONS), AND THE DECISIONS REACHED BY THE BOARD OF DIRECTORS ARE

DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

REQUESTS FOR THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE CONSIDERED ON A CASE-BY-CASE BASIS.

Schedule O (Form 990 or 990-EZ) (2018)

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