EXTENDED TO NOVEMBER 17, 2025 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2024 calendar year, or tax year beginning and ending B Check if applicable: C Name of organization D Employer identification number Address change CONSERVATION RESOURCE ALLIANCE Name change 38-2181915 Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 10850 TRAVERSE HIGHWAY 1180 231-946-6817 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 327,596. Amended TRAVERSE CITY, MI 49684 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ROBERT GARNER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.RIVERCARE.ORG J Website: H(c) Group exemption number K Form of organization: Corporation Trust X Association Other L Year of formation; 1985 M State of legal domicile; MI Part I | Summary Briefly describe the organization's mission or most significant activities: TO PRESERVE AND PROTECT NORTHERN Governance MICHIGAN'S WATERWAYS, WILDLIFE, AND FORESTS FOR FUTURE GENERATIONS. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 Activities & Total number of individuals employed in calendar year 2024 (Part V, line 2a) 14 5 Total number of volunteers (estimate if necessary) 6 200 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 8 2,861,845 4,080,969. Program service revenue (Part VIII, line 2g) 9 0. Ο. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 119,275. 627. 246. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,981,120. 4,327,596. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 980,856. 1,130,630. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,700,321. 2,895,260. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,681,177. 4,025,890. 19 Revenue less expenses. Subtract line 18 from line 12 299,943. 301,706. 5 Beginning of Current Year End of Year Assets Ralance 20 Total assets (Part X. line 16) 5,408,992. 5,601,057. 21 Total liabilities (Part X, line 26) 720,063. 545,679. let Net assets or fund balances. Subtract line 21 from line 20 4,688,929. 5,055,378. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date DIANE VANDERVEEN, TREASURER Here Type or print name and title

Preparer's signature

TRAVERSE CITY, MI 49685-0947

AARON J. MANSFIELD, CPA

Firm's address P.O. BOX 947

DGN, LLC

Preparer's name

Firm's name

Paid

Preparer

Use Only

Date

PTIN

Firm's EIN 20-2349670

Phone no. (231) 946-1722

P01230273

Check

06/16/25 self-employed

	rt IV Checklist of Required Schedules	7 4 5	002	age •
Pa	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)?		res	NO
'		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
3	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			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		l x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ė		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	HE		1
	as applicable.		1.7	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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,			1
	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			l .
	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? /f "Yes,"	1		1.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1

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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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,		PN	. 3
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	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
	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	051		
00	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
	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		~	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
_	Officer it Scriedule O contains a response of flote to any line in this Fart V	(C+++(4)	V	N-
a -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	and the management of the state		197	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	10	х	
	(Marrishing) withings to price withings:	16		

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			Yes	No
2a	, , , , , , , , , , , , , , , , , , , ,		45.5	13
	filed for the calendar year ending with or within the year covered by this return 2a 14			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	5			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		^ =	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		9.11	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	40.40.04	-	000	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b9		E 110			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			a v		
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х		
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		4			
а	The governing body?	8a	х			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0				
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
	(mis dection b reduests information about policies not required by the internal nevenue code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100				
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa				
12a		12a	х			
b	The residence of the second se					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х			
•	on Schedule O how this was done	12c	х			
13	Did the organization have a written whistleblower policy?	13	X	-		
14		14	X	-		
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	W.				
2	The organization's CEO, Executive Director, or top management official	15a	х			
h			X	_		
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	10			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		E _			
ioa		16-		Х		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		A.		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	TO A STATE OF THE	16b				
Sect	exempt status with respect to such arrangements?	dol				
	List the states with which a copy of this Form 990 is required to be filed MI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	OphA -	availah	ole.		
	for public inspection. Indicate how you made these available. Check all that apply.	orny)	availal	JIC .		
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	ial			
	statements available to the public during the tax year.	mano	ııdı			
	State the name, address, and telephone number of the person who possesses the organization's books and records					
20	SUZANNE KNOLL - 231-946-6817					
	10850 TRAVERSE HWY, STE. 1180, TRAVERSE CITY, MI 49684	_				
432006	12-10-24	Form	990	(2024)		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AMY BEYER	40.00	.,						121 051	•	_
EXECUTIVE DIRECTOR (2) SUZANNE KNOLLS	12.70	X		Х				131,051.	0.	0
EXECUTIVE DIRECTOR	12.70	x		х				21 774	0.	0
(3) DANIEL HUBBELL	2.40	^		^		Н		31,774.	0.	0
CHAIRMAN	2.40	х		x				0.	0.	0
(4) DIANE VANDERVEEN	2.40	-		_				0.	0.	0.
TREASURER	2.10	x		х				0.	0.	0
(5) MIKE DONAHUE	0.70	-						· ·		
SECRETARY		x		х				0.	0.	0
(6) BOB GARNER	0.70									
VICE CHAIR		х		х				0.	0.	0.
(7) CHRIS BATES	2.40								121	
MEMBER		х						0.	0	0.
(8) PETE STALKER	0.50									
MEMBER		X						0.	0:•:	0.
(9) WILLIAM SUNDSTROM	0.70								·	
MEMBER		Х						0.	0	0,
(10) NORA BALGOYEN	1.60									
MEMBER		Х	Щ	_				0.	0 -	0 .
(11) DICK REDMOND	2.40								_	
MEMBER		Х					_	0.	0.	0.
				_	-	Н		S = = = = = = = = = = = = = = = = = = =		
			\dashv	-	-	Н	_			
		-					_			
			\neg							

432007 12-10-24

Section A. Officers, Directors, Trus		Jioy	ees,			gnes	i C	ompensated Employee	s (continued)		
(A)	(B)	(C)			(D)	(E)		(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box, unless person is both an officer and a director/trustee)				amount of other					
	week (list any	-	LG al	uau	I BCK	Jiruus	100)	from		from related	
	hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/		pensation
	related	e or d	98			sated		organization (W-2/1099-MISC/	1099-NEC)	Tri .	om the anization
	organizations	ruste	l trus		89/	mpen		1099-NEC)	1000-1120)	_	related
	below	dual t	Institutional trustee	_	np(o)	St co	- as	,		1	nizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			ľ	
			П								
						ļ					
-											
•											
1b Subtotal		anteres	Atmints			and vising		162,825.	0.		0.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)								162,825.	0.		0.
2 Total number of individuals (including but n									000 of reportable		
compensation from the organization						,		, , , , , , , , , , , , , , , , , , ,			1
											Yes No
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lam	love	e, or	hia	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule J for si			-		-		_		-	3	х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	х
5 Did any person listed on line 1a receive or a	ccrue compen	sati	nn fr	om :	anv	unre	late	ed organization or individ	ual for services		
rendered to the organization? If "Yes," com										5	x
Section B. Independent Contractors	prote derreuble		11.00	011	JCIS	uii -					
Complete this table for your five highest cor	mnensated ind	ene	nder	nt co	ntra	actor	rs th	nat received more than \$	100 000 of compens	tion fro	m
the organization. Report compensation for t										11011110	•••
(A)											
Name and business	address							Description of s	ervices ((C) Compensation	
CATSKILL REMEDIAL CONTRAC		RV	TC	ES		TN	<u>.</u>				
1020 E GRAND RIVER AVE, B					-		- 1	CONSTRUCTION		569	5,973.
ANTRIM COUNTY ROAD COMMIS		-		_			T				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 990 (2024)

458,076.

410,081.

375,982.

226,006.

319 E LINCOLN ST, MANCELONA, MI 49659

10974 E 96TH ST, REED CITY, MI 49677

\$100,000 of compensation from the organization

GRAND TRAVERSE ENGINEERING AND CONSTRUCTION

3147 LOGAN VALEY RD, TRAVERSE CITY, MI 4968 CONSTRUCTION

2 Total number of independent contractors (including but not limited to those listed above) who received more than

CHARLEVOIX COUNTY ROAD COMMISSION 1251 BOYNE AVE, BOYNE CITY, MI 49712

KNOOP EXCAVATING SERVICE

CONSTRUCTION

CONSTRUCTION

CONSTRUCTION

			NSERVATION	RESOURCE	ALLIANCE		38-2181	915 Page 9
Pa	ırt V							(p
-	_	Check if Schedule O	contains a response	or note to any lir		<u> </u>	,	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns	1a					
	ı		1Ь			10 7/14 N. C.		
		c Fundraising events	1c					//
if.		d Related organizations						
s E	,	e Government grants (conti		,586,688.			0.7	
io i	1	F All other contributions, gifts,	, grants, and					
but		similar amounts not included	d above 🔐 🚹 1	,494,281.	To Sugar	Die Territoria		No. of the last
발		Noncash contributions included in		112,145.				
0 8		h Total. Add lines 1a-1f			4,080,969.			
				Business Code				
e	2 8							
e Z	l t	•						
am Ser	٩							
Program Service Revenue	1	=======						
o o	٤			-				
-		All other program service						
-	3	Total. Add lines 2a-2f Investment income (include						
	ŭ				236,627.			236,627.
	4	Income from investment of	of tax-exempt bond	proceeds	230/02/1			230,027.
	5	Royalties						
		,,	(i) Real	(ii) Personal				THE RESERVE
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b			1 Y	V -1121	
		: Rental income or (loss)	6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	1	eg 11 - 12 - 12 11	J = 20 1/2	"Xip" slike
		assets other than inventory	7a	10,000.		N 400 - 100		
	ь	Less: cost or other basis						. 'L in -
Jue		and sales expenses		0.		10 2 7 X		
Revenue		Gain or (loss)		10,000.	10.000	10 000		
er R		Net gain or (loss)			10,000.	10,000.		
othe The	8 a	Gross income from fundraision including \$				-		
١		contributions reported on	of Jine 1a) Con		7 1 A 1 - A 2 - A			
		Part IV, line 18	/					
	Ь	Less: direct expenses						
- 1		Net income or (loss) from		4				
		Gross income from gamin	_		The state of		4	
		Part IV, line 19	-					
	b	Less: direct expenses			ALTERNATION		1 1 2 2 1	
		Net income or (loss) from		144224111111111111111111111111111111111				
- 1	10 a	Gross sales of inventory, I	ess returns				11 31	100
- 1		and allowances		a				
		Less: cost of goods sold		0				
_	С	Net income or (loss) from	sales of inventory .	T				
ST				Business Code			HIV E	
eo n	11 a							
llan	b	-						
Miscellaneous Revenue	c c							
Ξ		All other revenue	********************					

432009 12-10-24

4,327,596.

12 Total revenue. See instructions

10,000.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 143,728. Other salaries and wages 771,766. 543,818. 84,220. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 358,864. 255,591. 63,680. 39,593. Other employee benefits Payroll taxes 10 Fees for services (nonemployees): Management b Legal Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,501,479. 2,458,817. 37,680. 4,982. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 3,780. 3,685. 95. Office expenses 13 Information technology 14 15 Royalties 63,751. 63,751. 16 Occupancy 19,557. 14,870 4,687. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 28,515 21,652 4,607. 2,256. 19 20 Payments to affiliates Depreciation, depletion, and amortization 23,484. 2,657. 20,827. 22 43,062. 43,062. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) FIELD SUPPLIES 70,546. 70,546. IN-KIND 62,441. 62,441. COMPUTER EXPENSE 32,825. 287. 452. 32,086. 1,155. 17,515.d PRINTING 12,326. 4,034. 28,305. 244,900. -259,694. 43,099. e All other expenses 4,025,890. 3,625,629. 217,008. 183.253. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

432010 12-10-24

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

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 411,114. 199,843. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 144,231. Pledges and grants receivable, net 3 3 Accounts receivable, net 978,405. 766,425. 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 42,480. 65,116. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 158,102. b Less: accumulated depreciation 10b 87,854. 31,331. 70,248. 10c Investments - publicly traded securities 11 11 4,452,669. Investments - other securities. See Part IV, line 11 3,694,118. 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 107,313. 46,756. 15 Other assets. See Part IV, line 11 15 5,408,992. 5,601,057. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 601,828. 491,556. Accounts payable and accrued expenses 17 17 18 Grants payable 8,800. 6,050. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 109,435. 48,073. 25 26 Total liabilities. Add lines 17 through 25 720,063. 545,679. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,485,506. 2,699,822. Net assets without donor restrictions 27 27 2,203,423. 2,355,556. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 5,055,378. 4,688,929. 32 32 5,408,992. 5,601,057. Total liabilities and net assets/fund balances ... Form 990 (2024)

	1930 (2024) CONDERVITION REDOUNCE ADDIANCE	20	4101313	Pa	ge Z		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,327				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,025	8,8	90.		
3	Revenue less expenses. Subtract line 2 from line 1	3	301	.,7	06.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,688	3,9	29.		
5							
6	Donated services and use of facilities	6		3.V			
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	5,055	3,3	78.		
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>		X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.		10			
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:			. 1			
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	(176) (T) (6)	2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			. 5		
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis				-70-1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X .			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х			
			Form	990 ((2024)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CONSERVATION RESOURCE ALLIANCE 38-2181915 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other in your dove (described on lines 1-10 organization support (see instructions) support (see instructions) Nο above (see instructions))

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2194744.	1553809.	2644000.	2861845.	4080969.	13335367.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2194744.	1553809.	2644000.	2861845.	4080969.	13335367.
5	The portion of total contributions						
	by each person (other than a					SALES .	
	governmental unit or publicly		100			Si Fina	
	supported organization) included	TWO TO THE					
	on line 1 that exceeds 2% of the			12.5			
	amount shown on line 11,			100000			
	column (f)						712,966.
	Public support. Subtract line 5 from line 4.						12622401.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	2194744.	1553809.	2644000.	2861845.	4080969.	13335367.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	79,032.	79,025.	73,896.	128,518.	246,627.	607,098.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10			A BELLEVILLE			13942465.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the			•			
804	organization, check this box and stor			***************************************		*(*,.**,*)********************	
	ction C. Computation of Publi						00 52
	Public support percentage for 2024 (li					14	90.53 %
	Public support percentage from 2023					15	89.75 %
юа	33 1/3% support test - 2024. If the c						
	stop here. The organization qualifies						
В	33 1/3% support test - 2023. If the c						
47-	and stop here. The organization quali						
ı/a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
ı.	meets the facts-and-circumstances te				97100		
O	10% -facts-and-circumstances test						IU% or
	more, and if the organization meets the						
12	organization meets the facts-and-circu Private foundation. If the organization						
10	i iivate iounidation. Il the organizatio	п иш посспеск а с	ox on line 13, 16a	, 100, 17a, or 17b	, check this box ar		0.0000000000000000000000000000000000000
						ocnedule A	(Form 990) 2024

432022 01-14-25

	edule A (Form 990) 2024 CO art III Support Schedule for C	NSERVATIO	N RESOURCE	E ALLIANCE	3)	38-218	1915 Page 3
la in				07 (78)			
	(Complete only if you checked			organization failed	to qualify under P	art II. If the organiza	ation fails to
80	qualify under the tests listed b	elow, please comp	olete Part II.)				
_	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
2	Gross receipts from activities that						
3	·						
	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					1	
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
							
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)					AT STEED	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6		2	(30)	***		•
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
ь	(less section 511 taxes) from businesses						
	` '		ľ				
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)						
	First 5 years. If the Form 990 is for th	e organization's fir	st second third f	ourth, or fifth tax v	ear as a section 5	01(c)(3) organizatio	n
	check this box and stop here						
Sec	tion C. Computation of Public	c Support Per	centage	***************************************			
	Public support percentage for 2024 (li			olumn (fl)		15	
			0.0	Contract			
	Public support percentage from 2023 tion D. Computation of Inves				22402104244441444	_16	<u>%</u>
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2024. If the						is not
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	ies as a publicly su	ipported organiza	tion	
b	33 1/3% support tests - 2023. If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, ar	nd

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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	200	
	100	
	14.5	
2		
3a		
	1	
3b	100	
	100	0
3с		
	45	
4a		
	6 4	
4b		
ilk I		
16-3	8.7	
	line.	
4c		
	17.7	
5a		
5b	-	
5c	100	Te I
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194		
9a	J2 =0	
9b		
	W.	, su
9c		
10	NE.	
10a		100
10b		
A (For	m 990)	2024

432024 01-14-25

Schedule A (Form 990) 2024

7

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

6

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2024

432028 01-14-25

SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 38-2181915

	CONSERVATION RESOUR		or Accounts Complete it the
Par			Of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		and the second
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreating		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	(4 - (1	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
a			01
b	Number of conservation easements on a certified historic structure.	Sture included on line 2s	***************************************
C	Number of conservation easements on a certified historic structure. Number of conservation easements included on line 2c acquire.		20
d	·		2d
_	on a historic structure listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3		ased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	A	•
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		A144190-414-444-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	iservation easements during the year
			P
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year
			1.1/41/02/0
8	Does each conservation easement reported on line 2d above s		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		than Cimilar Acasta
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat		al gain, provide
_	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	aperwork Reduction Act Notice, see the Instructions for Fo		Schedule D (Form 990) (Rev. 12-2024)

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

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	dule D (Form 990) (Rev. 12-2024) CONSERV				r Simila	38-21 r Assets			2
-	Using the organization's acquisition, accession	-04					COMINE	Jeu)	-
3		on, and other records	s, check any or the n	ollowing that make s	signilicant	use or its			
_	collection items (check all that apply). Public exhibition	d	Loan or evel	hange program					
a	Scholarly research	e e	Other	nange program					
b		е							-
C	Preservation for future generations Provide a description of the organization's co	lloctions and avalain	how thou further th	o organization's eve	mnt nurne	se in Part	YIII		
4	During the year, did the organization solicit or					ise iiii ait	AIII.		
5	• •						Yes	No	2
Dat	to be sold to raise funds rather than to be ma							INC	-
rai	reported an amount on Form 990, Par		te if the organization	answered res on	romi 990	, rantiv, ii	ne s, or		
_		<u> </u>	line of an annual line of the	tht	t included				-
Та	Is the organization an agent, trustee, custodia						Yes	□ No	
	on Form 990, Part X?						res	I NC	,
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:				Amount		-
					4.		7111001110		-
C .	Beginning balance				565				-
d	Additions during the year					-			-
e	Distributions during the year					-			-
f	Ending balance						7	TIM	-
	Did the organization include an amount on Fo						Yes	No.)
	If "Yes," explain the arrangement in Part XIII.						*********		-
Par	t V Endowment Funds Complete if			(c) Two years back		years back	Int Four	years back	-
		(a) Current year	(b) Prior year			517.551.		358,796	_
1a	Beginning of year balance	1,537,187.	1,357,787.	1,640,618.	Δ,.	517,551.	(t.a)	336, 730	÷
b	Contributions	200.	150 100	000 004		102 007		150 755	-
С	Net investment earnings, gains, and losses	163,831.	179,400.	-282,831.		123,067.		158,755	÷
d	Grants or scholarships								-
е	Other expenditures for facilities								
	and programs								-
f	Administrative expenses							E48 EE4	_
g	End of year balance	1,701,218.	1,537,187.	1,357,787.	1,	640,618.	1,	517,551	-
2	Provide the estimated percentage of the curr		-) held as:					
а	Board designated or quasi-endowment	62.9000	_%						
b	Permanent endowment 14.5000	%							
С		%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	he		1	· []	-
	organization by:							Yes No	_
	(i) Unrelated organizations?						3a(i)	X	_
	(ii) Related organizations?						3a(ii)	X	_
b	If "Yes" on line 3a(ii), are the related organization						3b		-
4	Describe in Part XIII the intended uses of the		wment funds.						_
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				_
	Description of property	(a) Cost or o		1 ' '	Accumulat		(d) Book	c value	
		basis (investr	nent) basis	(other) de	epreciatio	n			-
1a	Land								_
b	Buildings								-
	Leasehold improvements								_
d	Equipment	a.	15	8,102.	87,8	54.	70	0,248	•
	Other	I						411	
Total	Add lines 1a through 1e (Column (d) must o	aval Form 000 Part	V line 10c column	/DII			70),248	_

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities	n Form 900 Part IV line 1	1h Soo Form 990 Part V line 12	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives	(4,	(-,	
(2) Closely held equity interests			
(3) Other			
(A) WELLS FARGO ADVISORS	4,452,669.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,452,669.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			J - £
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Cal (b) must equal Form 000 Part V line 12 and (P))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	escription	,	(b) Book value
(1)	· _		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	***************************************	
Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY,	CURRENT		48,073.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			10.000
Total (Column (b) must agual Form 000, Part V line 25, col	/DII		48.073.

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

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) CONSERVATION RESOURCE ALLIANCE	38-2181915	Page 5
Schedule D (Form 990) (Rev. 12-2024) CONSERVATION RESOURCE ALLIANCE Part XIII Supplemental Information (continued)		
		
		-

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

CONSERVATION RESOURCE ALLIANCE

Employer identification number 38-2181915

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
9	Securities - Publicly traded	X	2	60,533.	QUOTED MARK	ET I	PRIC	ES
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
	Real estate - Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
25	Other (PAINTINGS)	Х	127	47,400.	SELLING PRI	CE		
26	Other (EVENT/TOUR TICK)	Х	4	2,230.	SELLING PRI	CE		
27	Other (GOODS)	X	5	1,982.	COST			
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted on Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		_X_
b	If "Yes," describe the arrangement in Part II.					4		
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribute	tions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?		_		****	32a		_X_
b	If "Yes," describe in Part II.					ring.	13	
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,	118		
	describe in Part II.							

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

Schedule M (Form 990) 2024

Schedule M	(Form 990) 2024	CONSERVATION	ON RESOURCE	ALLIANCE		38-2181915	Page 2
Part II	Supplementa is reporting in Par	I Information. Pro rt I, column (b), the nurudditional information.	vide the information r nber of contributions,	required by Part I, li the number of item	nes 30b, 32b, and 33, ns received, or a comb	and whether the organization of both. Also com	ation plete

Schedule M (Form 990) 2024

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SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CONSERVATION RESOURCE ALLIANCE

Employer identification number 38-2181915

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

A DRAFT OF THE 990 IS REVIEWED BY THE FINANCE COMMITTEE BEFORE PRESENTING IT TO THE BOARD FOR FINAL REVIEW. IT IS THEN FILED WITH THE IRS.

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

ONCE A CONFLICT OF INTEREST HAS BECOME KNOWN THE CHAIRPERSON MAY APPOINT A
DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE REASONABLE ALTERNATIVES TO
THE PROPOSED TRANSACTION. IF A REASONABLE ALTERNATIVE CANNOT BE REACHED IT
WILL BE VOTED ON BY THE DISINTERESTED MEMBERS OF THE BOARD. IF THE BOARD
LEARNS OF A MEMBER FAILING TO DISCLOSE A CONFLICT OF INTEREST IT WILL ASK
FOR AN EXPLANATION AND TAKE DISCIPLINARY ACTION IF NECESSARY.

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

CONDUCTED INDEPENDENTLY BY BOARD MEMBERS

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

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

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

FO.	KM	990	, PA	K.I. I	.х.,	LINE	IIG,	OTHER	PE
PR	OFE	SSI	ONAL	SUE	3 C(ONTRA	CT:		

PROGRAM SERVICE EXPENSES	2,442,698.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,442,698.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	4,871.
MANAGEMENT AND GENERAL EXPENSES	36,180.
FUNDRAISING EXPENSES	160.
TOTAL EXPENSES	41,211.

WEBSITE FEES AND MARKETING:

PROGRAM SERVICE EXPENSES	11,248.
MANAGEMENT AND GENERAL EXPENSES	1,500.
FUNDRAISING EXPENSES	4,822.
TOTAL EXPENSES	17,570.
TOTAL OTHER FEES ON FORM 990 PART IX LINE 11G COL A	2 501 479.

FORM 990, PART XII, LINE 2C:

NO CHANGES IN THE ORGANIZATION'S OVERSIGHT PROCESS OF THE AUDIT OR THE SELECTION PROCESS FOR AN INDEPENDENT AUDITOR OCCURRED DURING THE YEAR.

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

Schedule O (Form 990) (Rev. 12-2024)