** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

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.

Open to Public

A F	or the	2021 calendar year, or tax year beginning	and	l ending				
B c	heck if pplicable	C Name of organization			D Employer identifi	cation number		
	Addres	S CONSERVATION LEGACY						
	Name change	5			84-14508	08		
	Initial return	Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephone numbe			
	Final return/	701 CAMINO DEL RIO	,	101	(970) 403-1149			
	termin- ated	City or town, state or province, country, and ZIP	or foreign postal code	•	G Gross receipts \$	35,481,154.		
	Amend return				H(a) Is this a group re			
	Application	F Name and address of principal officer: AMY	SOVOCOOL		for subordinates			
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No		
<u>I I</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ()◀	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
		e: > WWW.CONSERVATIONLEGACY.O	RG		H(c) Group exemption			
		organization: X Corporation Trust Assoc	ciation Other ►	L Year	of formation: 1998 n	M State of legal domicile: CO		
Pa	rt I	Summary						
σ.	1 1	Briefly describe the organization's mission or most sig	nificant activities: CONS	ERVATI	ON LEGACY E	NGAGES		
ũ	:	FUTURE LEADERS WHO PROTECT,	RESTORE, AND	ENHANC	CE OUR NATIO	N'S LANDS		
Activities & Governance	2 (Check this box 🕨 🔛 if the organization discontin	ued its operations or dispo	sed of more	than 25% of its net ass			
ŏ	l	Number of voting members of the governing body (Pa			3	11		
ص ھ	ı	Number of independent voting members of the govern				11		
es		Γotal number of individuals employed in calendar year				2047		
ĭ₹		Fotal number of volunteers (estimate if necessary) \dots				25042		
Act		Total unrelated business revenue from Part VIII, colum				4,300.		
	b	Net unrelated business taxable income from Form 990	D-T, Part I, line 11	·····		1,550.		
					Prior Year	Current Year		
ne	l				23,184,449.	30,889,803.		
en.	l				74,576.	217,290.		
Revenue	ı	nvestment income (Part VIII, column (A), lines 3, 4, an			86,211.	136,820.		
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			26,319,010.	35,042,031.		
		Fotal revenue - add lines 8 through 11 (must equal Par			0.	0.		
	l	Grants and similar amounts paid (Part IX, column (A),			0.	0.		
	l	Benefits paid to or for members (Part IX, column (A), li			21,826,866.	26,402,892.		
ses	15	Salaries, other compensation, employee benefits (Part			0.	0.		
Expenses	10a i	Professional fundraising fees (Part IX, column (A), line Fotal fundraising expenses (Part IX, column (D), line 25	11e)	26	<u>U•</u>	0.		
ᄍ	17 (Ottal fundraising expenses (Part IX, column (D), line 28 Other expenses (Part IX, column (A), lines 11a-11d, 11			5,053,488.	6,764,130.		
	'' '	Fortal expenses (Part IX, Column (A), lines Tra-Trd, Tr Fortal expenses. Add lines 13-17 (must equal Part IX, c			26,880,354.	33,167,022.		
		Revenue less expenses. Subtract line 18 from line 12			-561,344.			
-Se	19	Toveride less expenses. Oubtract line 10 HOM line 12		Ra	ginning of Current Year	End of Year		
ets c	20	Fotal assets (Part X, line 16)			14,995,097.	15,495,354.		
ASSE	21				6,372,049.	4,997,297.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line			8,623,048.	10,498,057.		
Pa	rt II	Signature Block						
		ties of perjury, I declare that I have examined this return, inc	luding accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	correct	, and complete. Declaration of preparer (other than officer) is	s based on all information of w	hich preparer	has any knowledge.			
		\						
Sigi	ո	Signature of officer			Date			
Her	e	ASHLEY HANSEN, TREASURER						
		Type or print name and title						
			eparer's signature	1	Date Check C	PTIN		
Paid			RANK H. SMITH	1	1/01/22 self-employ			
Prep	1	Firm's name MARCUM LLP			Firm's EIN ▶	11-1986323		
Use	Only	Firm's address 1899 L STREET, NW,			, ,	00) 005 4005		
		WASHINGTON, DC 200			Phone no. (2			
May	the IR	S discuss this return with the preparer shown above?	See instructions			X Yes No		

Form	990 (2021) CONSERVATION LEGACY	84-1450808	Page 2
Par	t III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
•	CONSERVATION LEGACY ENGAGES FUTURE LEADERS WHO PROTECT,	RESTORE. AND	
	ENHANCE OUR NATION'S LANDS THROUGH COMMUNITY-BASED SERVI		
	EMMINOL CON MILION & DIMOD TIMOCOM COMMONTH PROBLET BUILT		
	IN 2021, CONSERVATION LEGACY ENGAGED 2,184 PARTICIPANTS	WHO COMPLETE	D
	Did the organization undertake any significant program services during the year which were not listed on the	WIIO COMITBELL	
2			X No
	prior Form 990 or 990-EZ?	L Yes	L∆ 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?	Yes	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$9 , 820 , 134 . including grants of \$) (Reve		<u>722.</u>)
	STEWARDS INDIVIDUAL PLACEMENTS - STEWARDS INDIVIDUAL PLA		AM
	PROVIDES INDIVIDUALS WITH SERVICE AND CAREER OPPORTUNITI		
	STRENGTHEN COMMUNITIES AND PRESERVE OUR NATURAL RESOURCE		
	WORK WITH FEDERAL AGENCIES, TRIBAL GOVERNMENTS, AND NONE	PROFITS BUILD	ING
	INSTITUTIONAL CAPACITY, DEVELOPING COMMUNITY RELATIONSHI	IPS, AND	
	SUPPORTING ECOSYSTEM HEALTH. IN 2021, THE STEWARDS PROGE	RAM COMPLETED	
	565,982 HOURS OF SERVICE, IMPROVED 91,824 ACRES OF LAND,	,	
	MAPPED/SURVEYED 416,314 ACRES OF LAND AND COLLECTED 686		LES
	IN SUPPORT OF LAND AND WATER MANAGEMENT NEEDS.		
4b	(Code:) (Expenses \$ 7,225,371. including grants of \$) (Reve	nue \$ 1,072,	018.
710	SOUTHWEST CONSERVATION CORPS (SCC) OPERATES CONSERVATION		<u> </u>
	PROGRAMS ACROSS SOUTHERN COLORADO AND NORTHERN NEW MEXIC		E
	YOUTH, YOUNG ADULTS AND VETERANS ON PUBLIC LANDS. SCC WO		
	INCLUSIVE OPPORTUNITIES AND COLLABORATIVE PARTNERSHIPS F		
	GROWTH THROUGH DEVELOPMENT OF KNOWLEDGE, LEADERSHIP, AND		
	TOWARDS OUR LANDS AND COMMUNITIES. IN 2021, SCC COMPLET		
	HOURS OF SERVICE, IMPROVED 6,601 ACRES OF LAND, 133,371		
	MAPPED/SURVEYED AND 544 MILES OF TRAIL WERE MAINTAINED/C	CONSTRUCTED.	
	4 200 565	000	0.50
4c	(Code:) (Expenses \$ 4,200,565. including grants of \$) (Reve		<u>950.</u>
	ARIZONA CONSERVATION CORPS (AZCC) OPERATES PROGRAMS ACRO		
	ENGAGING INDIVIDUALS AND STRENGTHENING COMMUNITIES THROU		עע
	CONSERVATION. AZCC IS FOCUSED ON CONNECTING YOUTH, YOUNG		
	RECENT ERA MILITARY VETERANS WITH CONSERVATION SERVICE W		ON
	PUBLIC LANDS. IN 2021, AZCC COMPLETED 162,081 HOURS OF S		
	IMPROVED 6,876 ACRES OF LAND AND MAINTAINED OR CREATED 6	46 MILES OF	
	TRAIL.		
			_
4d	Other program services (Describe on Schedule O.)		
-		235,428.)	
4e	Total program service expenses ► 30,155,262.	· ,	

10151101 150872 192288

Form 990 (2021) CONSERVATION LEGACY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			X
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7.7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		<u> </u>
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	X	
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	X	
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	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,			† <u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		† <u></u>
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ °		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_ v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

132003 12-09-21

Form 990 (2021) CONSERVATION LEGACY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
٠.	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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			
J	(gambling) winnings to prize winners?	1c	Х	
132004	¥ 12-09-21			(2021)

CONSERVATION LEGACY 84-1450808 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2047 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O Х 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 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 X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

> Form **990** (2021) 192288_1

If "Yes," complete Form 6069.

CONSERVATION LEGACY 84-1450808 Form 990 (2021) 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AZ, NM, NC, TN, WV, VA, CO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2021)

CO

81301

State the name, address, and telephone number of the person who possesses the organization's books and records

101. DURANGO.

ANDREA MOSHER - (970) 403-1149

701 CAMINO DEL RIO,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and title	(B) Average hours per	box,	not c	Posi heck i ss per	ition more rson is	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ROBERT SPATH UNTIL 09/2021	40.00			77				170 070	0	15 200
CHIEF EXECUTIVE OFFICER	40.00			Х				179,279.	0.	15,322.
(2) AMY SOVOCOOL	40.00			х				144 544	0	4 570
CHIEF OPERATIONS OFFICER (3) PAUL SCHMIDT	40.00			Λ				144,544.	0.	4,579.
WESTERN EXECUTIVE DIRECTOR	40.00			Х				104,058.	0.	7,186.
(4) GAIL LOVELAND BARILLE	40.00			Δ				104,030.	0.	7,100.
EASTERN EXECUTIVE DIRECTOR	40.00			Х				94,205.	0.	12,310.
(6) ELWOOD YORK	2.00							74,203.	0.	12,510.
CHAIR UNTIL 11/21	2.00	х		х				0.	0.	0.
(7) BUTCH BLAZER	2.00							•		
INTERIM CHAIR		х		х				0.	0.	0.
(8) ASHLEY HANSEN	2.00								•	•
TREASURER		х		х				0.	0.	0.
(9) DR. BENJAMIN TUGGLE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) ROBERT BURKHARDT	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CJ GOULDING	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JONATHAN HALL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) WAYNE HUBBARD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DAVID MURAKI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) LISA NORBY	1.00									
DIRECTOR		Х						0.	0.	0.
(16) LORETTA PINEDA	1.00								_	_
DIRECTOR		Х					_	0.	0.	0.
(18) KAREN RUDOLPH	1.00									_
DIRECTOR		Х				_		0.	0.	0.
(19) STEPHANIE WU	1.00								_	_
DIRECTOR UNTIL 07/21		X						0.	0.	0 . Form 990 (2021)

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title Average Position (do not check more than one							Reportable	Reportable	.	Es	timate	ed	
		hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	n	am	ount	of
		week (list any		cer ar	nd a d	irecto	or/trus	tee)	from	from related	j		other	
				the	organization			pensa						
		hours for	or dir	9			ated		organization	(W-2/1099-MIS	- 1		om th	
	related \$\frac{1}{29} \ \frac{1}{25} \ \ \ \ \ \ \ \ \ \ \ \ \											•	anizat	
													d relat Inizati	
		line)	divid	stitut	Officer	ey em	ighes	оше				orga	ııızatı	0115
		· ·	=	=	0	~	工业	-			- 			
1b	Subtotal	•						<u> </u>	522,086.		0.	39	9,3	97.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							•	522,086.		0.	3 9	9,3	97.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization						•		·	·				3
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	Iplete Schedule	J fo	or su	ıch ı	oers	on .					5		X
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	•	•							•	oensati	on fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address							(B) Description of s	ervices	Co	(C mper		n
RO	Name and business address Description of services Compensation ROCKY MOUNTAIN YOUTH CORPS, 991 CAPTAIN CONSERVATION												•	
	CK DRIVE, STEAMBOAT SPR	-						- 1	SERIVCES			190	0,8	53.
===	on one of the original of the			5 0	<i>I</i>	<u>, </u>		\dashv				<u> </u>	,, 0	<u> </u>

JACK DRIVE, STEAMBOAT SPRINGS, CO 80477 SERIVCES 190,853.

IDEALIST CONSULTING
4076 N MISSISSIPPI AVE, PORTLAND, OR 97227 CONSULTING SERVICES 117,115.

GEOLOGICAL SOCIETY OF AMERICA
PO BOX 9140 , BOULDER, CO 80301 SERIVCES 105,120.

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

84-1450808

Form 990 (2021) CONSERVATION LEGACY
Part VIII Statement of Revenue

1 a Federated campaigns				e in this Part VIII	or note to any line	a response o	ontains a	nedule O d	Check if Schedu		
Total Auditines 1a-1f Total Add lines 1a-1f Total Add lines 2a-2f Tota				(A)							
Taliforn	1	l		Total revenue							
Book	sections 512 - 514	business revenue	lunction revenue								
Book					4,478.	1a		aigns	Federated campaign	1 a	sς
Business Code 900099 3,798,118. 3,798,118.					,						ant
Business Code 900099 3,798,118. 3,798,118.											တ် မြ
Business Code 900099 3,798,118. 3,798,118.											fts, r A
Business Code 900099 3,798,118. 3,798,118.					27 967 337.						ig ig
Business Code 900099 3,798,118. 3,798,118.					27,507,007.						Sin
Business Code 900099 3,798,118. 3,798,118.					2 917 988	1 1				•	e E
Business Code 900099 3,798,118. 3,798,118.										_	ē
Business Code 900099 3,798,118. 3,798,118.				30 000 003	14,570.	19 \$				•	
2 a CONTRACTS 900099 3,798,118. 3,798,118.				30,003,003.	Business Code			1a-11	Total. Add lines 1a-1	n	O a
b c d d			2 700 110	2 700 110					GONTED A CITE	_	
g Total. Add lines 2a·2f			3,790,110.	3,790,110.	900099				-	_	<u>8</u>
g Total. Add lines 2a·2f										b	er Pe
g Total. Add lines 2a·2f										С	n S
g Total. Add lines 2a·2f										d	<u>ra</u>
g Total. Add lines 2a·2f											5
Solution											۵
Other similar amounts) ★ 4,108. 4,108. 4,108. 4 Income from investment of tax-exempt bond proceeds ★ 5 Royalties ★ 6 10) Personal 6 6 39,412. 6 6 21,377. 6 6 18,035. 4,300. 13,735. <t< th=""><th></th><th></th><th></th><th>3,798,118.</th><th></th><th></th><th></th><th></th><th></th><th>g</th><th>\rightarrow</th></t<>				3,798,118.						g	\rightarrow
A Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a 39,412. 6b 21,377. 6c 18,035. d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gain or (loss) 7 a Gross income from fundraising events (not including \$										3	
The image of the	4,108.			4,108.	i i						
(i) Real (ii) Personal					roceeds 🕨	mpt bond pi	tax-exer	estment o	Income from investm	4	
6 a Gross rents 6 39,412. b Less: rental expenses 6 21,377. c Rental income or (loss) 6 18,035. d Net rental income or (loss) 5 18,035. 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 5 417,746. c Gain or (loss) 7 7 7 213,182. d Net gain or (loss) 7 7 213,182. 8 a Gross income from fundraising events (not including \$					>				Royalties	5	
b Less: rental expenses 6b 21,377. c Rental income or (loss) 6c 18,035. d Net rental income or (loss) 18,035. 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 417,746. c Gain or (loss) 7c 213,182. d Net gain or (loss) 213,182. 8 a Gross income from fundraising events (not including \$					(ii) Personal	(i) Real					
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 417,746. C Gain or (loss) 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of						39,412.	6a		Gross rents	6 a	
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 417,746. C Gain or (loss) 7 d Vertagain or (loss) 8 a Gross income from fundraising events (not including \$						21,377.	6b	enses	Less: rental expense	b	
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses						18,035.	6с	r (loss)	Rental income or (los	С	
assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	13,735.	4,300.		18,035.	>			ne or (loss)	Net rental income or	d	
b Less: cost or other basis and sales expenses					(ii) Other	Securities	(i) S	n sales of	Gross amount from sal	7 a	
and sales expenses					630,928.		7a	inventory	assets other than inven		
c Gain or (loss) 7c 213,182. d Net gain or (loss) 213,182. 8 a Gross income from fundraising events (not including \$ of of								er basis	Less: cost or other bas	b	
of Including \$ of					417,746.		7b	S	and sales expenses		ē
of Including \$ of					213,182.					С	ē
of Including \$ of	213,182.			213,182.							Ş
of Including \$ of											ē
						·	-				퉏
contributions reported on line 1c). See						- See					
Part IV, line 18							-		•		
b Less: direct expenses 8b										b	
c Net income or (loss) from fundraising events					>						
9 a Gross income from gaming activities. See											
Part IV, line 19											
b Less: direct expenses 9b										b	
c Net income or (loss) from gaming activities					•				· · · · · · · · · · · · · · · · · · ·		
10 a Gross sales of inventory, less returns											
and allowances10a								-			
b Less: cost of goods sold 10b										h	
c Net income or (loss) from sales of inventory											
Business Code					Business Code		OI II	200/ 110111	. 100 111001110 01 (1033)		\dashv
	66,304.			66 304					OTHER	11 a	Sn
b SIEC MANAGEMENT FEES 900099 55,418. 55,418	55,418.							ENT FEES			neo We
The state of the s											ila Ven
d All other revenue 900099 -37,88437,884		l l			300033					C	Ψ d1
e Total. Add lines 11a-11d 118,785.	34,947.				900099					ч	Sc
12 Total revenue. See instructions 35,042,031. 3,798,118. 4,300. 349,810				-37,884. 118,785.	900099			э	All other revenue		Miscellaneous Revenue

132009 12-09-21

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) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 561,233. 305,248. 253,924. 2,061. persons described in section 4958(c)(3)(B) 22,157,218. 20,761,274. 1,336,696. 59,248. Other salaries and wages 7 Pension plan accruals and contributions (include 57,085. 55,720. 1,140. 225. section 401(k) and 403(b) employer contributions) 1,814,312. 164,356. 1,642,687. 7,269. Other employee benefits 9 813,044. 1,631,934. 173,918. 7,192. 10 Payroll taxes 11 Fees for services (nonemployees): Management 29,278. 47,915. 13,971. 4,666. Legal 45,179.45.179. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,436,310. 1,095,355. 167,644. 173,311. column (A), amount, list line 11g expenses on Sch O.) 21,000. 6,123. 12,832. 2,045. Advertising and promotion 12 141,665. 128,515. 12,604. 546. Office expenses 13 224,484. 203,647. 19,973. 864. Information technology 14 15 Royalties 413,878. 471,038. 55,955. 1,205. 16 Occupancy 016,593. 1,000,358. 15,627. 608. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 111,179. $34,\overline{590}$ 147,115. 1,346. Conferences, conventions, and meetings 19 65,018. 65,018. 20 Payments to affiliates 21 536,955. 505,913. 29,569. 1.473. Depreciation, depletion, and amortization 22 203,844. 8,520. 195,299. 25. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,372,026. 1,372,026. PROG./PROJECT SUPPLIES 917,666. STAFF/CORPS MEMBER DEV. 864,705. 50,977. 1,984. 23,666. 81,164. 49,594. 7,904. MISCELLANEOUS 22,094. d DUES AND SUBSCRIPTIONS 36,158. 10,543. 3,521. e All other expenses 33,167,022. 30,155,262. 2,741,934. 269,826. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,588,631.	1	3,003,113.
	2	Savings and temporary cash investments			106,605.	2	107,380.
	3	Pledges and grants receivable, net			2,803,974.	3	972,249.
	4	Accounts receivable, net			866,333.	4	4,237,342
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualit	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			263,723.	9	300,925
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,827,385.			
	b	Less: accumulated depreciation	10b	2,304,352.	5,071,043.	10c	5,523,033
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1,283,386.	12	1,245,502		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	10-010		
	15	Other assets. See Part IV, line 11	11,402.	15	105,810		
	16	Total assets. Add lines 1 through 15 (must equa			14,995,097.	16	15,495,354
	17	Accounts payable and accrued expenses			905,438.	17	1,299,208
	18	Grants payable	C10 414	18	462.000		
	19	Deferred revenue	618,414.	19	463,802		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Liak	00	controlled entity or family member of any of thes	-		1,007,476.	22	924,185
_	23	Secured mortgages and notes payable to unrela		·	1,915,800.	23 24	290,613
	24	Unsecured notes and loans payable to unrelated	-		1,913,000.	24	290,013
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D		·	1,924,921.	25	2,019,489.
	26	Total liabilities. Add lines 17 through 25			6,372,049.	26	4,997,297
	20	Organizations that follow FASB ASC 958, che			0/3/2/0131	20	1/33//23/
es		and complete lines 27, 28, 32, and 33.	OK HOL				
ů.	27	Net assets without donor restrictions			7,897,648.	27	9,479,217
3ala	28	Net assets with donor restrictions	725,400.	28	1,018,840.		
<u>ة</u>		Organizations that do not follow FASB ASC 9					, , , , , , , , , , , , , , , , , , , ,
ᆵ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,623,048.	32	10,498,057.
_	33	Total liabilities and net assets/fund balances			14,995,097.	33	15,495,354.

Pa	T 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			2,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,	16'	7,0	<u> 22.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	87	5,0	<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	62	3,0	<u>48.</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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10,	498	3,0	57.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	ı
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				
	Act and OMB Circular A-133?			За	Х	ı
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	
	-			Form	990 ((2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021
Open to Public

Inspection
Employer identification number

CONSERVATION LEGACY 84-1450808 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sect	tion A. Public Support		·	,			
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	.,	, ,	, ,		, ,	.,
	nembership fees received. (Do not						
		18154009.	21707958.	23568631.	23184449.	30889803.	117504850
2	Fax revenues levied for the organ-						
	zation's benefit and either paid to						
(or expended on its behalf						
	The value of services or facilities						
1	furnished by a governmental unit to						
	the organization without charge						
4 -	Fotal. Add lines 1 through 3	18154009.	21707958.	23568631.	23184449.	30889803.	117504850
	The portion of total contributions						
	by each person (other than a						
Ç	governmental unit or publicly						
	supported organization) included						
(on line 1 that exceeds 2% of the						
á	amount shown on line 11,						
(column (f)						
6 I	Public support. Subtract line 5 from line 4.						117504850
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 /	Amounts from line 4	18154009.	21707958.	23568631.	23184449.	30889803.	117504850
8 (Gross income from interest,						
(dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,687.	42,245.	52,981.	45,846.	39,220.	209,979.
9 1	Net income from unrelated business						
á	activities, whether or not the						
	ousiness is regularly carried on	996.			1,573.	2,550.	5,119.
10 (Other income. Do not include gain						
(or loss from the sale of capital						
á	assets (Explain in Part VI.)	68,375.	63,034.	77,492.	70,993.	121,722.	
11	Fotal support. Add lines 7 through 10						118121564
12 (Gross receipts from related activities,	etc. (see instruction	ons)			12 18	,617,957.
13 I	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
(organization, check this box and stop	here					>
Sect	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	99.48 %
15 I	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.41 %
16a 3	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	
:	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
	33 1/3% support test - 2020. If the o	-					
á	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a '	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
á	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
1	neets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization		
b ·	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
1	more, and if the organization meets th	ne facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
(organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18 I	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

Schedule A (Form 990) 2021

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

(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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

V-- N-

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

	162	140
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
00		
9c		
10a		
10b		

132024 01-04-21 Schedule A (Form 990) 2021

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported 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			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, 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			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.	Bb		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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) 2021

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER	
2017 AMOUNT: \$ 14,375.	
2018 AMOUNT: \$ 9,034.	
2019 AMOUNT: \$ 23,492.	
2020 AMOUNT: \$ 16,993.	
2021 AMOUNT: \$ 66,304.	
SIEC MANAGEMENT FEE	
2017 AMOUNT: \$ 54,000.	
2018 AMOUNT: \$ 54,000.	
2019 AMOUNT: \$ 54,000.	
2020 AMOUNT: \$ 54,000.	
2021 AMOUNT: \$ 55,418.	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification numb		
CONSERVATION LEGACY	84-1450808		

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CONSERVATION LEGACY

84-1450808

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>11,359,792.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 5,382,559.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 3,949,835.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 1,537,697.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 982,087.	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
6		\$851,996.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CONSERVATION LEGACY

84-1450808

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 772,277.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

CONSERVATION LEGACY

84-1450808

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from 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) No. from 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) No. from 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
123/153 11-11	21	<u> </u>	Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** CONSERVATION LEGACY 84-1450808 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021) 123454 11-11-21

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

CONSERVATION LEGACY 84-1450808 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Га	organizations waintaining bollor Advise		Complete it tile
		(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 advise	ed funds
	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 a	advisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
Pa	rt II Conservation Easements. Complete if the organization	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			a contract of the contract of
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b			L 4
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	Other	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sigi	nificant u	se of its		-	
	collection items (check all that apply):										
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	ım					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	iary for o	contributions	s or other ass	ets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial accoı	unt liability	·?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two year	s back (d	1) Three y	ears back	(e) Four	years	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	e (line 1g	j, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3а	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	organiza	tion	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment f	unds.							
Fai			Dort IV	lina 11a C	Farm 000	Dort V III	. 10				
	Complete if the organization answere				T						
	Description of property	(a) Cost or o			or other (other)		cumulate eciation	d	(d) Boo	k valu	е
		,	nent)		· · · · · ·	чері	eciation		26	2 7	<u> </u>
_	Land				3,758.	າ .	60 50	2 2	$\frac{26}{1,21}$		58.
b	Buildings				7,284.		60,58 87,04			_	
C	Leasehold improvements	I			9,655.		01,77		3,87	2,6	
	Equipment	I			8,676. 8,012.					3,0	
	Other 1. Add lines 1a through 1e. (Column (d) must e		· ·				54,95		5,52		
ıvta	i. Augumes la miloudii Te. /Column (d) must e	augi Form 990 Part	x COLLIN	ın ıkı lına 1	ucı				J , J 4 .	U	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CONSERVATION	LEGACY	84-	-1450808 Page
Part VII Investments - Other Securities.	- F 000 Dt IV I' 4	dh Oan Farra 000 Bart V Bar 10	
Complete if the organization answered "Yes" or			-6
(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	1 045 500		
2) Closely held equity interests	1,245,502.	COST	
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,245,502.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" or	n Form 990, Part IV. line 1	1e or 11f, See Form 990. Part X. line 25.	
(a) Description of lightlife.	, , a , , , , , , , , , , , , , , ,	222 2 223, 2 2, 25	(b) Book value
•			(a) Book value
(1) Federal income taxes			2 40
(2) SECURITY DEPOSITS			2,400

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	2,400.
(3)	CAPITAL LEASES OBLIGATION	2,017,089.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,019,489.

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

Schedule D (Form 990) 2021

	CONCEDIATION LEGACY			0.4	1 4 5 0 0 0 0	_		
	edule D (Form 990) 2021 CONSERVATION LEGACY rt XI Reconciliation of Revenue per Audited Financial Statemen	to Mith	Dovonuo nor Do		1450808	Page		
rai	·	ito with	nevellue pei ne	turri.				
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	35,196,	505		
1				1	33,190,	333		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ہے ا						
a	• • • • • • • • • • • • • • • • • • • •	2a	122 107	-				
b		2b	133,187.	-				
С	1 , 3	2c	01 277	-				
d	, , , , , , , , , , , , , , , , , , , ,	2d	21,377.		154	F C 4		
е	Add lines 2a through 2d			2e	154,	564		
3	Subtract line 2e from line 1			3	35,042,	03I		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1						
а	, , , , , , , , , , , , , , , , , , , ,			_				
b	Other (Describe in Part XIII.)	4b				•		
С				4c	25 242	0		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	35,042,	031		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Witi	n Expenses per H	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	33,321,	586		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	133,187.					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d	21,377.					
е	Add lines 2a through 2d			2e	154,	564		
3	Subtract line 2e from line 1			3	33,167,	022		
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	33,167,	022		
Pa	rt XIII Supplemental Information.							
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V, 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 addit	ional infor	mation.					
PAF	RT X, LINE 2:							
COI	NSERVATION LEGACY HAS EVALUATED ITS UNCERTA	INTY	IN INCOME T	AXE	S FOR TH	E		
YEAR ENDED DECEMBER 31, 2021, 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.								
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:							
	, ,							
RENTAL EXPENSES 21,377.								
ם א ב	סיי אדד ז.דאים ארים אריבונה אריבונה אבאיה.							

Schedule D (Form 990) 2021

21,377.

RENTAL EXPENSES

Schedule D (Form 990) 2021 Part XIII Supplemental Inform	CONSERVATION	LEGACY	84-1450808	Page 5
Part XIII Supplemental Inform	nation (continued)			

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

ZUZ I

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

CONSERVATION LEGACY

 $Employer\ identification\ number \\ 84-1450808$

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:	_		37			
a	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X			
С	c Participate in or receive payment from an equity-based compensation arrangement?						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
•	contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdov) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT SPATH UNTIL 09/2021	(i)	179,029.	0.	250.	3,983.	11,339.	194,601.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)					l		

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

CONSERVATION LEGACY

Employer identification number 84-1450808

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH COMMUNITY-BASED SERVICE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OVER 1.1 MILLION SERVICE HOURS ON PUBLIC LAND AND IN COMMUNITIES NATIONWIDE. PARTICIPANTS ENGAGED IN EDUCATION, TRAINING AND WORKFORCE PROJECTS HIGHLIGHTS INCLUDE THE IMPROVEMENT OF 105,301 DEVELOPMENT. ACRES OF LAND, CONSTRUCTION AND MAINTENANCE OF 890 MILES OF TRAILS, AND 669,303 ACRES MAPPED/SURVEYED. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ANCESTRAL LANDS EXPENSES \$ 3,065,886. REVENUE \$ 494,162. INCLUDING GRANTS OF \$ 0. NEW MEXICO CONSERVATION CORPS EXPENSES \$ 1,824,498. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,365. APPALACHIAN CONSERVATION CORPS EXPENSES \$ 1,513,332. INCLUDING GRANTS OF \$ 0. REVENUE \$ 438,947. NORTH CAROLINA CONSERVATION CORPS EXPENSES \$ 1,226,175. INCLUDING GRANTS OF \$ 0. REVENUE \$ 215,534. SOUTHEAST CONSERVATION CORPS EXPENSES \$ 1,224,089. INCLUDING GRANTS OF \$ 0. REVENUE \$ 74,420.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization CONSERVATION LEGACY Employer identification number 84-1450808

PRESERVE AMERICA YOUTH SUMMIT

EXPENSES \$ 55,212. 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 NONPROFIT ASSOCIATION, INDUSTRY 990 INFORMATION, JOB POSTINGS OF SIMILAR POSITIONS), AND THE DECISIONS REACHED BY THE BOARD OF DIRECTORS ARE DOCUMENTED.

Scriedule O (Form 990) 2021	Page 2
Name of the organization CONSERVATION LEGACY	Employer identification number 84-1450808
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 BASI	S.