Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $MAR \ 1$, 2022, and ending $FEB \ 28$

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer THE CONSERVATION LAW CENTER, INC. 20-2321854 CHRISTIAN FREITAG Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1, 266, 979. Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize SPONSEL CPA GROUP, 21854 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 35692755555 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

SPONSEL CPA GROUP, LLC 11/17/23 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print THE CONSERVATION LAW CENTER, INC. 20-2321854 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 116 S. INDIANA AVENUE, SUITE 4 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMINGTON, IN 47408 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 CHRISTIE PACE The books are in the care of ► 116 S. INDIANA AVENUE, SUITE 4 - BLOOMINGTON, IN 47408 Telephone No. ► 812-856-0229 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. JANUARY 16, 2024, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X tax year beginning MAR 1, 2022 , and ending FEB 28, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

EXTENDED TO JANUARY 16, 2024

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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.

OMB No. 1545-0047 Open to Public

Department of the Treasury

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

Inspection MAR 1. 2022 and ending A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change THE CONSERVATION LAW CENTER, INC. Name change 20-2321854 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 812-856-0229 116 S. INDIANA AVENUE SUITE termin-ated 1,266,979. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended BLOOMINGTON, IN 47408 H(a) Is this a group return Applica-F Name and address of principal officer: CHRISTIAN FREITAG Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CONSERVATIONLAWCENTER.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 2005 M State of legal domicile: IN Part I Summary Briefly describe the organization's mission or most significant activities: THE CONSERVATION LAW CENTER Activities & Governance PROVIDES LEGAL COUNSEL WITHOUT CHARGE TO CONSERVATION ORGANIZATIONS, oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 18 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 2,092,578. 1,164,409. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 102,5709,650. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,102,228. 1,266,979 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 349,323. 540,441. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 106,648. 135,480. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 455,971. 675,921. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,646,257. 591,058. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,317,143. 2,632,407. Total assets (Part X, line 16) 2,500. 21 Total liabilities (Part X, line 26) О. 314,643. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign CHRISTIAN FREITAG, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed Paid ELIZABETH M. BELCHER, CPAELIZABETH M. BELCHER 11/17/23 P01227829 SPONSEL CPA GROUP, LLC Firm's EIN 27-0851983 Preparer Firm's name Firm's address 251 N. ILLINOIS ST. STE 450 Use Only Phone no. (317) 608-6699 INDIANAPOLIS, IN 46204 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Fai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE CONSERVATION LAW CENTER PROVIDES LEGAL COUNSEL WITHOUT CHARGE TO
	CONSERVATION DAW CENTER PROVIDES LEGAL COUNSEL WITHOUT CHARGE TO CONSERVATION ORGANIZATIONS, WORKS TO IMPROVE CONSERVATION LAW AND
	POLICY, AND OFFERS LAW STUDENTS CLINICAL EXPERIENCE IN THE PRACTICE OF
	LAW.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 506,893 • including grants of \$) (Revenue \$)
	THE CONSERVATION LAW CENTER PROVIDES LEGAL COUNSEL WITHOUT CHARGE TO
	CONSERVATION ORGANIZATIONS, WORKS TO IMPROVE CONSERVATION LAW AND
	POLICY, AND OFFERS LAW STUDENTS CLINICAL EXPERIENCE IN THE PRACTICE OF
	LAW.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 506,893.
	Form 990 (2022)

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	Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for					
	public office? If "Yes," complete Schedule C, Part I	3		X		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔		
	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			٦,		
_	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,	_		x		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x		
•	Schedule D, Part III					
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?			x		
40	If "Yes," complete Schedule D, Part IV	9				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	21			
11	as applicable.					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
а	0.44	11a		X		
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X		
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in					
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X		
b						
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.		
4-	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	4-		X		
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15				
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,	10		22		
17	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	- '' -				
.0	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,"					
	complete Schedule G, Part III	19		х		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х		

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		Х
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	23		x
24a	Schedule J 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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
ZJa	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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%			7.7
	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7	Part V, line 1	34		x
35a	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			
	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?			v
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c		
		•		$\overline{}$

Form 990 (2022) THE CONSERVATION LAW CENTER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
		_{la} 10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	Х					
За	5.11		3a		Х				
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						
	At any time during the calendar year, did the organization have an interest in, or a signature or other au								
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	-	4a		Х				
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 Acc	ounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
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 contribution	ns or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	'd							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		X				
f									
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	<u>A</u>				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by								
_	sponsoring organization have excess business holdings at any time during the year?	N/A	8						
9	Sponsoring organizations maintaining donor advised funds.	NT / 7							
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b						
10	Section 501(c)(7) organizations. Enter:	a .							
a	· · · · · · · · · · · · · · · · · · ·	0a							
b	, , , , , ,	0b							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 1	1a							
	Gross income from members or shareholders	ia .							
b		1b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a						
	37 / 3	2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
		3b							
С		3c							
	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	0	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera								
	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 in	ncome?	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 active								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17						
	If "Yes," complete Form 6069.								

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHRISTIE PACE - 812-856-0229			
	116 S. INDIANA AVENUE, SUITE 4, BLOOMINGTON, IN 47408			

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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	_			17 11 00	100)	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Ke	Hig	Fori			
(1) CHRISTIAN FREITAG	40.00	4		l				05 550		1 004
EXECUTIVE DIRECTOR	1			Х				27,750.	0.	1,094
(2) ROBERT FISCHMAN	2.00	۱		l				•		
SECRETARY	1	Х		Х				0.	0.	0 .
(3) LISA MCKINNEY	2.00	۱						•		
MEMBER	1	Х						0.	0.	0 .
(4) GLENN SCOLNIK	2.00	۱						•		
MEMBER	1 0 00	Х						0.	0.	0 .
(5) RANDALL T. SHEPARD	2.00	١						•		0
MEMBER	1 00	Х						0.	0.	0.
(6) BETSY SMITH	1.00	١,,						0		•
MEMBER	1 2 00	Х						0.	0.	0.
(7) W. WILLIAM WEEKS	2.00	١,,		,,				0		•
CHAIRMAN	1 2 00	Х		Х				0.	0.	0.
(8) CATHERINE WILKINSON	2.00	٠,		,,				_		0
TREASURER		Х		Х				0.	0.	0.
		4								
		-								
		4								
		1								
		1								
		1								
	+					\vdash				
		1								
	+	<u> </u>	\vdash	_		\vdash				
		1								
	+	<u> </u>	\vdash	_		\vdash				
	1	I	ı	1	i	ı	1	l	I	

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Page 8

Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	9	Es	stimate	∌d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	ar	nount	of
		week	_	cer an	lu a u	recio	or/trus	lee)	from	from relate			other	
		(list any hours for	irecto						the	organization			pensa	
		related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC			rom th	
		organizations	rustee	trust		e e	ubeu		1099-NEC)	1099-NEO)	ı ~	janizat d relat	
		below	dualt	itiona	L	nploy	st co I	 	10001120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
			_	Ī	Ť	_								
-														
									0.5.55				4 0	<u> </u>
	ototal								27,750.		0.		1,0	
c Tota	al from continuation sheets to Part VI	I, Section A							0.		0.		4 0	0.
	al (add lines 1b and 1c)								27,750.		0.		1,0	94.
	al number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ole			^
com	pensation from the organization													0
													Yes	No
	the organization list any former officer,			•		•	-	_		•		_		37
	1a? If "Yes," complete Schedule J for s											3		X
	any individual listed on line 1a, is the su	=		-						the organization	l			v
	related organizations greater than \$150	•		•								4		X
	any person listed on line 1a receive or a										S	_		Х
	dered to the organization? If "Yes," com B. Independent Contractors	piete Scriedui	e J i	Or St	ucn	pers	SOII					5		
	nplete this table for your five highest co	mponeated in	done	ando	nt c	onti	racto	ore t	that received more than	\$100,000 of cor	mnone	ation	from	
	organization. Report compensation for										препа	alion	110111	
	(A)	trie caleridar y	cai	Criui	ng v	VILII	OI W	101111	(B)	year.			C)	
	Name and business	address	NO	INC	3				Description of s	services	_ c		nsatio	n
									<u> </u>					
-														
		· · · · · ·												
								\dashv						
	al number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than				
\$10	0,000 of compensation from the organized	zation				- (U							

						VAI	TOM LIAM	CENTER, IN	<u>. </u>	20-2321	OJ4 Page 9
Pa	⁺ \	VIII						a a im their Dout VIII			
			Check if Schedule O	cont	ains a resp	<u>onse</u>	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibuti grant abov	1b 1c 1d 1d 1d 1e 1s, and 1/e 1f 1g	\$	69,250. 095,159.	1,164,409.			
Program Service Revenue	2	a b c d					Business Code				
ā.	3	g	All other program service Total. Add lines 2a-2f Investment income (include the content of the content	ding	dividends,	inter	est, and	52 729			E2 729
	4 5		other similar amounts) Income from investment of tax-exempt bond p Royalties (i) Real		oroceeds	52,728.			52,728.		
	6	b b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	6a 6b 6c			(ii) Personal				
ine	7	а	Gross amount from sales of assets other than inventory Less: cost or other basis		(i) Securi 49,8	ties 42.	(ii) Other				
Other Revenue	8	d	Gain or (loss)	ng ev	ents (not			49,842.			49,842.
			contributions reported on Part IV, line 18 Less: direct expenses	line	1c). See	8a 8b					
	9	а	Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses	g ac	tivities. See	9a					
	10	а	a Gross sales of inventory, less returns and allowances			10a	1				
		С	Net income or (loss) from	sales	s of invento	ory					
snc	44	_					Business Code				
nue	11	a b				_					
ella evel		c				_					
Miscellaneous Revenue			All other revenue								
_			Total Add lines 11a-11d								

12 To

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0. 102,570.

1,266,979.

Total revenue. See instructions

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).

Dο	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	28,844.	21,829.	4,757.	2,258
_	trustees, and key employees	20,044.	21,029.	4,737•	2,230
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	432,170.	325,303.	72,671.	34,196
7	Other salaries and wages	434,170.	343,303.	14,011.	34,190
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	37,939.	32,628.	3,137.	2 17/
9	Other employee benefits				2,174 3,319
10	Payroll taxes	41,488.	31,116.	7,053.	3,313
11	Fees for services (nonemployees):				
	Management				
b	Legal	10 000		0.005	
С	Accounting	10,000.	7,736.	2,235.	29
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	21,195.	16,396.	4,738.	61
g	Other. (If line 11g amount exceeds 10% of line 25,				_
	column (A), amount, list line 11g expenses on Sch O.)	36,004.	35,626.	373.	5
12	Advertising and promotion	12,145.	4,276.		7,869
13	Office expenses	637.		64.	573
14	Information technology				
15	Royalties				
16	Occupancy	116.	87.	29.	
17	Travel	27,216.	22,225.	741.	4,250
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,541.	379.	6,122.	40
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	12,735.	8,297.	3,173.	1,265
b	SERVICE CHARGES	5,130.	·	5,130.	·
c	DUES AND SUBSCRIPTIONS	2,766.		2,766.	
q	PROFESSIONAL DEVELOPMEN	995.	995.	,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	675,921.	506,893.	112,989.	56,039
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	223,0231		20,000
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoanonal campaign and fundraising solicitation.				

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ı a	ILA	Dalance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		246,281.	1	159,480.
	2	Savings and temporary cash investments		0.	2	50,358.
	3	Pledges and grants receivable, net			3	<u> </u>
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any currer				
	•	trustee, key employee, creator or founder, si				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disc				
		under section 4958(f)(1)), and persons described			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	l b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	•	2,070,862.	11	2,422,569
	12	Investments - other securities. See Part IV, li			12	
	13	Investments - program-related. See Part IV, I		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must	2,317,143.	16	2,632,407	
	17	Accounts payable and accrued expenses		2,500.	17	0.
	18	Grants payable	•	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ģ	22	Loans and other payables to any current or				
<u>=</u>		trustee, key employee, creator or founder, s				
Liabilities		controlled entity or family member of any of			22	
Ĩ	23	Secured mortgages and notes payable to ur			23	
	24	Unsecured notes and loans payable to unre			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on I				
		of Schedule D	, .		25	
	26	Total liabilities. Add lines 17 through 25		2,500.	26	0.
		Organizations that follow FASB ASC 958,				
ces		and complete lines 27, 28, 32, and 33.				
<u>la</u>	27	Net assets without donor restrictions		762,276.	27	610,416.
Ва	28	Net assets with donor restrictions		1,552,367.	28	2,021,991.
pur		Organizations that do not follow FASB AS				
Ę		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current ful	nds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulate			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,314,643.	32	2,632,407.
_	33	Total liabilities and net assets/fund balances		2,317,143.	33	2,632,407.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,26			
2	Total expenses (must equal Part IX, column (A), line 25)	2				21.	
3	Revenue less expenses. Subtract line 2 from line 1	3				58.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,31			
5	Net unrealized gains (losses) on investments	5		-27	3,2	94.	
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	2	,63	2,4	07.	
Pa	rt 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: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	s,				
	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	e 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 Scl	nedule	Ο.				
За	3a 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?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2022)

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

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.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CONSERVATION LAW CENTER, INC.

Employer identification number 20-2321854

				OII DIIII CDIIID		•		0 2321031				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete tl	his part.) S	See instructions.					
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative)(b)(1)(A)(i	ii).					
4		A medical research organiz					-	the hospital's name,				
		city, and state:		,			(,				
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in				
		section 170(b)(1)(A)(iv). (C		maga ar armvaranı, armı	a o. opo.a							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	X	An organization that norma						public described in				
'		•	•	intial part of its support i	ioiii a gov	emmema	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (Co	•	(4)(A)(vi) (Camaniata Day	. 11 \							
8	H	A community trust describe				1 - 1 - 1 - 1 - 1 - 1 - 1						
9		An agricultural research org										
		or university or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the colleg	je or				
		university:										
10		An organization that norma										
		activities related to its exen	-	•				-				
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.					
а			anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	/ giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving				
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally		· ·				ization(s)				
		that is not functionally int					• • • •					
		requirement (see instructi		• ,	•		•					
е		Check this box if the orga	,	•								
-		functionally integrated, or					, po ., . , po, . , po					
f	Ente	er the number of supported of		rially integrated support	ing organi	zation.						
		vide the following information		ad organization(s)			•••••					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))								
Tota	ıl											

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	432,236.	302,614.	621,334.	512,659.	676,553.	2,545,396.
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	400 006	222 614	604 004	540 (50	656 550	
4	Total. Add lines 1 through 3	432,236.	302,614.	621,334.	512,659.	676,553.	2,545,396.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,448,755.
	Public support. Subtract line 5 from line 4.						1,096,641.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 621, 334.	(d) 2021 512,659.	(e) 2022 676, 553.	(f) Total
	Amounts from line 4	432,236.	302,614.	621,334.	512,659.	6/6,553.	2,545,396.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F 747	6 577	0.61	0 650	F0 700	75 663
	and income from similar sources	5,747.	6,577.	961.	9,650.	52,728.	75,663.
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.)						0.601.050
	Total support. Add lines 7 through 10		,				2,621,059.
12	'					12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop etion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2022 (column (f))		14	41.84 %
	Public support percentage from 2021					15	54.37 %
	33 1/3% support test - 2022. If the						
100	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2021. If the						
~	and stop here. The organization qual	-					
17 a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ū					Ť
	meets the facts-and-circumstances to						
h	10% -facts-and-circumstances tes	•	•		•		
~	more, and if the organization meets the	ū				•	. = . • • •
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-	•			
_			,	, , ,,	,		Form 000) 2022

Schedule A (Form 990) 2022

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.)

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	•						
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						i
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	· ·		ŕ	•		.5.1,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	9,
	Public support percentage from 2021					16	9
	ction D. Computation of Investigation					1101	
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						L
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

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		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
	, (Section 2)		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		
	A family member of a person described on line 11a above?	11b		
	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		
Sect	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 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		
	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		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	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.			
	tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	nc)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruct				
All other Type III non-functionally integrated supporting organizations must 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	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	ganization (see	
	instructions)	-			

Schedule A (Form 990) 2022

4 5

4 Amounts paid to acquire exempt-use assets

Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Name of the organization

THE CONSERVATION LAW CENTER, INC.

Employer identification number 20-2321854

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed 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		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply) <u>.</u>	
	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 quali	fied conservation contri	oution in the form o	
	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 str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morchig conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts 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 conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her 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	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance 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 tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2022

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

Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Sir	nilar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	signific	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt pı	urpose in Par	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar asset	:s		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes [No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	s or other assets no	t includ	led		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1	С		
	Additions during the year					d		
	Distributions during the year					е		
f	Ending balance					f		
2a	Did the organization include an amount on Fe						Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II		[
Par								
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Thr	ee years back	(e) Four ye	ars back
1a	Beginning of year balance	1,552,367.						
	Contributions	482,508.	1,579,919.					
	Net investment earnings, gains, and losses	-131,689.	-27,552.					
	Grants or scholarships	,	· · · · · · · · · · · · · · · · · · ·					
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance	1,903,186.	1,552,367.					
2	Provide the estimated percentage of the curr	<u> </u>	<u> </u>		ı			
	Board designated or quasi-endowment	one your one balanc	%	2)) 11010 00.				
b	Permanent endowment 100.0000	%	_′°					
Ŭ	The percentages on lines 2a, 2b, and 2c sho							
32	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the			
ou	organization by:	oolon or the organiza	ation that are nois a	ina darriiriiotoroa ior	1110		Ye	s No
	(i) Unrelated organizations							X
	(ii) Related organizations							X
h	If "Yes" on line 3a(ii), are the related organization							+
4	Describe in Part XIII the intended uses of the			•••••			00	
<u> </u>	t VI Land, Buildings, and Equipm		Willett fullus.					
	Complete if the organization answere). Part IV. line 11a. S	See Form 990. Part)	K. line 10	٥.		
-	Description of property	(a) Cost or o	1	1	Accumu		(d) Book va	عادیم
	bescription of property	basis (investr		, ,	epreciat		(u) DOOK V	aiue
10	Land	<u> </u>	,	(= = .5.)	- ₁ 2. 30141			
	Land Buildings							
	Leasehold improvements							
	Equipment Other							
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	I				0.
- Julia	i maa iii loo Ta ti ii ougit Te. jooluliii juj Must e	quai i oiiii ooo, i ait	л, эслант (D), ш1 С Т	~~./				

Schedule D (Form 990) 2022

	(· · · · · · · · ·) = - = =	
Part VII	Investments - Other Securities.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market valu
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market valu
(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" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(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.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9)	25.)		
			that you side Al-

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Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturr	٦.
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	1,001,974.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	-273,294.		
b		ed services and use of facilities		29,484.		
С	Recov	eries of prior year grants	2c			
d		(Describe in Part XIII.)				
е	Add lin	nes 2a through 2d			2e	-243,810.
3	Subtra	ct line 2e from line 1			3	1,245,784.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a	21,195.		
b	Other ((Describe in Part XIII.)	4b			
С	Add lin	nes 4a and 4b			4c	21,195.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,266,979.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	atements Witl	n Expenses per	Retu	ırn.
			- 10-			
1		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
•		complete if the organization answered "Yes" on Form 990, Part IV, linexpenses and losses per audited financial statements			1	684,210.
2	Total e	1 2				684,210.
-	Total e	expenses and losses per audited financial statements		29,484.		684,210.
2 a	Total e Amour Donate	expenses and losses per audited financial statements arts included on line 1 but not on Form 990, Part IX, line 25:	2a			684,210.
2 a	Total e Amour Donate Prior y	expenses and losses per audited financial statements	2a 2b			684,210.
2 a b	Total e Amour Donate Prior y Other I	expenses and losses per audited financial statements ats included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments	2a 2b 2c			
2 a b c	Total e Amour Donate Prior y Other I	expenses and losses per audited financial statements ats included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments accesses	2a 2b 2c 2d	29,484.		29,484.
2 a b c	Total e Amour Donate Prior y Other I Other (expenses and losses per audited financial statements arts included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments alosses (Describe in Part XIII.)	2a 2b 2c 2d	29,484.		
2 a b c d	Total e Amour Donate Prior y Other I Other (Add lin	expenses and losses per audited financial statements ants included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities and adjustments and use of facilities and gustments and gustm	2a 2b 2c 2d	29,484.	2e 3	29,484.
2 a b c d e 3	Total e Amour Donate Prior y Other I Other (Add lin Subtra Amour	expenses and losses per audited financial statements ants included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities and adjustments alosses (Describe in Part XIII.) anes 2a through 2d ant line 2e from line 1	2a 2b 2c 2d	29,484.	2e 3	29,484.
2 a b c d e 3 4 a	Total e Amour Donate Prior y Other I Other (Add lin Subtra Amour Investr	expenses and losses per audited financial statements ants included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments alosses (Describe in Part XIII.) ares 2a through 2d ant line 2e from line 1 arts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	29,484.	2e 3	29,484. 654,726.
2 a b c d e 3 4 a b	Total e Amour Donate Prior y Other I Other (Add lin Subtra Amour Investr Other (expenses and losses per audited financial statements and sincluded on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments allosses (Describe in Part XIII.) ares 2a through 2d and time 2e from line 1 arts included on Form 990, Part IX, line 25, but not on line 1: arent expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	29,484.	2e 3	29,484. 654,726. 21,195.
2 a b c d e 3 4 a b c 5	Total e Amour Donate Prior y Other I Other (Add lin Subtra Amour Investr Other (Add lin Total e	expenses and losses per audited financial statements ants included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities and adjustments and services and use of facilities and adjustments and services and use of facilities and serv	2a 2b 2c 2d 4a 4b	29,484.	2e 3	29,484. 654,726.

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

PART V, LINE 4:

THE CLC'S ENDOWMENTS CONSIST OF TWO DONOR-RESTRICTED FUNDS ESTABLISHED FOR A CONSERVATION ATTORNEY POSITION AND FELLOWSHIP FOR RECENT LAW SCHOOL GRADUATES.

PART X, LINE 2:

ACCOUNTING PRINCIPLES FOLLOWING THE MODIFIED CASH BASIS OF ACCOUNTING REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE CLC AND DISCLOSE IF THE CLC HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CLC, AND HAS CONCLUDED THAT AS OF FEBRUARY 28, 2023, THERE ARE NO UNCERTAIN

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE CONSERVATION LAW CENTER, INC.

Employer identification number 20-2321854

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

WORKS TO IMPROVE CONSERVATION LAW AND POLICY, AND OFFERS LAW STUDENTS

CLINICAL EXPERIENCES IN THE PRACTICE OF LAW.

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

THE FORM 990 IS PROVIDED TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS

PRIOR TO ITS FILING WITH THE IRS. THE SECRETARY, TREASURER, DIRECTOR OR

OFFICE MANAGER PROVIDES AN ORAL OR WRITTEN REVIEW OF FORM 990, PRESENTS IT

TO THE BOARD, AND ANSWERS ANY QUESTIONS THE BOARD MAY HAVE ABOUT THE FORM.

THE DATE FORM 990 WAS PROVIDED AND A SUMMARY OF ANY QUESTIONS AND ANSWERS

IS RECORDED.

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

A CONFLICT OF INTEREST STATEMENT IS MAILED ANNUALLY TO EACH MEMBER OF THE BOARD. EACH BOARD MEMBER ACKNOWLEDGES THE POLICY BY SIGNING AND RETURNING TO THE OFFICE MANAGER.

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

CLC USES A COMPENSATION COMMITTEE AND A COMPENSATION SURVEY OR STUDY.

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

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC AT THE CLC'S OFFICE UPON REQUEST.

FORM 990, PART XII, LINE 1:

THE ACCOUNTING METHOD IS NOT BEING CHANGED. ON PART XII LINE 1, THE BOX

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022

Name of the organization

THE CONCEDIATION LAW CENTED INC.

Page 2

CONCEDIATION LAW CENTED INC.

20 – 23 21 9 5 4

Name of the organization THE CONSERVATION LAW CENTER, INC.	Employer identification number 20 – 2321854
WAS CHECKED ACCRUAL IN ERROR ON THE 2021 RETURN, BUT THE	CURRENT YEAR
FINANCIAL STATEMENTS ARE BEING REPORTED AS THE SAME ACCOU	UNTING METHOD
AS THE PRIOR YEAR FINANCIAL STATEMENTS, WHICH IS MODIFIED	CASH BASIS.
FORM 990, PART XII, LINE 2C:	
CLC HAS A FINANCE COMMITTEE THAT IS MADE UP OF MEMBERS OF	THE BOARD.
THIS COMMITTEE ALONG WITH THE BOARD TREASURER AND CLC STA	AFF ARE
RESPONSIBLE FOR OVERSIGHT OF THE ANNUAL AUDIT AND SELECTI	ON OF THE
INDEPENDENT ACCOUNTANT AND AUDITOR. THERE HAVE BEEN NO C	HANGES TO THIS
PROCESS SINCE THE PREVIOUS YEAR.	