# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

А	ror me	e 2023 calendar year, or tax year beginning an	ia enaing		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		38-21819	15
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return	10850 TRAVERSE HIGHWAY	1180	231-946-	6817
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,981,120.
	Amen return	TRAVERSE CITY, MI 49684		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: DAN HODDELLI		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ī	Tax-ex	empt status: $\mathbf{X}$ 501(c)(3) $\mathbf{\Box}$ 501(c) ( ) (insert no.) $\mathbf{\Box}$ 4947(a)(1	I) or 527	If "No," attach a	list. See instructions
J	Websi	te: WWW.RIVERCARE.ORG		H(c) Group exemption	n number
K	Form of	organization: Corporation Trust X Association Other	<b>L</b> Year	of formation: 1985 N	1 State of legal domicile: MI
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$	PRESERV	E AND PROTEC	T NORTHERN
Se		MICHIGAN'S WATERWAYS, WILDLIFE, AND FORE			
nar	2	Check this box if the organization discontinued its operations or disp			
Ş	3	•		3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
Š	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			13
i.	6	Total number of volunteers (estimate if necessary)			200
Activities & Governance	7 a	•		7a	0.
٩	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		2,644,000.	2,861,845.
nne	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		65,379.	119,275.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,709,379.	2,981,120.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		845,305.	980,856.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Der	ь	Total fundraising expenses (Part IX, column (D), line 25) 168,	716.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,164,729.	1,700,321.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,010,034.	2,681,177.
		Revenue less expenses. Subtract line 18 from line 12		699,345.	299,943.
or or	ß	·		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		5,154,815.	5,408,992.
Ass	21	Total liabilities (Part X, line 26)		894,589.	720,063.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,260,226.	4,688,929.
	art II	Signature Block	•		
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the best of my	knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		DIANE VANDERVEEN, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	AARON J. MANSFIELD, CPA	la	6/18/24 if self-employ	P01230273
Pre	parer	Firm's name DGN, LLC	<u> </u>		0-2349670
	only	Firm's address P.O. BOX 947			
	-	TRAVERSE CITY, MI 49685-0947		Phone no. (2	31) 946-1722
Ma	y the II	RS discuss this return with the preparer shown above? See instructions		,	X Yes No
111	<u>,</u>	Denominal Deduction Act Nation and the commute instructions			Form 990 (2022)

4d Other program services (Describe on Schedule O.)

Total program service expenses

(Expenses \$ including grants of \$

2,455,569.

Form 990 (2023) CONSERVATION RESOURCE ALLIANCE
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	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

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Form	990 (2023) CONSERVATION RESOURCE ALLIANCE 38-21	31915	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		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		X
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		Х
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?			
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<del></del>
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		1
32	•	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	.   32		1
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25-	Part V, line 1	- 1		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			_
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			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule 0  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	
	Enter the number reported in box 3 of Form 1096. Enter -0, if not applicable	6	Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	O		

	Check if Schedule O contains a response of note to any line in this Part v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	

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1c X Form 990 (2023)

### 023) CONSERVATION RESOURCE ALLIANCE 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,			
	filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	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		Α_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
р	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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CONSERVATION RESOURCE ALLIANCE 38-2181915 Form 990 (2023) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 9 **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 6 Х 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? 10a 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? Х The organization's CEO, Executive Director, or top management official 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 NONE List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Another's website \_\_ Other (explain on Schedule O) Own website 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** (2023)

TRAVERSE

CITY

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

1180,

AMY S. BEYER - 231-946-6817 10850 TRAVERSE HWY, STE.

49684

## 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

hours per week (list any hours for related organizations)	X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
hours per   week   week   week   (list any hours for related organizations below line)   hours for related organizations with the organizations (W-2/1099-MISC/ 1099-NEC)   hours for the organization (W-2/1099-NEC)   hours for the organization (W-2/1099-NEC)   hours for the o	Name and title	Average	(do	not c	Pos	itior	ໄ than ເ	nne	Reportable	Reportable	Estimated
Week		1 '	box	, unle	ss per	rson i	s both	an an	•	•	amount of
CHAIRMAN			_	<u> </u>		T   T			I .		
CHAIRMAN		1 '	direct				P		I .		from the
CHAIRMAN		I	tee or	ıstee			nsate			'	organization
CHAIRMAN			Itrus	nal tru		loyee	om oc		1099-NEC)		and related
CHAIRMAN			lividua	titutio	icer	y emp	ployer	mer			organizations
CHAIRMAN	/1\ DANTEL HUDDELL		Pu Pu	l s	#0	Ş.	iĘ i	For			
California   Cal		1.20	~		~				_	_	0.
TREASURER		1 60	Λ		^				0.	0.	0.
(3) MIKE DONAHUE		1.00	v		v				_	0	0.
X   X   X   X   X   X   X   X   X   X		0.50	Α		^				0.	<u></u>	0.
(4) BOB GARNER       0.50         VICE CHAIR       X       X         (5) CHRIS BATES       2.30       X         MEMBER       X       0.       0.         (6) PETE STALKER       0.40       X       0.       0.         (7) WILLIAM SUNDSTROM       0.30       0.       0.       0.         (8) NORA BALGOYEN       1.60       X       0.       0.       0.         (8) NORA BALGOYEN       1.60       X       0.       0.       0.         (9) DICK REDMOND       0.90       0.90       0.       0.       0.		0.50	×		x				n	n	0.
VICE CHAIR		0.50	25		25				•	•	<b>.</b>
MEMBER   X   0.   0.		0.30	x		x				0.	0.	0.
MEMBER         X         0.         0.           (6) PETE STALKER         0.40         X         0.         0.           MEMBER         X         0.         0.         0.           (7) WILLIAM SUNDSTROM         0.30         X         0.         0.           (8) NORA BALGOYEN         1.60         X         0.         0.           (8) NORA BALGOYEN         X         0.         0.         0.           (9) DICK REDMOND         0.90         0.90         0.         0.	(5) CHRIS BATES	2.30	T							•	
(6) PETE STALKER     0.40       MEMBER     X       (7) WILLIAM SUNDSTROM     0.30       MEMBER     X       (8) NORA BALGOYEN     1.60       MEMBER     X       (9) DICK REDMOND     0.90			Х						0.	0.	0.
MEMBER         X         0.         0.           (7) WILLIAM SUNDSTROM         0.30         0.         0.           MEMBER         X         0.         0.           (8) NORA BALGOYEN         1.60         0.         0.           MEMBER         X         0.         0.           (9) DICK REDMOND         0.90         0.90         0.	(6) PETE STALKER	0.40									
MEMBER         X         0.         0.           (8) NORA BALGOYEN         1.60         X         0.         0.           MEMBER         X         0.         0.         0.           (9) DICK REDMOND         0.90         0.         0.         0.	MEMBER		Х						0.	0.	0.
(8) NORA BALGOYEN         1.60           MEMBER         X           (9) DICK REDMOND         0.90	(7) WILLIAM SUNDSTROM	0.30									
MEMBER         X         0.         0.           (9) DICK REDMOND         0.90         0.         0.	MEMBER		Х						0.	0.	0.
(9) DICK REDMOND 0.90	(8) NORA BALGOYEN	1.60									
			X						0.	0.	0.
MEMBER X 0. 0. 0.	(9) DICK REDMOND	0.90								_	
	MEMBER		X						0.	0.	0.
			_	_							
			-								
			-								
			-								
			-								
			1								
			1								
			1								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													9-
	(A)	(B)	,	<del>, , , , , , , , , , , , , , , , , , , </del>		) )	<u> </u>		(D)	(E)		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	Fo	stimate	he
	rvame and title	hours per					than o		compensation	compensation		nount	
		week					r/trus		from	from related		other	
		(list any	ctor						the	organizations	com	pensa	tion
		hours for	or dire	e e			ted		organization	(W-2/1099-MISC/	fr	om th	е
		related	stee (	trustee			bensa		(W-2/1099-MISC/	1099-NEC)		anizat	
		organizations below	ıal tru	onal		ploye	ee com		1099-NEC)			d relat	
		line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			orga	anizati	ons
			드	u	10	- A	포능	3					
									0.	0.			
	Subtotal								0.	0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	0.			0.
2	Total number of individuals (including but no									-			
-	compensation from the organization	or invited to th	030	iioto	u ac	JOVC	, wii	010	cerved more than \$100,	ooo or reportable			0
	compensation nom the enganization											Yes	No
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	ev e	mpl	ove	e, or	hial	hest compensated empl	oyee on			
-	,	-	ial										х
4			able compensation and other compensation from the organization										
				complete Schedule J for such individual									Х
5	Did any person listed on line 1a receive or a	•				-			•				
	rendered to the organization? If "Yes," complete Schedule J for such person												X

**Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EMMET COUNTY ROAD COMMISSION, 2265 E HATHAWAY RD, HARBOR SPRINGS, MI 49740	CONSTRUCTION	539,130.
GRAND TRAVERSE COUNTY ROAD COMMISSION 1881 LAFRANIER RD, TRAVERSE CITY, MI 49686	CONSTRUCTION	350,636.
KANOUSE OUTDOOR RESTORATION 12050 JENKS SE, BELDING, MI 48809	CONSTRUCTION	251,900.
<ul> <li>Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization</li> </ul>	d above) who received more than	

			Check if Schedule O con	tains a resp	onse (	or note to anv lin	e in this Part VIII			
						<b>,</b>	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues							
S S			Fundraising events							
fts,			Related organizations							
ij gi					1	329,523.				
ons,			Government grants (contribu	,		327,323.				
utic		T	All other contributions, gifts, gra		1	E33 333				
ĕ			similar amounts not included abo			532,322.				
ont		-	Noncash contributions included in lines			8,432.	2 061 045			
O g		n	Total. Add lines 1a-1f				2,861,845.			
						Business Code				
ce	2	а								
ervi		b								
S		С								
ran Sev		d								
Program Service Revenue		е								
<u>-</u>		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including	dividends,	intere	st, and				
			other similar amounts)			119,275.			119,275.	
	4		Income from investment of ta							
	5		Royalties							
				(i) Rea	al	(ii) Personal				
	6	а	Gross rents 6	а						
			Less: rental expenses 6							
		С	Rental income or (loss) 6							
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Secur		(ii) Other				
			assets other than inventory 7	a .						
		b	Less: cost or other basis							
<u>o</u>		_	and sales expenses 71	,						
her Revenue		c	Gain or (loss) 70							
ě			Net gain or (loss)			l				
푸	٥		Gross income from fundraising e			<u> </u>				
O th	o	u	including \$	-						
١			contributions reported on line							
			Part IV, line 18	•	8a					
		h	Less: direct expenses							
	0		Net income or (loss) from fun Gross income from gaming a							
	9	а								
			Part IV, line 19							
			Less: direct expenses							
	40		Net income or (loss) from gar		;s	T				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
$\overline{}$		С	Net income or (loss) from sale	es of invento	ory					
2	_					Business Code				
eor Ie	11									
lan en		b								
Miscellaneous Revenue		С								
Mis			All other revenue							
$\perp$		е	Total. Add lines 11a-11d				0 001 155			446 0==
	12		Total revenue. See instructions				2,981,120.	0.	0.	119,275.

38-2181915 Page **10** 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 expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. 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 persons described in section 4958(c)(3)(B) 676,359. 515,094. 84,061. 77,204. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 304,497. 230,104. 39,818. 34,575. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 1,414,718. 1,382,574. 25,200. 6,944. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,663. 43. 1,620. Office expenses 13 Information technology 14 15 Royalties 63,751. 63,751. 16 Occupancy 15,390. 19,807. -9,5165,099. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,553. 1,371. 11,732. 6,808. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 15,983. 2,199. 13,784. Depreciation, depletion, and amortization 22 36,698. 36,698. 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.) 72,897. 72,897. FIELD SUPPLIES 27,452.COMPUTER EXPENSE 28,328. 231. 645. 16,476. 12,300. 767. 3,409.PRINTING 1,569. 6,717. 1,109. 4,039. POSTAGE & SHIPPING 212,728. 15,968. -229,223. 32,463. e All other expenses 2,681,177. 2,455,569. 56,892. 168,716. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Form **990** (2023)

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Form 990 (2023)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,789,109.	1	411,114.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	306,952.	3	144,231		
	4	Accounts receivable, net	710,824.	4	978,405		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
ĕ	9	Prepaid expenses and deferred charges			45,740.	9	42,480
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	150,872. 119,541.			
	b	Less: accumulated depreciation			30,550.	10c	31,331
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin	2,105,711.	12	3,694,118		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	4.55 0.00	14	107.010		
	15	Other assets. See Part IV, line 11	165,929.	15	107,313		
	16	Total assets. Add lines 1 through 15 (must e			5,154,815.	16	5,408,992
	17	Accounts payable and accrued expenses			724,784.	17	601,828
	18	Grants payable	0 001	18	0.000		
	19	Deferred revenue		2,201.	19	8,800	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
Liat		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr				23 24	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line.)					
					167,604.	25	109,435.
	26	Total liabilities. Add lines 17 through 25			894,589.	25 26	720,063
	20	Organizations that follow FASB ASC 958, or	heck her	e X	03270031	20	, 20, 000
es		and complete lines 27, 28, 32, and 33.	meen ner	·			
anc.	27	• , , ,			2,301,282.	27	2,485,506
3ak	28				1,958,944.	28	2,203,423.
ρ		Organizations that do not follow FASB ASC			, ,		
Fu		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				4,260,226.	32	4,688,929.
~	33	Total liabilities and net assets/fund balances			5,154,815.	33	5,408,992.

Form 990 (2023)

Pai	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)		<u>2,98</u>							
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,68							
3	Revenue less expenses. Subtract line 2 from line 1	3		9,9						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 4	4,260,226							
5	5 Net unrealized gains (losses) on investments									
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,									
	coluṃn (B))	10 4	1,68	8,9	<u> 29.</u>					
Pai	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				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	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X						
			Form	990	(2023)					

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

				ESOURCE ALLI					8-2181915
Pa	rt I	Reason for Public (	Charity Status. (	(All organizations must o	complete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4	$\Box$	A medical research organiz					•	(iii). Enter	the hospital's name,
		city, and state:	·					. ,	
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental ui	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,	·	, 0			
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					e neneral i	nublic described in
•		section 170(b)(1)(A)(vi). (C	•	That part of its support i	iom a gove	on mornar v		o gonorai i	pasilo accorisca il
8		A community trust describe		1\(\Delta\(\vi)\) (Complete Par	+ 11 \				
9	H	An agricultural research org			•	ed in coniu	inction with a	land-arant	college
J	ш	or university or a non-land-g				-		-	-
		university:	grant conege or agrict	uiture (see iristructions).	Linter the i	name, only	, and state of	ine conege	<i>5</i> OI
10		An organization that norma	lly receives (1) more t	than 33 1/30/ of its supr	oort from o	ontribution	ne momborch	in foot, and	d gross receipts from
10	ш								
		activities related to its exen		•					•
		income and unrelated busin		(less section 511 tax) in	om busines	sses acquii	rea by the org	anization a	arter Jurie 30, 1975.
		See section 509(a)(2). (Col	•		fat. 0aa	ti F6	00(-)(4)		
11	H	An organization organized a	· ·	•	-				
12		An organization organized a	•	•	•		•	•	• •
		more publicly supported or	-						Sheck the box on
		lines 12a through 12d that	* *					-	-1.1
а			•	•		-			
		the supported organization			majority c	of the direc	tors or trustee	es of the su	apporting
		organization. You must o							
b							-		-
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	oorted
		organization(s). You mus	- ·						
С			- '					ly integrate	ed with,
		its supported organization		·					
d	L		•				• •	•	* *
		that is not functionally int	-	* *	-		="	an attentiv	veness
		requirement (see instructi	•	•	•				
е		☐ Check this box if the orga					Type I, Type I	I, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		er the number of supported o	•	-l					
g		vide the following information  i) Name of supported	ii) EIN	d organization(s).  (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(11) 2.11	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)
				above (see instructions))	Yes	No			1
T - 4 -									

332021 12-21-23

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	` ,	` ,	•	
	membership fees received. (Do not						
	include any "unusual grants.")	2403987.	2194744.	1553809.	2644000.	2861845.	11658385.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2403987.	2194744.	1553809.	2644000.	2861845.	11658385.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						809,404.
6	Public support. Subtract line 5 from line 4.						10848981.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2403987.	2194744.	1553809.	2644000.	2861845.	11658385.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	63,260.	79,032.	79,025.	73,896.	128,518.	423,731.
9	Net income from unrelated business		,	,	,	,	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,603.					5,603.
11	<b>Total support.</b> Add lines 7 through 10	2,000					12087719.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and <b>stor</b>	-					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	89.75 %
	Public support percentage from 2022					15	93.09 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition		·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=		3	
b	10% -facts-and-circumstances test	_	· ·	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•			3
				,,,	,		(Form 990) 2023

Schedule A (Form 990) 2023

#### 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.)

Section A. Public Support		<u>c complete</u>	i ait ii.j				
Calendar year (or fiscal year beginnir	ng in) (a) 20	19	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, a membership fees received. (Linclude any "unusual grants."	and Do not						
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt pu	ons, s per- in the						
3 Gross receipts from activities are not an unrelated trade or iness under section 513							
4 Tax revenues levied for the or ization's benefit and either particle or expended on its behalf	·						
5 The value of services or facili furnished by a governmental the organization without char	unit to						
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 3 received from disqualified p	, l						
b Amounts included on lines 2 and 3 rece from other than disqualified persons the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	at ne						
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from Section B. Total Support	m line 6.)						
Calendar year (or fiscal year beginnir	ng in) (a) 20	10	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	· / — —	19	(b) 2020	(0) 2021	(u) 2022	(6) 2020	(i) iotai
10a Gross income from interest, dividends, payments received securities loans, rents, royalti and income from similar sour	d on						
<b>b</b> Unrelated business taxable incon (less section 511 taxes) from bus	ne						
c Add lines 10a and 10b	usiness 10b,						
regularly carried on	al						
13 Total support. (Add lines 9, 10c, 11,	and 12.)				<u> </u>		
14 First 5 years. If the Form 990	) is for the organizat	tion's first, s	econd, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	e						
check this box and stop here							
Section C. Computation o	f Public Suppo					1 1	
Section C. Computation o  15 Public support percentage for	r 2023 (line 8, colun	nn (f), divide	d by line 13, o	column (f))		15	
Section C. Computation o  15 Public support percentage fo  16 Public support percentage fro	or 2023 (line 8, column or 2022 Schedule /	nn (f), divide A, Part III, lir	d by line 13, one 15	column (f))		15 16	
Section C. Computation o  15 Public support percentage fo  16 Public support percentage fro  Section D. Computation o	of Public Suppo or 2023 (line 8, colum om 2022 Schedule / of Investment In	nn (f), divide A, Part III, lir Icome Pe	d by line 13, one 15			16	
Section C. Computation o  15 Public support percentage for 16 Public support percentage from Section D. Computation o  17 Investment income percentage	f Public Suppo or 2023 (line 8, column om 2022 Schedule / f Investment In ge for 2023 (line 10	nn (f), divide A, Part III, lir I <b>come Pe</b> c, column (f)	d by line 13, one 15 rcentage , divided by li	ne 13, column (f))		16	%
Section C. Computation o  15 Public support percentage for  16 Public support percentage from  Section D. Computation o  17 Investment income percentage  18 Investment income percentage	f Public Suppo or 2023 (line 8, column om 2022 Schedule / f Investment In ge for 2023 (line 10 ge from 2022 Sched	nn (f), divide A, Part III, lir I <b>come Pe</b> c, column (f) dule A, Part	d by line 13, one 15  rcentage , divided by li III, line 17	ne 13, column (f))		16 17 18	% % %
Section C. Computation o  15 Public support percentage for  16 Public support percentage from  Section D. Computation o  17 Investment income percentage  18 Investment income percentage  19a 33 1/3% support tests - 202	f Public Suppo or 2023 (line 8, column om 2022 Schedule / of Investment In ge for 2023 (line 10) ge from 2022 Sched 3. If the organization	nn (f), divide A, Part III, lir I <b>come Pe</b> c, column (f) dule A, Part on did not ch	d by line 13, one 15  rcentage , divided by li III, line 17 neck the box one	ne 13, column (f)) on line 14, and line	a 15 is more than 3	16 17 18 33 1/3%, and line 1	% % % % 7 is not
Section C. Computation o  15 Public support percentage for 16 Public support percentage for Section D. Computation o  17 Investment income percentage 18 Investment income percentage 19a 33 1/3% support tests - 202 more than 33 1/3%, check the	f Public Suppo or 2023 (line 8, columnom 2022 Schedule / of Investment In ge for 2023 (line 10) ge from 2022 Sched 3. If the organization is box and stop her	nn (f), divide A, Part III, lir ICOME Pe c, column (f) dule A, Part on did not ch re. The orga	d by line 13, one 15 rcentage , divided by lith lill, line 17 neck the box onization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	16 17 18 33 1/3%, and line 13	% % % 7 is not
Section C. Computation o  15 Public support percentage for  16 Public support percentage from  Section D. Computation o  17 Investment income percentage  18 Investment income percentage  19a 33 1/3% support tests - 202	f Public Suppo or 2023 (line 8, columnom 2022 Schedule of f Investment In ge for 2023 (line 10 ge from 2022 Sched 3. If the organization is box and stop her 2. If the organization	nn (f), divide A, Part III, lir come Pe c, column (f) dule A, Part on did not ch re. The orga on did not ch	d by line 13, one 15 rcentage , divided by line 17 neck the box onization qualineck a box on	ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	e 15 is more than 3 upported organiza a, and line 16 is mo	16 17 18 33 1/3%, and line 13 ation ore than 33 1/3%, a	% % % 7 is not

332023 12-21-23

Schedule A (Form 990) 2023

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.)

	Yes	No
1		
·		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
<b>F</b> 1.		
5b		
5c		
6		
7		
8		
9a		
9b		
<u>9c</u>		
10a		
ioa		
10b		
Schedule A (Forr	n 990)	2023

332024 12-21-23 Schedule A

Par	t IV   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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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	ion 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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	s).	
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			
	these activities but for the organization's involvement.	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			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2023 CONSERVATION RESOURCE			38-2181915 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year

1

2

3

4 5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see Schedule A (Form 990) 2023

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

332028 12-21-23 Schedule A (Form 990) 2023

#### **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

Name of the organization

CONSERVATION RESOURCE ALLTANCE

Employer identification number 38-2181915

Pai		l Funds or Other Si	milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	1 funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised	i iulius	(b) I dilds and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)			
4				
5	Aggregate value at end of year	riting that the assets hel	d in donor advised fun	de
3	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Par				
1	Purpose(s) of conservation easements held by the organization		,	,
	Preservation of land for public use (for example, recreating		Preservation of a hist	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	onservation 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				2b
С	Number of conservation easements on a certified historic stru-			2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, a		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enf	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above :	eatiefy the requirements	of section 170/b)//\/R\/	i)
Ü	and section 170(h)(4)(B)(ii)?			·
9	In Part XIII, describe how the organization reports conservatio			
Ŭ	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	ore to the organization of		
Par		Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance			·
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	•	•	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	er Sir	milar	Assets	(continu	ued)	gc –
3	Using the organization's acquisition, accession									
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exch	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	empt p	ourpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simila	ar asse	ets				
	to be sold to raise funds rather than to be main							Yes		No
Par	t IV Escrow and Custodial Arrang							- ne 9, or		
	reported an amount on Form 990, Part		· ·					·		
1a	Is the organization an agent, trustee, custodial	n, or other intermedi	ary for contributions	s or other assets no	t inclu	ıded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII ar							_		
_			- · · · · · · · · · · · · · · · · · · ·		Γ			Amount		
c	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f					··· ├	1f				
	Ending balance				L			Yes		No
	If "Yes," explain the arrangement in Part XIII. C				niity !			] 163	H	INO
Par					10					
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) Current year	(b) Prior year	(c) Two years back		hree v	ears back	(e) Four	vears h	nack
10	Paginning of year balance	1,357,787.	1,640,618.	1,517,551.	+		58,796.		138,1	
	Beginning of year balance	1,337,707.	1,010,010.	1,317,331.		1,5	30,730.		150,1	
b	Contributions	179,400.	-282,831.	123,067.		1	58,755.		220,6	
С.	Net investment earnings, gains, and losses	179,400.	-202,031.	123,007.		1.	30,733.		220,0	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	1 505 105	4 255 525	1 510 510	-	4				
g	End of year balance	1,537,187.	1,357,787.			1,5	17,551.	1,	358,7	796.
2	Provide the estimated percentage of the curre		(line 1g, column (a))	) held as:						
а	Board designated or quasi-endowment	62.5000	_%							
b	Permanent endowment 16.1000	%								
С	Term endowment 21.4000 %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organizat	ion that are held an	d administered for t	the			_		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		<u>X</u>
								3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the c		ment funds.							
Par	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. So	ee Form 990, Part X	(, line <sup>-</sup>	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accun	nulate	d	(d) Book	value	)
		basis (investm	ent) basis (	(other) d	epreci	iation				
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment		15	0,872.	119	,54	1.	31	, 33	1.
е	Other									
	Add lines 1a through 1e (Column (d) must on		/ line 10e eelumen	/D))				31	. 33	11.

Schedule D (Form 990) 2023

	N RESOURCE ALL	TANCE	38-2181913 Page 3
Part VII Investments - Other Securities	an Farma 000 Part IV line 1	1h Can Farma 000 Dart V II	in a 10
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(A) E:	(b) Dook value	(c) Method of Valuation	. Cost of end-of-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) WELLS FARGO ADVISORS	3,694,118.	END-OF-YEAR	MARKET VALUE
(B)	3,034,110.	DIVD OI IDAN	MICHI VALOL
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,694,118.		
Part VIII Investments - Program Related.	3703171100		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, li	ine 13.
(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)	.,	. ,	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, I	ine 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa	art X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			61,362.
(3) OPERATING LEASE LIABILITY	1		
(4) LONG-TERM			48,073.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co			109,435.

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

Schedule D (Form 990) 2023

	edule D (Form 990) 2023 CONSERVATION RESOURCE ALL				2181915	Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a			2 100	000
1				1	3,109,	880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	400 760			
а	<b>5</b>		128,760.			
b						
С	1 7 3					
d	Other (Describe in Part XIII.)	2d			100	
е	Add lines 2a through 2d			2e	128,	760.
3	Subtract line 2e from line 1			3	2,981,	120.
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	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,981,	120.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		Expenses per F	keturr	ו	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	2,681,	177.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,681,	<u> 177.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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	2,681,	<u> 177.</u>
Pa	rt XIII Supplemental Information					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			; Part X	K, line 2; Part XI	
PAF	RT V, LINE 4:					
mut	E FUNDAMENTAL PURPOSE OF THE ALLIANCE'S EN	IDOMENT	n te mo ppo	77T D I	7	
1111	FONDAMENTAL FORFOSE OF THE AUDIANCE S EN	IDOWINI.	1 15 10 FRO	VIDI	<u> </u>	
INC	CREASED FINANCIAL STABILITY AND ENDURING F	'INANCIA	AL SUPPORT	FOR	THE	
ALI	LIANCE'S OPERATIONS.					
DAI	PT Y LINE 2.					
PAI	RT X, LINE 2:					
NO	PROVISION FOR FEDERAL AND STATE INCOME TA	XES HAS	BEEN MADE	SIN	NCE THE	

ALLIANCE IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ALLIANCE FILES AN INFORMATION RETURN IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE ALLIANCE IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020.

Schedule D (Form 990) 2023

Schedule D Form 989) 2023 CONSERVATION RESOURCE ALLIANCE 38-2181915 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2023	CONSERVATION	RESOURCE	ALLIANCE	38-2181915	Page 5
	Part XIII Supplemental Info	rmation (continued)				
		(oonanada)				

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSERVATION RESOURCE ALLIANCE

Employer identification number 38-2181915

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

A DRAFT OF THE 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE PRESENTING

IT TO THE BOARD FOR FINAL REVIEW. IT IS THEN FILED WITH THE IRS.

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

ONCE A CONFLICT OF INTEREST HAS BECOME KNOWN THE CHAIRPERSON MAY APPOINT A

DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE REASONABLE ALTERNATIVES TO

THE PROPOSED TRANSACTION. IF A REASONABLE ALTERNATIVE CANNOT BE REACHED IT

WILL BE VOTED ON BY THE DISINTERESTED MEMBERS OF THE BOARD. IF THE BOARD

LEARNS OF A MEMBER FAILING TO DISCLOSE A CONFLICT OF INTEREST IT WILL ASK

FOR AN EXPLANATION AND TAKE DISCIPLINARY ACTION IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15:

CONDUCTED INDEPENDENTLY BY BOARD MEMBERS

- DESIRED MARKET POSITION
- 2. VARIOUS SURVEY SOURCES INCLUDING MICHIGAN NONPROFIT COMPENSATION AND BENEFIT SURVEY.
- 3. MARKET COMPARISON
- 4. RECOMMENDATIONS MADE BY FINANCE COMMITTEE AND APPROVED BY THE BOARD.

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

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES - SUB CONTRACT:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization  CONSERVATION RESOURCE ALLIANCE	Employer identification number 38-2181915
PROGRAM SERVICE EXPENSES	1,364,232.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,364,232.
PROFESSIONAL ADMINISTRATION:	
PROGRAM SERVICE EXPENSES	7,326.
MANAGEMENT AND GENERAL EXPENSES	22,300.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,626.
PROFESSIONAL COMMUNICATION AND MARKETING:	
PROGRAM SERVICE EXPENSES	11,016.
MANAGEMENT AND GENERAL EXPENSES	2,900.
FUNDRAISING EXPENSES	6,944.
TOTAL EXPENSES	20,860.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,414,718.
FORM 990, PART XII, LINE 2C:	
NO CHANGES IN THE ORGANIZATION'S OVERSIGHT PROCESS OF THE	AUDIT OR THE
SELECTION PROCESS FOR AN INDEPENDENT AUDITOR OCCURRED DURI	ING THE YEAR.