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Form	<b>330</b>

Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\*

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

Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	e THE CONSERVATION COALITION INC.			
	Name	e Doing business as	82-381562	28	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	P.O. BOX 371		920-809-8	
	termin ated			G Gross receipts \$	1,663,512.
	Amen	APPLEION, WI 54912		H(a) Is this a group re	
	Applio tion pendi	F Name and address of principal officer: DENOAMIN BACKER		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) ( ) $ (insert no.) $4947(a)(1)$	or 527	, , , , , , , , , , , , , , , , , , , ,	list. See instructions
				H(c) Group exemption	
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2017	State of legal domicile: WI
Pa	art I	Summary			
ĕ	1	Briefly describe the organization's mission or most significant activities: TO E ABOUT FREE-MARKET, LIMITED GOVERNMENT ENV	DUCATE	COLLEGE STU	DENTS
Governance					
'ern	2	Check this box  if the organization discontinued its operations or dispose		1.1	ets. 6
202	3			5	
& (	4	Number of independent voting members of the governing body (Part VI, line 1b)		18	
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		40	
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,434,657.	1,663,381.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	131.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,434,657.	1,663,512.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	8,638.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		363,465.	831,612.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		27,500.	41,156.
be	b	Total fundraising expenses (Part IX, column (D), line 25)			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		384,326.	580,371.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		775,291.	1,461,777.
	19	Revenue less expenses. Subtract line 18 from line 12		659,366.	201,735.
ces			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,055,739.	1,206,976.
Net Assets ( Fund Balanc	21	Total liabilities (Part X, line 26)		145,808.	95,310.
English	22	Net assets or fund balances. Subtract line 21 from line 20		909,931.	1,111,666.
Pa	nt 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.

Sign		Signature of officer		Date				
Here		BENJAMIN BACKER, PRESIDENT						
		Type or print name and title						
	Prin	t/Type preparer's name Preparer's signature	Date	Check	PTIN			
Paid	MI	CHAEL VANDENHOGEN MICHAEL VAND	ENHOGEN 11/29	/22 self-employed	P00499282			
Preparer	Firm	s name 🕒 CLIFTONLARSONALLEN LLP		Firm's EIN ▶ 41	-0746749			
Use Only	Firm	's address 200 EAST WASHINGTON STREET,	PO BOX 1739					
	APPLETON, WI 54912 Phone no.920-731-8111							
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	9-21	LHA For Paperwork Reduction Act Notice, see the separate ins	structions.		Form <b>990</b> (2021)			
		scuss this return with the preparer shown above? See instructions	structions.	Phone no. 9 2 0 –	X Yes			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) THE CONSERVATION COALITION INC.	82-3815628 P	age <b>2</b>
Par			
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE CONSERVATION COALITION IS A 501(C)(3) NONPROFIT ORGA DEDICATED TO MOBILIZING YOUNG PEOPLE AROUND ENVIRONMENTA THROUGH COMMON-SENSE, MARKET-BASED, AND LIMITED-GOVERNME	L ACTION	
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.	Yes 🔀	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, and	
4a	(Code:) (Expenses \$ 950,385. including grants of \$ 8,638. ) (Reven         GRASSROOTS GROWTH: IN 2021, TCC'S MEMBERSHIP PROGRAM GRE         PROGRAM EQUIPS YOUNG AMERICANS TO ADVOCATE FOR MARKET-BA         ENVIRONMENTAL REFORMS THROUGH CALL-TO-ACTION CAMPAIGNS,         TRAINING, AND MORE. TCC ALSO ADDED 25 NEW BRANCHES TO IT         2021.	W BY 102%. THI SED EVENTS, MEDIA	)  
4b	(Code:) (Expenses \$65,458. including grants of \$) (Reven MEDIA: TCC'S MEDIA FOOTPRINT CONTINUES TO BE FIRST-CLASS SAW OVER 250 MEDIA HITS, INCLUDING OP-EDS, BROADCAST INT STORY FEATURES. TCC STAFF WERE ALSO FEATURED SPEAKERS AT THE COURSE OF THE YEAR.	• IN 2021, TCC ERVIEWS, AND	
4c	(Code:) (Expenses \$54,284. including grants of \$) (Rever GRASSTOPS GROWTH: 2021 SAW TREMENDOUS GRASSTOPS GROWTH A ORGANIZATION INVESTED IN THE TRAINING AND DEVELOPMENT OF SKILLS FOR OUR MOST DEDICATED ACTIVISTS	S THE	
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses > 1,070,127.	)	
	Total program service expenses ►       1,070,127.         12-09-21       3	Form <b>990</b>	(2021)

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 Form 990 (2021)
 THE CONSERVATION COALITION INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	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,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		<u>^</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes." <i>complete Schedule D</i> .			
d		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
5		11b		x
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
L	"Yes," complete Schedule L, Part IV	28a 28b		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u></u>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990			CONSERVATION			
Part V	St	atements Regardi	ing Other IRS Filings	s and Tax Comp	oliance	(continued)

2a					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S		-		v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	<u> </u>	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		x
Ŀ	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	)?	4a		
D	If "Yes," enter the name of the foreign country					
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			Fa		x
5a ⊾				5a 5b		
b				50 50		
с 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
ua		-		6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		1
U			-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	lices nr	2rover ent of behive	7a		x
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			10		
Ŭ	to file Form 8282?			7c		x
Ь		7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		>	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		· · · · · · · · · · · · · · · · · · ·	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
~						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
b I a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b I1 a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	10b				
b I1 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	10b 11a 11b		12a		
b 11 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10b 11a 11b		<u>12a</u>		
b 11 b 12a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b>10b</b> <b>11a</b> <b>11b</b> 1041?		<u>12a</u>		
b 11 b 12a 5 13	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b		12a 13a		
b 11 b 12a 5	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b				
b 11 b 12a b 13 a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b				
b  1  2a  2a  3  3	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b				
b I1 b I2a b I3 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b				
b  1  2a  3  3  3  3  3  3  2  3  2  1  2  2  1  1  1  1  1  2  1  1  1  2  2  1  2  2  1  2  2  1  2  2	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b         11a         11b         1041?         12b         13b         13c				x
b  1  2a  3  3  3  4a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b         11a         11b         1041?         12b         13b         13c		13a		X
b  1  2a  3  3  3  4a  4a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b 13b 13c e O		13a 14a		
b  1  2a  3  3  3  4a  4a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b 13b 13c e O ation o		13a 14a		
b 11 b 12a b 13 a b c 14a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 1041? 12b 13b 13c e O ation o		13a 14a 14b		x
b 11 a b 12a b 13 a b c 14a b 15	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b           11a           11b           1041?           12b           13b           13c           e O           ation o	r	13a 14a 14b		x
b 11 a b 12a b 13 a b c 14a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b           11a           11b           1041?           12b           13b           13c           e O           ation o	r	13a 14a 14b 15		x
b 11 a b 12a b 13 a b c 14a b 15	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	10b           11a           11b           1041?           12b           13b           13c           e O           ation o           incom	r	13a 14a 14b 15		x
b  1  2  2  3  3  3  3  3  3  3  4  4  5  5	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	10b           11a           11b           1041?           12b           13c           13c           ation o           incom           any	r e?	13a 14a 14b 15		x

Form 990	(2021)
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# THE CONSERVATION COALITION INC.

82-3815628 Page 6

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
	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	1a		6			
	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 0.			_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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			Ì [			
	of officers, directors, trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			F	5		X
6	Did the organization have members or stockholders?			. Г	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Ē			
	more members of the governing body?	-			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			Ē			
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·			
a	The governing body?		-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			I	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			· F			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				-		·
		venue	00000.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			· F			
		•	,		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			F	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,		Ì			
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			I	12a 12b	X X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>//</i> "Y			F			
Ū	on Schedule O how this was done				12c	х	
13	Did the organization have a written whistleblower policy?			[	13	X	<u> </u>
14				Γ	14	X	
15	Did the organization have a written document retention and destruction policy?			· h	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	u by int	dependent	_			
-	The organization's CEO, Executive Director, or top management official				15a		х
a h	Other officers or key employees of the organization				15a		X
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
104				- 1	16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			۰ h	100		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-	_			
	exempt status with respect to such arrangements?			- 1	16b		
Sec	tion C. Disclosure			· 1			L
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c))	(3)s	onlv) :	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			(3)0	Jy/ 6	a randi	
	Own website       Another's website       X       Upon request       Other (explain)	000 80	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			hne	financ	ial	
	statements available to the public during the tax year.		, interest policy, a	anu	manc		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records				
_0	BESIDE THE POINT INC DBA NONPROFIT BOOKKEEPING - 92						
	4052 N TRAILWAY LN, GRAND CHUTE, WI 54913						

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Form **990** (2021)

Form 990 (2021)	THE CONSERVATION COALITION INC.	82-3815628	Page 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employees, Highest	t Compensated	
Employ	ees, and Independent Contractors		
Check if S	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 tabl	e for all persons required to be listed. Report compensation for the calendar year end	ding with or within the organization's	s tax year.
<ul> <li>List all of the org</li> </ul>	ganization's current officers, directors, trustees (whether individuals or organizations	), regardless of amount of compens	ation.

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	ו than o	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldr	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BENJAMIN BACKER	60.00				-	1				
PRESIDENT AND DIRECTOR		х		x				93,096.	Ο.	3,526.
(2) DANIELLE BUTCHER	45.50							-		
EXECUTIVE VICE PRESIDENT				х				61,900.	Ο.	2,077.
(3) JESSICA TURNER	1.50									
DIRECTOR		х						0.	Ο.	0.
(4) SARAH HUNT	1.25									
DIRECTOR		Х						0.	0.	0.
(5) HANNAH DOWNEY	0.50									
DIRECTOR		Х						0.	0.	0.
(6) STEPHEN ROWE	0.50									
DIRECTOR		Х						0.	0.	0.
(7) SHOSHANA WEISSMANN	1.25									
DIRECTOR		Х						0.	0.	0.
						<u> </u>				
					-					
122007 12 00 21								I		Form <b>990</b> (2021)

Form 990 (2021)

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Form 990 (2021) THE CONSE	RVATION	I C	OA.	LΙ	ΤI	ON	I	INC.	82-38	15628	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	<b>(B)</b> Average hours per week (list any	box, offic	not ch unles cer and	ieck r s per	nore nore	than c s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) stimated nount of other pensation
	hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC 1099-NEC)	C/ f org an	rom the ganization d related anizations
								154 000		_	<u> </u>
1b Subtotal								154,996.		0.	<u>5,603.</u> 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								154,996.			5,603.
<ul> <li>2 Total number of individuals (including but no compensation from the organization</li> </ul>							o re	· · · · · · · · · · · · · · · · · · ·			0
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su			•	•	-		Ŭ	• • •		3	Yes No X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	ner compensation from th	ne organization		
and related organizations greater than \$150	,000? If "Yes,	" coi	mple	te S	Sche	edule	Jf	or such individual		4	X
5 Did any person listed on line 1a receive or a											x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	olete Schedule	<u>, J T</u>	or su	<u>cn p</u>	bers	on .				3	21
1 Complete this table for your five highest cor the organization. Report compensation for t										ensation fr	om
(A) Name and business	address	NC	ONE					<b>(B)</b> Description of s	ervices		<b>C)</b> ensation
2 Total number of independent contractors (in		ot lin	nited	to t	hos:		ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	auun 🚩				U	,				Form	<b>990</b> (2021)

132008 12-09-21

Check if Schedule O contains a response or note to any line in Ptis Per VII         (A)         Total revenue         (A)         Total revenue         (A)			(2021) THE CONSERVATION COAL	LITION INC.		82-3815	628 Page 9
Image: state of the second state second state of the second state of the second sta	Pa	rt VI	II Statement of Revenue				
Total revenue     Related or seempt Unrelated Unrelated or seempt Unrelated or s			Check if Schedule O contains a response or note to any I				
By Membership dues       10         b Membership dues       10         c Fundating events       10         d Related organizations       10         mining and the continuous, site, si					Related or exempt	Unrelated	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
By Membership dues       10         b Membership dues       10         c Fundating events       10         d Related organizations       10         mining and the continuous, site, si	ស ស	1 a	Federated campaigns 1a				
90       90 <td< td=""><td>ran</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	ran						
90       90 <td< td=""><td>N G</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	N G						
90       90 <td< td=""><td>ar /</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	ar /						
90       90 <td< td=""><td>imil</td><td>e</td><td>Government grants (contributions)</td><td>_</td><td></td><td></td><td></td></td<>	imil	e	Government grants (contributions)	_			
90       90 <td< td=""><td>ibution ther S</td><td>f</td><td></td><td>•</td><td></td><td></td><td></td></td<>	ibution ther S	f		•			
90       90 <td< td=""><td>d O</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	d O						
g       2 a b       b       b       b       b       c <td><u>ы С</u></td> <td>ł</td> <td></td> <td></td> <td></td> <td></td> <td></td>	<u>ы С</u>	ł					
99       90       131       131       131       131       0       00			Business Code	•			
9       Total. Add lines 2a:21         3       trivestment income (including dividends, interest, and other similar amounts).         4       income from investment of tax exempt bond proceeds         5       Royalties         6 a       Gross rents         6 b       (i) Real         7 a       Gross rents         6 a       (i) Real         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 b       Less: clirect expenses         9 a       Gross sales of inventory, less returns and allowances         11 a	e	2 8	۱ ۲				
9       Total. Add lines 2a:21         3       trivestment income (including dividends, interest, and other similar amounts).         4       income from investment of tax exempt bond proceeds         5       Royalties         6 a       Gross rents         6 b       (i) Real         7 a       Gross rents         6 a       (i) Real         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 b       Less: clirect expenses         9 a       Gross sales of inventory, less returns and allowances         11 a	erv						
9       Total. Add lines 2a:21         3       trivestment income (including dividends, interest, and other similar amounts).         4       income from investment of tax exempt bond proceeds         5       Royalties         6 a       Gross rents         6 b       (i) Real         7 a       Gross rents         6 a       (i) Real         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 b       Less: clirect expenses         9 a       Gross sales of inventory, less returns and allowances         11 a	n S /eni						
9       Total. Add lines 2a:21         3       trivestment income (including dividends, interest, and other similar amounts).         4       income from investment of tax exempt bond proceeds         5       Royalties         6 a       Gross rents         6 b       (i) Real         7 a       Gross rents         6 a       (i) Real         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 b       Less: clirect expenses         9 a       Gross sales of inventory, less returns and allowances         11 a	graı Rev	c	·				
9       Total. Add lines 2a:21         3       trivestment income (including dividends, interest, and other similar amounts).         4       income from investment of tax exempt bond proceeds         5       Royalties         6 a       Gross rents         6 b       (i) Real         7 a       Gross rents         6 a       (i) Real         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross amount from sales of areas ther than income or (loss)         7 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 a       Gross income from gaming activities. See         9 b       Less: clirect expenses         9 a       Gross sales of inventory, less returns and allowances         11 a	, ro	e					
3       Investment income (including dividends, interest, and other similar amounts)		T					
other similar amounts)   4   income from investment of tax-exempt bond proceeds   5   Royalties   6   a Gross rents   6a   b Less: rental expenses   6b   c Rental income or (loss)   7a   Gross amount from sales of assess other than inventory   b Less: cost or other basis and sales expenses   7b   c Gain or (loss)   c Gain or (loss)   c Gain or (loss)   c Gain or (loss)   d Net serverse   a Gross income from fundraising events (not including 3 or d)   other income or (loss) from gaming activities. See Part IV, line 18   b Less: direct expenses   9 a Gross income from gaming activities. See Part IV, line 18   b Less: direct expenses   9 b Less: cost of goods sold   10 a Gross sales of inventory, less returns   10 a Gross soles of inventory, less returns   10 a diovances   11 a b   b c   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net							
4       Income from investment of tax-exempt bond proceeds          5       Royatties          6 a       Gross rents       6a         6 a       Gross rents       6a         0       Real       (i) Personal         6 a       Gross rents       6a         0       Real       (ii) Personal         6 a       Gross rents       6a         7 a       Gross anout from sales of       for         a costs or other basis and sales supenses       (i) Other         7 a       Gross income from fundraling events (not fundraling events (not fundraling events of contributions reported on line 1c). See       pa         9 a       Gross income from gaming activities. See       9a         9 a       Gross income from gaming activities. See       10a         9 a       Gross income from gaming activities       10a         10 a       Gross from gaming activities       10a		5					
5       Royatties       (i) Real       (ii) Personal         6       a Gross rents       6       60         b       Less: rental expenses       60       60         c       Rental income or (loss)       60       60         7       a Gross amount from sales of assets other than inventory       60       60         7       a Gross amount from sales of assets other than inventory       7       7         7       b       Less: cost or other basis and sales expenses       70         c       Gain or (loss)       7       7       7         d       Net gain or (loss)       7       7       7         e       Gain or (loss)       7       7       7         d       Net gain or (loss)       7       7       7         d       Net gain or (loss)       6       8       8       8         e       Net inome or (loss) from fundraising events		4					
6 a Gross rents       0       Real       (i) Personal         b Less: rental expenses       0       0         c Rental income or (loss)       0       0         d Net rental income or (loss)       0       0         a Gross amout from sales of a cross income from fundralsing events (ii) Other assets of roles)       1         c Gain or (loss)       7c       1       1         d Net gain or (loss)       0       1       1         a Gross income from fundralsing events (not including \$							
6 a Gross rents       6a         b Less: rental expenses       6b         c Rental income or (loss)       6c         d Net rental income or (loss)       (i) Securities         7 a Gross amount from sales of assets other than inventory       (i) Securities         b Less: cost or there basis       (ii) Other         radius       radius         c Gain or (loss)       radius         c Gain or (loss)       radius         c Gain or (loss)       radius         a Gross income from fundraising events (not including \$\frac{1}{r_c} + for \$\frac \$\frac{1}{r_c} + for \$\frac{1}{r_c} + for \$\frac{1}{		Ū					
b         Less: rental expenses         6b           c         Rental income or (loss)         6c           d         Net rental income or (loss)         6c           7         Gross amount from sales of assets other than inventory         7a           b         Less: cost or other basis         7b           c         Gain or (loss)         7c           d         Net gain or (loss)         7c           gain or (loss)         findraising events            9 a         Gross income from fundraising events            9 a         Gross sales of inventory, less returns and allowances            e         Net income or (loss) from gaming activities            b              c		6 a		-			
a       c       Rental income or (loss)       6c				-			
d Net rental income or (loss)   7 a Gross amount from sales of assets of there basis and sales expenses   90 b   b b   c Gain or (loss)   7 a To   c Gain or (loss)   7 a To   a To   a To   a To   a To   a To   c Gain or (loss)   a To   a To   b Less: obt or of fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 Ba   b Less: direct expenses   gain or (loss) from fundraising events   b Less: direct expenses   gain or (loss) from gaming activities. See   Part IV, line 19   b Less: direct expenses   gain dilowances   c   c   Net income or (loss) from gaming activities   b   Less: direct expenses   gain dilowances   ind allowances   ind allowances <				-			
7 a Gross amount from sales of assets other than inventory   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   7 d To   c Gain or (loss)   c Gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   9 a Gross income from gaming activities. See   Part IV, line 18 Ba   9 a Gross income from gaming activities. See   Part IV, line 19 9a   9 b See of local and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Gross income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   9 a Gross income from gaming activities   9 b Gross sales of inventory, less returns and allowances   10 a Gross income or (loss) from sales of inventory   11 a							
B       Less: cost or other basis and sales expenses       7b       7c         c       Gain or (loss)       7c          d       Net gain or (loss)       >       >         8       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       >       >         b       Less: direct expenses       8b       >       >         9       Gross income from gaming activities. See Part IV, line 19       >       >         9       Gross sincome from gaming activities. See Part IV, line 19       >       >         9       Gross alse of inventory, less returns and allowances       >       >       >         10       Gross sales of inventory, less returns and allowances       10a       131.       131.         11							
B       Less: cost or other basis and sales expenses       7b       7c         c       Gain or (loss)       7c          d       Net gain or (loss)       >       >         8       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       >       >         b       Less: direct expenses       8b       >       >         9       Gross income from gaming activities. See Part IV, line 19       >       >         9       Gross sincome from gaming activities. See Part IV, line 19       >       >         9       Gross alse of inventory, less returns and allowances       >       >       >         10       Gross sales of inventory, less returns and allowances       10a       131.       131.         11			assets other than inventory <b>7a</b>				
get c       Gain or (loss)       7c       Image: construction of the second		k					
get c       Gain or (loss)       7c       Image: construction of the second	e		and sales expenses <b>7b</b>				
d       Net gain or (loss)       →	/eni	c					
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Bb       Ba         b Less: direct expenses Bb       Bb	0						
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       >         9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       >         10 a Gross sales of inventory, less returns and allowances       10a         11 a       Business Code         c       Business Code         d All other revenue          e Total. Add lines 11a-11d       >         12       Total revenue. See instructions       11,663,512.       131.       0.	Other		Gross income from fundraising events (not				
Part IV, line 18 8a   b Less: direct expenses   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9 b Image: state of the st	Ŭ						
b       Less: direct expenses       Bb         9 a       Gross income from gaming activities. See Part IV, line 19       9a         9 b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       0         10 a       Gross sales of inventory, less returns and allowances       10a       131.         b       Less: cost of goods sold       10b       0.         c       Net income or (loss) from sales of inventory       131.       131.         b       Less: cost of goods sold       10b       0.         c       Net income or (loss) from sales of inventory       131.       131.         b							
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9b 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   10 b Less: cost of goods sold   10 c Net income or (loss) from sales of inventory   11 a   b   c   d All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions		k					
9 a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities and allowances       10a         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       131.         b       Less: cost of goods sold       00         c       Net income or (loss) from sales of inventory       131.         b       Less: cost of goods sold       00         c       Net income or (loss) from sales of inventory       131.         d       Int a       Business Code         c       Int a       Int a         c       Int a       Int							
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Business Code   d All other revenue   e Total Add lines 11a-11d   12 Total revenue. See instructions 131. 131. 0. 0. 00							
b       Less: direct expenses       9b							
c       Net income or (loss) from gaming activities       ▶       Image: state of inventory, less returns and allowances       Image: state of inventory, less		k					
and allowances 10a 131.   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory     11 a   b   c   c   d   d   d   d   lob   e   Total revenue. See instructions     10a   131.     131.		c	; Net income or (loss) from gaming activities►				
b Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory ▶ 131. 131. Business Code b c d All other revenue e Total. Add lines 11a-11d ▶ 1,663,512. 131. 0. 00		10 a					
c       Net income or (loss) from sales of inventory       ▶       131.       131.         11 a							
Solution       Business Code         b		k	Less: cost of goods sold 0				
11 a		c			131.		
e         Total. Add lines 11a-11d           12         Total revenue. See instructions           ▶         1,663,512.           131.         0.	s		Business Code				
e         Total. Add lines 11a-11d           12         Total revenue. See instructions           ▶         1,663,512.           131.         0.	e ou	11 a	·				
e         Total. Add lines 11a-11d           12         Total revenue. See instructions           ▶         1,663,512.           131.         0.	enu	k	، ا				
e         Total. Add lines 11a-11d           12         Total revenue. See instructions           ▶         1,663,512.           131.         0.	Sev	C					
e         Total. Add lines 11a-11d           12         Total revenue. See instructions           ▶         1,663,512.           131.         0.	Mis	C					
		e			1 7 1	0	0
132009 12-09-21 Form <b>990</b> (20				µ,003,314.	131.	U .	0 . Form <b>990</b> (2021

THE CONSERVATION COALITION INC. 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).

300	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	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		1		
	and domestic governments. See Part IV, line 21	8,638.	8,638.		
2	Grants and other assistance to domestic	-			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	160,599.	112,419.	28,105.	20,075.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	598,348.	418,844.	104,711.	74,793.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		-		
9	Other employee benefits	12,672.	8,871.	<u>2,217.</u> 10,499.	<u> </u>
10	Payroll taxes	59,993.	41,995.	10,499.	7,499.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10,360.		10,360.	
с	Accounting	20,684.		20,684.	
d	, , , , , , , , , , , , , , , , , , ,	44 456			44 456
е	Professional fundraising services. See Part IV, line 17	41,156.			41,156.
f	Investment management fees				
g		50.040	45 000	4 010	2 005
	column (A), amount, list line 11g expenses on Sch 0.)	52,243.	45,026.	4,210.	3,007.
12	Advertising and promotion	50,991.	50,991.	A 477 A	
13	Office expenses	32,155.	27,681.	4,474.	
14	Information technology	31,434.	16,873.	14,561.	
15	Royalties				
16		110,190.	77,133.	11,019.	22 020
17	Travel	110,190.	//,±55•		22,038.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	257,776.	257,776.		
19 20	Conferences, conventions, and meetings	231,110•	231,110•		
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23	Insurance	374.		374.	
23 24	Other expenses. Itemize expenses not covered	5710			
-7	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 0.)				
а	STAFF DEVELOPMENT	8,184.		8,184.	
b	POSTAGE AND SHIPPING	3,880.	3,880.		
с	OTHER MANAGEMENT EXPENS	2,100.		2,100.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,461,777.	1,070,127.	221,498.	170,152.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	) 12-09-21				Form <b>990</b> (2021)

11

132010 12-09-21

Form 990 (2021)

#### THE CONSERVATION COALITION INC.

Form 990 (2021)
Part X Balance Sheet

82-3815628 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	906,217.	1	901,976.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	149,522.	3	305,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,055,739.	16	1,206,976.
	17	Accounts payable and accrued expenses	145,808.	17	95,310.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	145,808.	26	95,310.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	606,928.	27	806,666.
Ba	28	Net assets with donor restrictions	303,003.	28	305,000.
pur		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
ц		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Rei	32	Total net assets or fund balances	909,931.	32	1,111,666.
	33	Total liabilities and net assets/fund balances	1,055,739.	33	1,206,976.

Form 990 (2021)

132011 12-09-21

	1990 (2021) THE CONSERVATION COALITION INC.	82-38	15628	Pag	<sub>ge</sub> 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,663			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,461	<u>,7</u>	<u>77.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	201	-		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	909	, 93	<u>31.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,111	,66	<u>56.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	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			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	of th	e orga	nization
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Nam	lame of the organization Employer identification number										
		THE	CONSERVATIO	ON COALITION	INC.				2-3815628		
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) Se	ee instruction	S.			
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(iii	).				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)(	v).				
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	ernmental u	unit or from th	e general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city,	and state of	the college	or		
		university:									
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acquir	ed by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	is of, or to ca	rry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2). S	See <b>section</b> &	5 <b>09(a)(3).</b> (	heck the box on		
		lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	pporting		
		organization. You must c	complete Part IV, Se	ctions A and B.							
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manaç	ge the supp	orted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A, I	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)		
		that is not functionally inter-	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part V	/.				
е		Check this box if the orga					Type I, Type I	I, Type III			
		functionally integrated, or	51	nally integrated supportion	ng organiz	ation.			<b></b>		
		r the number of supported o	•								
g		ide the following information ) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other		
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)		
		•		above (see instructions))	Yes	No		,	, , ,		
Total											

Schedule	A (Form 990)	) 2021
Part II	Suppor	t Sc

THE CONSERVATION COALITION INC.

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.)

	ction A. Public Support						(1) -
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		140.000		1424657	1662201	2591642
	include any "unusual grants.")		149,000.	324,605.	1434657.	1663381.	3571643
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		1.4.00.0.0	204 605	1 4 2 4 6 5 5	1.6.6.0.0.1	0000
	Total. Add lines 1 through 3		149,000.	324,605.	1434657.	1663381.	3571643
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)						808,480.
	Public support. Subtract line 5 from line 4.						2763163.
se	ction B. Total Support				I		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		149,000.	324,605.	1434657.	1663381.	3571643
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		350.				350.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3571993.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	131
13	First 5 years. If the Form 990 is for th	e organization's fi				01(c)(3)	
	organization, check this box and stop	here		-			<b>X</b>
Se	ction C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), c	divided by line 11, c	olumn (f))		14	ç
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	ç
16a	33 1/3% support test - 2021. If the o					ore, check this bo	k and
	stop here. The organization qualifies a	as a publicly supp	orted organization				►
k	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts		-				
	meets the facts-and-circumstances tes			-			
k	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th		-				
	organization meets the facts-and-circu						
						·····	····· 🕨 🖵
8	Private foundation. If the organization	n did not check a	box on line 13 16:	a. 16b. 17a or 17h	, check this hox a	nd see instructions	; ▶□

	Schedule A (	Form 990	) 2021
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#### THE CONSERVATION COALITION INC. 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
	Amounts from line 6	(4) 2011	(		(4) 2020		
	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						
с	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
	check this box and stop here						
Sec	ction C. Computation of Public	ic Support Per	centage				
15	Public support percentage for 2021 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	021 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	►
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ation ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		<b>&gt;</b>
13202	23 01-04-22		16			Schee	dule A (Form 990) 2021

THE CONSERVATION COALITION INC.

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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132024 01-04-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 THE CONSERVATION COALITION INC.

2

га	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		<u> </u>
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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. Section C. Type II Supporting Organizations

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

Section D. All	Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** 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.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes." describe in* **Part VI** *the role played by the organization in this regard.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Schedule A	(Form	9	90)	2	02	21
Deirt V	Tym	~	111	A		

# THE CONSERVATION COALITION INC.

га	Type in Non-Functionally integrated 509(a)(5) Supportin	iy Oryani	20110115						
1									
	All other Type III non-functionally integrated supporting organizations mus	t complete S	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							
C	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	Section 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

### THE CONSERVATION COALTTION INC.

	A (Form 990) 2021 THE CONSERVATION COALITION INC.	0	7-2012070	Page 1
Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cc	ontinued)		
Section	D - Distributions		Current Ye	ar
<b>1</b> Ar	nounts paid to supported organizations to accomplish exempt purposes	1		
<b>3</b> Ar	accurate paid to perform activity that directly furthers exempt purperses of supported			

	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3			
4		5	4		
	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>    i</u>					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	THE	CONSERVATION	COALITION	INC.	82-3815628	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation.	Provide the explanation	ns required by Part II	, line 10; Part II, line 17a c	r 17b; Part III, line 12;	
	line 1; Part IV, Section D, Section D, lines 5, 6, and	lines 2 an	d 3; Part IV, Section E,	ines 1c, 2a, 2b, 3a, a	nd 3b; Part V, line 1; Part	V, Section B, line 1e; Par	t V,
	(See instructions.)						
132028 01-04-2	2			01		Schedule A (Form 9	90) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

82-3815628

	THE CONSERVATION COALITION INC.					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization					

Γ	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
Γ	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
E	4947(a)(1) nonexempt charitable trust treated as a private foundation
E	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

THE CONSERVATION COALITION INC.

1 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 32,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 28,500. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 24

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c)

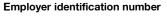
Name, address, and ZIP + 4

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Part I

(a)

No.



(d)

Type of contribution

82-3815628

**Total contributions** 

Page 2

Name of organization

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

# THE CONSERVATION COALITION INC.

123452 11-11-21

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Employer identification number

82-3815628

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THE CONSERVATION COALITION INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 90,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 55,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 55,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

82-3815628

Employer identification number

09071129 131839 A183895

THE CONSERVATION COALITION INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$29,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Page 2

Employer identification number

82-3815628

Schedule B (Form 990) (2021) Name of organization

THE CONSERVATION COALITION INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 25 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Page 2

Employer identification number

82-3815628

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (2

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THE CONSERVATION COALITION INC.

Name of organization

82-3815628

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2021.05000 THE CONSERVATION COALITIO A1838951

Schedule B (Form 990) (2021)



Schedule I	B (Form 990) (2021)				Page <b>4</b>			
Name of o	rganization				Employer identification number			
THE CO	ONSERVATION COALITION I	NC.			82-3815628			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations descri a) through (e) and the followir charitable, etc., contributions of \$	na line entry. For or	ranizations	nat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
·		(e) Transf	er of gift					
	Transferee's name, address, a			elationship of trai	nsferor to transferee			
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
·	(e) Transfer of gift							
·	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
·		(e) Transf	er of gift					
·	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trai	nsferor to transferee			
123454 11-11	1-21	I			Schedule B (Form 990) (2021)			

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)	2021						
Department of the Treasury	Open to Public						
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati		Inspection
Name of the organization		SERVATION COALITIO	א דו	JC			r identification number 315628
Part I Fundrais		Complete if the organization answe			Form 990 Part IV I		
	complete this par				rr enn eee, r arriv, r		
<ul> <li>a Mail solicitat</li> <li>b X Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f Solicita g Special or oral agreement with any individual 'art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X	Yes No to be
(i) Name and addres or entity (fund		(ii) Activity	have custody		(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
HIGHWOOD CAPITAL -	PO BOX		Yes	No			
6127, BOZEMAN, MT	59771	STRATEGY & MANAGEMENT		X	100,000.	35,0	65,000.
Total 3 List all states in whi	ich the organizatio	n is registered or licensed to solicit c	contrib	▶ utions	100,000. or has been notified	35,0 it is exempt froi	·
or licensing.	5	<b>.</b>				1	

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Schedule G (Form 990) 2021

132081 10-21-21

THE CONSERVATION COALITION INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
						(add col. <b>(a)</b> through		
			(avant typa)	(avent type)	(total pumbar)	col. <b>(c)</b> )		
e			(event type)	(event type)	(total number)			
Revenue	4							
Re	1	Gross receipts						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	F	Noncoch prizoo						
Ś	5	Noncash prizes						
Direct Expense:	6	Rent/facility costs						
xpe	Ŭ							
сt	7	Food and beverages						
Dire		•						
_	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►			
_	11	Net income summary. Subtract line 10 from li						
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than			
	\$15,000 on Form 990-EZ, line 6a.							
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				2go, p. og. cool to 2go				
Re	1	Gross revenue						
	•							
	2	Cash prizes						
ses		• • • • • • • • • • • • • • • • • • • •						
Expenses	3	Noncash prizes						
Ť								
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes%	└── Yes %	<b>Yes</b> %			
	6	Volunteer labor	No	No	No			
	_		<b>F</b> ( )					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		▶			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•			
	0	Net gaming income summary. Subtract line r		<u></u>		<u> </u>		
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:					
		he organization licensed to conduct gaming ac		states?		Yes No		
		No," explain:						
		ere any of the organization's gaming licenses re			vear?	Yes No		
b	lf "	Yes," explain:						
13200	12 10	)-21-21			Sche	dule G (Form 990) 2021		

Schedule G (Form 990) 2021	THE	CONSERVATION	COALITION INC.	82-3815628 Page:
<b>11</b> Does the organization conduct g				
			ember of a partnership or other entity form	
to administer charitable gaming?				
13 Indicate the percentage of gamin	g activity	conducted in:		
<b>14</b> Enter the name and address of the	ne person	who prepares the organiz	zation's gaming/special events books and r	ecords:
Name 🕨				
Address 🕨				
<b>15a</b> Does the organization have a cor	ntract with	a third party from whom	the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gam	ning reven	ue received by the organi	zation $\blacktriangleright$ \$ and the	e amount
of gaming revenue retained by th	e third pa	rty 🕨 \$		
c If "Yes," enter name and address	of the thi	rd party:		
Name 🕨				
Address 🕨				
<b>16</b> Gaming manager information:				
Name 🕨				
Gaming manager compensation	▶ \$_			
Description of convisoe provided				
Description of services provided				
Director/officer	Em Em	iployee	Independent contractor	
<b>47</b> Manualatan diatrik diata				
17 Mandatory distributions:	r stato lav	u to make charitable distri	butions from the gaming proceeds to	
retain the state gaming license?				Yes No
• •			ributed to other exempt organizations or s	
organization's own exempt activi				
Part IV Supplemental Infor	mation	<ul> <li>Provide the explanation</li> </ul>	s required by Part I, line 2b, columns (iii) ar	nd (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, a	s applicat	ele. Also provide any addit	tional information. See instructions.	
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			33	

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Schedule G	(Form	990	)

Part IV	Supplemental Information	(continued)
132084 11-18-	21	Schedule G (Form 990)
132084 11-18-	21	

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Open to Public Inspection Employer identification number 82-3815628

OMB No. 1545-0047

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

THE CONSERVATION COALITION INC.

MEANINGFUL CHANGE.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

BODY.

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

THE BOARD MEMBERS REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY IS PRESENTED AT THE FIRST BOD MEETING, THEN

EMAILED TO OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND REQUIRE A

RESPONSE OF UNDERSTANDING & REVEAL ANY POTENTIAL CONFLICTS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

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Schedule O (Form 990) 2021