EXTENDED TO NOVEMBER 15, 2021

Form 990

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

A.	ror the 2	2020 Calendar year, or tax year beginning	ia enaing		
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address	CAPITAL REGION LAND CONSERVANCY, INC			
	Name	Doing business as		20-27976	35
	Initial	Number and street (or P.D. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	P.O. BOX 17306	1	202-302-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	883,562.
-	Amended return			H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer:BILL GREENLEAF		for subordinates	
_	No.	200 S. 3RD STREET, RICHMOND, VA 2321		H(b) Are all subordinates i	
		not status: X 501(c)(3)	1) or 527		list. See instructions
		▶ WWW.CAPITALREGIONLAND.ORG	Trans	H(c) Group exemption	
		ganization: X Corporation Trust Association Other	L Year	of formation: 2005	A State of legal domicile: VA
-		felly describe the organization's mission or most significant activities: TO	CONGERV	E AND DROTE	CT THE
Activities & Governance	1 Br	ATURAL AND HISTORIC LAND AND WATER RES	OURCES	OF VIRGINIA	'S CAPITAL
Fa		neck this box if the organization discontinued its operations or disp			
ove		경기가 가게 되어 되는 사람이 하는 것이 되어 되었다. 그런 사람들이 얼마나 되었다면 되었다면 되었다면 되었다.		3	15
Ö		umber of independent voting members of the governing body (Part VI, line 1b			15
Se		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			3
Ě		otal number of volunteers (estimate if necessary)			63
cti	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4		et unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
0	8 Cc	ontributions and grants (Part VIII, line 1h)		261,660.	715,949.
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		0.	0.
8	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,286.	3,431.
æ	11 Ot	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,435.	47,462.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		293,381.	766,842.
	13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)	and a constant	0.	0.
88	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	52,534.	130,573.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	in and a second	0.	0.
×	b To				
ш	17 00	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,231.	168,286.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		203,765.	298,859.
		evenue less expenses. Subtract line 18 from line 12		89,616.	467,983.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20 To	otal assets (Part X, line 16)	ariestria.	3,928,636.	4,626,022.
A	21 To	otal liabilities (Part X, line 26)		865,608.	1,066,135.
		et assets or fund balances. Subtract line 21 from line 20		3,063,028.	3,559,887.
-	_	Signature Block	9 1 7 7 9 9 9 1 T		C S P P S S S S S S S S S S S S S S S S
		es of perjury, I declare that I have examined this return including accompanying schedu			y knowledge and belief, it is
true	, correct, a	and complete. Declaration of proparer (other than officer) is based on all information of	which preparer		a last
~		Signature of officer		Date	12/2021
Sig	- 7	BILL GREENLEAF, PRESIDENT			
Her	re	Type or print name and title			
-	P	rint/Type preparer's name Preparer's signature	1	Date Check	II PTIN
Pai	- V-			if self-employ	P00590214
	_	irm's name MITCHELL, WIGGINS & COMPANY LL	P	Firm's FIN	54-0565834
		irm's address 100 FLANK ROAD	-	Tamount S	
		PETERSBURG, VA 23805-9152		Phone no. 8 0	4-733-5566
Ma	v the IRS	discuss this return with the preparer shown above? See instructions		1	X Yes No
Trick	7 410 1110	I LA For Pananyark Parkustian Act Nation see the congrete instruc	tions.		Form 990 (2020)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO CONSERVE AND PROTECT THE NATURAL AND HISTORIC LAND AND WATER
	RESOURCES OF VIRGINIA'S CAPITAL REGION FOR THE BENEFIT OF CURRENT AND
	FUTURE GENERATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 179,545. including grants of \$) (Revenue \$)
	IN 2020 CAPITAL REGION LAND CONSERVANCY, INC. ("THE CONSERVANCY")
	RECORDED ONE CONSERVATION EASEMENT WHICH IS CO-HELD WITH THE
	HENRICOPOLIS SOIL AND WATER CONSERVATION DISTRICT AND THREE
	CONSERVATION EASEMENTS SOLELY HELD BY THE CONSERVANCY.
	MILE EXCEMENDO TROLLIDE MILE ECLIONING. 1\ 124 AODE EXCEMENT IN HENDIO
	THE EASEMENTS INCLUDE THE FOLLOWING: 1) 124-ACRE EASEMENT IN HENRICO COUNTY CO- HELD BY THE CONSERVANCY AND HENRICOPOLIS SOIL AND WATER
	CONSERVATION DISTRICT WITH APPROXIMATELY 89 ACRES OF EITHER PRIME
	FARMLAND SOILS OR SOILS OF STATEWIDE IMPORTANCE; 2,593 FEET OF ROAD FRONTAGE ALONG KINGSLAND ROAD AND 2,246 FEET ALONG HOKE BRADY ROAD TO
	AFFORD TRAVELING PUBLIC VIEW ACROSS OPEN FIELDS AND PORTIONS OF THE
	HISTORIC CHAFFIN'S FARM/NEW MARKET HEIGHTS BATTLEFIELD CORE AREA; AND
41-	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (LAppring grains of V
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 179,545.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 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,	_	х	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		Α_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		25
•••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	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	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Fai	Officerist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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 Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f	200		_ <u>-</u>
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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	Х	
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	1	l	l

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? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O

38 X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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032004 12-23-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	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								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		Х					
h	any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
b	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	OD							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	and the second of the second o								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
	to file Form 8282?	7c		Х					
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							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
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:								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b								
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
~	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	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 13b								
	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		Х					
46	If "Yes," see instructions and file Form 4720, Schedule N.	2.5		v					
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.	Form	990	(2022					

Form **990** (202)

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	1a	15							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?		L	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?		L	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or								
	more members of the governing body?		L	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?		L	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:								
а	The governing body?		L	8a	X					
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 re	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)								
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		L	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		L	10b	Х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	L	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe								
	in Schedule O how this was done		L	12c	Х					
13	Did the organization have a written whistleblower policy?		L	13	X					
14	Did the organization have a written document retention and destruction policy?		L	14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?								
а	The organization's CEO, Executive Director, or top management official		[15a		Х				
b	Other officers or key employees of the organization		[15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a								
	taxable entity during the year?		[16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's								
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	(c)(3)s	s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain	n on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest polic	y, and	l finar	ncial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records > _								
	BILL GREENLEAF - 804-745-3110									
	200 S. 3RD STREET, RICHMOND, VA 23219									

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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PARKER C. AGELASTO	40.00	1		77				76 600	0	2 160
EXECUTIVE DIRECTOR	0 50			Х				76,608.	0.	3,160.
(2) BRANDT STITZER	0.50	X		37				0.	0.	0
SECRETARY	0.50	Α.		Х				0.	0.	0.
(3) KEVIN ENGLE	0.50	x						0.	0.	0.
OIRECTOR (4) PHILIP REED	3.00	^						0.	0.	0.
VICE PRESIDENT	3.00	X		х				0.	0.	0.
(5) MARK MERHIGE	0.50	^		Λ				0.	· ·	0.
DIRECTOR	0.30	X						0.	0.	0.
(6) SARAH RICHARDSON	0.50	123							•	•
DIRECTOR	- 333	x						0.	0.	0.
(7) L. PRESTON BRYANT	0.50									
DIRECTOR		X						0.	0.	0.
(8) BILL GREENLEAF	3.00							_		-
PRESIDENT		X		Х				0.	0.	0.
(9) ADDISON THOMPSON	0.50									
DIRECTOR		Х						0.	0.	0.
(10) MARK ENDRIES	0.50									
TREASURER		Х		Х				0.	0.	0.
(11) CAROL WAMPLER	0.50									
DIRECTOR		Х						0.	0.	0.
(12) HEATHER BARRAR	0.50									_
DIRECTOR		Х						0.	0.	0.
(13) WORTIE FERRELL	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(14) DAN JONES	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(15) PHIL DAWSON	0.50	1								_
DIRECTOR	0.50	Х						0.	0.	0.
(16) VALARIE BURTON	0.50	1							_	_
DIRECTOR		Х						0.	0.	0.
		4								

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Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do	Position (do not check more than one box, unless person is both ar officer and a director/trustee)				one h an	(D) Reportable compensation from	(E) Reportable compensatio	on		(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	ons compens from to organize and relations		compensation from the organization and related organizations	
	Subtotal							<u> </u>	76,608.		0.		3,1	60.
С	Total from continuation sheets to Part VI	II, Section A							76,608.		0.		3,1	0.
2	Total number of individuals (including but n								<u> </u>	0,000 of reportab	le			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		_	ghest compensated emp	-		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	•		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	rom	any	/ uni					5		Х
	tion B. Independent Contractors									•				
1	Complete this table for your five highest control the organization. Report compensation for	= -	-								npens	ation	from	
	(A) Name and business	address	N	INC	3				(B) Description of s	services	С		C) nsatio	n
								\dashv						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li:	sted	d above) who received n	nore than				

032008 12-23-20

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 191,639. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 524,310 similar amounts not included above 1f 179,617. 1g \$ g Noncash contributions included in lines 1a-1f 715,949. h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 7,270. 7,270. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 30,949. 6 a Gross rents 0. **b** Less: rental expenses ... 30,949. c Rental income or (loss) 30,949. 30,949. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of $_{7a}$ 110,131. assets other than inventory b Less: cost or other basis 7b 113,970. Other Revenue and sales expenses -3,839.c Gain or (loss) -3,839.-3,839. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 15,592. Part IV, line 18 **b** Less: direct expenses _____ 12,842. 12,842. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 900099 3,671. 3,671. 11 a MICELLANEOUS b d All other revenue 3,671. e Total. Add lines 11a-11d 766,842. 50,893. Total revenue. See instructions 12

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
2	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,	80,295.	67,815.	7,941.	1 530
_	trustees, and key employees	00,293.	07,013.	7,341.	4,539
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	41 224	20 200	679.	2 265
7	Other salaries and wages	41,224.	38,280.	6/9.	2,265
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0 0 5 4	7 010	C25	
10	Payroll taxes	9,054.	7,912.	635.	507
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,665.		8,665.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,396.		2,396.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	12,067.	12,067.		
12	Advertising and promotion	500.	500.		
13	Office expenses	9,489.	1,000.	2,791.	5,698
14	Information technology				
15	Royalties				
16	Occupancy	3,600.		3,600.	
17	Travel	1,937.	1,937.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	940.	940.		
20	Interest	37,265.	37,265.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,012.	4,000.	1,012.	
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) BAD DEBT EXPENSE	76,000.		76,000.	
a h	REAL ESTATE TAXES	5,306.	5,306.	70,000	
b	MISCELLANEOUS	2,586.	3,300.	1,682.	904
c	FEES & SUBSCRIPTIONS	2,523.	2,523.	1,002.	304
d		4,343.	4,343.		
_	All other expenses	298,859.	179,545.	105,401.	13,913
25	Total functional expenses. Add lines 1 through 24e	430,033.	1/5,343.	103,401.	13,913
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)				Form 990 (20)

Form **990** (2020)

Part X | Balance Sheet

rai	נא	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			204,970.	2	385,635
	3	Pledges and grants receivable, net		133,000.	3	207,505	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of	r forme	officer, director,			
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	-				
		under section 4958(f)(1)), and persons describe				6	
2	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use		0.404	8	44 505	
١,	9	Prepaid expenses and deferred charges			2,434.	9	11,505
	10a	Land, buildings, and equipment: cost or other		2 505 004			
		basis. Complete Part VI of Schedule D		3,707,981.	2 262 242		2 505 204
	b	Less: accumulated depreciation			3,368,042.	10c	3,707,981
	11	Investments - publicly traded securities	220,190.	11	283,738		
	12	Investments - other securities. See Part IV, line			12	28,658	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	1 000
	15	Other assets. See Part IV, line 11			0.	15	1,000
	16	Total assets. Add lines 1 through 15 (must equ			3,928,636.	16	4,626,022
	17	Accounts payable and accrued expenses			28,985.	17	35,682
	18	Grants payable		18	150 005		
	19	Deferred revenue				19	159,897
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
ם ב		controlled entity or family member of any of the			836,623.	22	870,556
	23	Secured mortgages and notes payable to unrel			030,023.	23	070,330
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line	S 17-24)	. Complete Part X		25	
	06	of Schedule D			865,608.	26	1,066,135
-	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			003,000.	26	1,000,133
ខ្ល		and complete lines 27, 28, 32, and 33.	CK HE				
	27				2,590,245.	27	3,021,193
ă	28	Net assets with donor restrictions			472,783.	28	538,694
		Organizations that do not follow FASB ASC 9					
2		and complete lines 29 through 33.	, 0110				
5	29	Capital stock or trust principal, or current funds				29	
<u> </u>	30	Paid-in or capital surplus, or land, building, or e				30	
ř	31	Retained earnings, endowment, accumulated in				31	
Net Assets of Fund balances	32	Total net assets or fund balances			3,063,028.	32	3,559,887
-	33	Total liabilities and net assets/fund balances			3,928,636.	33	4,626,022

Pai	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			6,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,8 7,9			
3								
4								
5	Net unrealized gains (losses) on investments	5		2	8,8	76.		
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	3	,55	9,8	<u>87.</u>		
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,					
	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	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990 or 990-EZ)

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

Employer identification number Name of the organization CAPITAL REGION LAND CONSERVANCY, 20-2797635 TNC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 CAPITAL REGION LAND CONSERVANCY, INC. 20-2797635 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	151,996.	357,104.	6,025,175.	261,660.	715,949.	7,511,884.
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	151,996.	357,104.	6,025,175.	261,660.	715,949.	7,511,884.
	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)						694,972.
6	Public support. Subtract line 5 from line 4.						6,816,912.
	ction B. Total Support						, , ,
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	151,996.	357,104.	6,025,175.	261,660.	715,949.	7,511,884.
	Gross income from interest,	-	-		-	-	· · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,921.	2,573.	37,930.	29,494.	38,220.	110,138.
9	Net income from unrelated business	,	,	<u> </u>	•	,	·
_	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.)					3,671.	3,671.
11	Total support. Add lines 7 through 10						7,625,693.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	15,592.
	First 5 years. If the Form 990 is for the	•	,				. ,
	organization, check this box and stor				•		
Sec	ction C. Computation of Publ						············· / —
				column (f))		14	89.39 %
15	Public support percentage from 2019					15	88.58 %
16a	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	, , ,	,				
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6		, ,	, ,	, ,	, ,	
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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	organization's fi	rst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	_			•		
Section C. Computation of Public						
15 Public support percentage for 2020 (lir	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					•	
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20					18	9/
19a 33 1/3% support tests - 2020. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2019. If the c	•			•	•	
line 18 is not more than 33 1/3%, chec						
ZU PRIVATA TOURGATION IT THE ORGANIZATION	did not chack a	DOV OR IDA 1/1 10	a oriun chackt	nie nav and ead in	CITIOTIONS	

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		<u> </u>
360	Tion D. All Type III Supporting Organizations		Vaa	N _a
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		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 in line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	ıstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	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.

Schedule A (Form 990 or 990-EZ) 2020 CAPITAL REGION LAND CONSERVANCY, INC. 20-2797635 Page 6

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3		
4	4 Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	he organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	·	(:)	/::\		/:::\	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MARY MORTON PARSONS FOUNDATION	500,000.	347,486.
CABELL FOUNDATION	500,000.	347,486.
Total Excess Contributions to Schedule A, Part II, Line 5		694,972.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CAPITAL REGION LAND CONSERVANCY, INC.

Employer identification number 20-2797635

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	·	
	Preservation of land for public use (for example, recrea		istorically important land area
	X Protection of natural habitat	Preservation of a c	ertified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		·· 0 FF4 00
	Total acreage restricted by conservation easements		·
	Number of conservation easements on a certified historic str		2c 0
a	Number of conservation easements included in (c) acquired		2d 0
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year ▶U Number of states where property subject to conservation ea	coment is leasted • 1	
4 5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	► 183	Tranding of violations, and emorcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$ 7,280.		,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	_	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Sche	dule D (Form 990) 2020 CAPITAL	REGION LA	ND C	ONSERV	ANCY,	INC.	20-	279	7635) Pa	age 2
	t III Organizations Maintaining Co										J
3	Using the organization's acquisition, accession	n, and other record	s, chec	k any of the	following tha	at make sig	nificant use o	of its			
	collection items (check all that apply):		_								
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how tl	ney further t	he organizati	ion's exemp	ot purpose in	Part 2	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang							t IV, lir	ne 9, or		
	reported an amount on Form 990, Part			Ü			,	,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing	table [.]				. —			
-	Too, explain the arrangement in rational	and complete the re		tabio.					Amount		
С	Reginning halance						1c		Tilount		
	Beginning balance						1d				
	Additions during the year						1e				
	Distributions during the year						1f				
f	Ending balance Did the organization include an amount on Fo								Yes		No
	_					-	·	. –	162]
	If "Yes," explain the arrangement in Part XIII. or V Endowment Funds. Complete if										
ı aı	Endownient i unus. Complete ii	(a) Current year			(c) Two yea) Three years b	nack	(e) Four	voare	hack
4.	Paginning of year balance	0.	(0)	Prior year	(C) TWO yea	15 Dack (U	Tillee years L	Jack	(e) i oui	ycars	Dack
1a	· · · · · · · · · · · · · · · · · · ·	25,000.									
	Contributions	3,658.									
С.	Net investment earnings, gains, and losses	3,030.									
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	28,658.									
2	Provide the estimated percentage of the curre	•	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	100.0000	_%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	ınd administe	ered for the	organization	1	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990), Part I	V, line 11a. S	See Form 990	0, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other		umulated	(d) Book	value	e
		basis (investn	nent)		(other)	depre	eciation	<u> </u>			
1a	Land			3,70	7,981.			3	,707	, 9	81.
h	Ruildings	- 1		I				I			

3,707,981. Schedule D (Form 990) 2020

e Other

c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 CAPITAL REGI	ON LAND CONS	SERVANCY, INC. 2	0-2797635 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
	on Farma 000 Dort IV line	11a Cas Farm 000 Dest V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
	(b) Book value	(e) Method of Valuation. Cost of a	The or year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(5) (6) (7) (8)

Sche	dule D (Form 990) 2020 CAPITAL REGION LAND CONSER	VANCI, INC.	<u> </u>	Z/9/033 Page	<u>e '</u>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

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

4a

4c

PART II, LINE 9:

DONATED CONSERVATION EASEMENTS ARE NOT RECORDED AS AN ASSET DUE TO THE FACT THAT THE TYPICAL CONSERVATION EASEMENT PROVIDES THE ORGANIZATION WITH NO AFFIRMATIVE RIGHTS EXCEPT THE RIGHT TO MONITOR AND ENFORCE THE EASEMENT. IN INSTANCES WHEREBY CONSERVATION EASEMENTS ARE ACQUIRED BY A SPECIFIC GRANT OR RESTRICTED DONATIONS, THE COSTS INCURRED BY THE ORGANIZATION TO ACQUIRE THE CONSERVATION EASEMENT ARE EXPENSED IN THE PERIOD INCURRED. THE ORGANIZATION RECORDED THREE AND TWO CONSERVATION EASEMENTS HELD BY THE ORGANIZATION AND THREE CO-HELD WITH ANOTHER ORGANIZATION DURING THE YEARS ENDED DECEMBER 31, 2020 AND 2019, RESPECTIVELY. AS OF DECEMBER 31, 2020 AND 2019, THE ORGANIZATION HELD EIGHT AND FIVE CONSERVATION EASEMENTS COVERING 476.591 AND 423.77 ACRES ON PROPERTIES OWNED BY OTHERS, RESPECTIVELY, AND CO-HELD FIFTEEN AND FOURTEEN

CONSERVATION EASEMENTS COVERING 2,096.95 AND 1,972.95 ACRES ON PROPERTIES

OWNED BY OTHERS, RESPECTIVELY.

PART V, LINE 4:

THE ENDOWMENT FUND WAS ESTABLISHED TO SUPPORT THE ORGANIZATION IN ITS

MISSION TO CONSERVE AND PROTECT THE NATURAL AND HISTORIC LAND AND WATER

RESOURCES OF VIRGINIA'S CAPITAL REGION FOR THE BENEFIT OF CURRENT AND

FUTURE GENERATIONS.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES

REGARDING "ACCOUNTING FOR UNCERTAIN TAX POSITIONS". THIS STANDARD PROVIDES

DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND

DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN THE ORGANIZATION'S

FINANCIAL STATEMENTS. IT REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL

STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT

THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE TAX YEARS OF 2017

TO 2019 REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

THE ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL

UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2020 AND 2019.

THE ORGANIZATION INCLUDES PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES IN OPERATING EXPENSES. THE ORGANIZATION DID NOT HAVE

PENALTIES AND INTEREST EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization CAPITAL REGION LAND CONSERVANCY, INC. 20-2797635 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 CAPITAL REGION LAND CONSERVANCY, INC. 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events 2020 NONE (add col. (a) through CONSERVATION col. (c)) (event type) (total number) (event type) Revenue 15,592. 1 Gross receipts 15,592 2 Less: Contributions 15,592. 15,592. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,750. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 CAPITAL REGION LAND CONSERVANCY, INC. 20-2	797635	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,
•	Enter the mane and address of the porcent who propares the organization organization of gamming operation and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	vatain the state gaming licenses	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	CAPITAL	REGION	LAND	CONSERVANCY,	INC.	20-2797635	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continu	ued)					
_								

SCHEDULE M (Form 990)

Noncash Contributions

CAPITAL REGION LAND CONSERVANCY,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number 20-2797635 INC.

	Title Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art			,	, ,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property	X	2	9	617	QUOTED MARK	ET T	77ΔT.	IIE.
9	Securities - Publicly traded	- 21			, 0 ± 7 •	QUOTED HARRI		V 2311	<u> </u>
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
40	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
44	Historic structures	X	1	170	000	APPRAISED V	7 <u>3</u> T.TT	F	
14	Qualified conservation contribution - Other			170	, 000.	MIINMIDED V	7110		
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20 21	Drugs and medical supplies								
22	Taxidermy								
	Historical artifacts								
23 24	Scientific specimens								
2 4 25	Archeological artifacts Other ()								
26	`								
27	Other () Other ()								
	Other (
<u>28</u> 29	Number of Forms 8283 received by the organiz	zation durin	a the tax year for a	contributions					
23	for which the organization completed Form 828		•		29			1	
	for which the organization completed form ozo	Jo, i ait v, L	Jonee Acknowledg	Jennent [23			Yes	No
302	During the year, did the organization receive by	, contributio	on any property rea	norted in Part I line	e 1 throu	ah 28 that it		163	140
oou	must hold for at least three years from the date								
	exempt purposes for the entire holding period?						30a		х
h	If "Yes," describe the arrangement in Part II.						Joa		
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandar	d contribu	itions?	31		х
	Does the organization hire or use third parties of								_ -
oza			•				32a		х
b							02u		_=
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column	(a) is che	cked.			
	describe in Part II.			,	(2) .5 0.10	- -,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020 CAPITAL REGION LAND CONSERVANCY, INC. 20-2/9/635 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

38

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

. 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 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CAPITAL REGION LAND CONSERVANCY, INC. **Employer identification number** 20-2797635

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

REGION FOR THE BENEFIT OF CURRENT AND FUTURE GENERATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 30 ACRES OF FRESHWATER FOREST/SHRUB AND FRESHWATER EMERGENT WETLANDS WHICH DRAIN INTO ROUNDABOUT CREEK 2) 49-ACRE EASEMENT IN HENRICO COUNTY WITH APPROXIMATELY 32 ACRES OF EITHER PRIME FARMLAND OR SOILS OF STATEWIDE IMPORTANCE; 1,600 FEET ALONG OSBORNE TURNPIKE; AND JUST LESS THAN 1,000 FEET OF FRONTAGE ON THE JAMES RIVER WITH 100-FOOT BUFFERS IN THE LOCATION OF THE LOWER JAMES RIVER HERITAGE TRAIL WHICH THE VIRGINIA OUTDOORS PLAN DESIGNATES FOR PROTECTION 3) .765-ACRE EASEMENT IN THE CITY OF RICHMOND THAT PROTECTS THE SCENIC AND HISTORIC NATURE OF THE AREA BY PROTECTING THE VIEWSHED OF THE JAMES RIVER FROM LIBBY HILL CONSISTENT WITH THE VA GENERAL ASSEMBLY RESOLUTION (HOUSE 2007) TO "CELEBRATE THE PANORAMIC VIEWS OF THE JOINT RESOLUTION 658, JAMES RIVER FROM LIBBY HILL PARK" 4) 3.036-ACRE EASEMENT IN THE CITY OF RICHMOND WITH 307 FEET OF 200 FOOT WIDE FORESTED/VEGETATED RIPARIAN BUFFER ON THE KANAWHA CANAL OF THE JAMES RIVER AND THE SAME 307 FEET FRONT THE JAMES RIVER PARK NORTH BANK PARK WITH APPROXIMATELY 220 FEET OF ROAD FRONT SHARED BETWEEN KANSAS AVENUE AND CARTER STREET AFFORDING THE PUBLIC PRESERVED SCENIC VIEWS.

THE CONSERVANCY FACILITATED ONE ADDITIONAL EASEMENT FOR THE VIRGINIA OUTDOORS FOUNDATION -THE 237.4-ACRE PROPERTY IN HANOVER COUNTY DOMINATED BY PRIME AGRICULTURAL SOILS AND EXTENSIVE FRONTAGE ON THE NEWFOUND RIVER WITH WATER QUALITY PROTECTIONS ON BOTH THE RIVER AND

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

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization CAPITAL REGION LAND CONSERVANCY, INC.

Employer identification number 20-2797635

INTERMITTENT AND PERENNIAL STREAMS WITHIN THE PROPERTY.

THE CONSERVANCY MAINTAINED FULL ACCREDITATION BY THE LAND TRUST

ACCREDITATION COMMISSION, AN INDEPENDENT PROGRAM OF THE LAND TRUST

ALLIANCE. THE CONSERVANCY ALSO MAINTAINED ACCREDITATION BY THE BETTER

BUSINESS BUREAU AND EARNED THE GUIDESTAR PLATINUM SEAL OF TRANSPARENCY

FOR 2020. THE CONSERVANCY'S EXECUTIVE DIRECTOR, PARKER AGELASTO, WAS

AWARDED THE "GREEN GIANT" AWARD FROM THE SIERRA CLUB - FALLS OF THE

JAMES GROUP.

THE CONSERVANCY SPONSORED THE RVA ENVIRONMENTAL FILM FESTIVAL. THE CONSERVANCY COORDINATED GUIDED NATURE HIKES OF THREE OF THEIR CONSERVATION EASEMENT PROPERTIES WITH A TOTAL OF 24 ATTENDEES; PARTICIPATED IN NUMEROUS MEETINGS OF RVA H20, HISTORIC FALLS OF THE JAMES ADVISORY COUNCIL, AND COASTAL ZONE MANAGEMENT PLANNING FOR THE CHICKAHOMINY RIVER;; STAFF ATTENDED THE VIRGINIA'S UNITED LAND TRUSTS CONFERENCE HELD VIRTUALLY IN JULY, AUGUST AND SEPTEMBER; STAFF ATTENDED THE NATIONAL LAND TRUST ALLIANCE CONFERENCE VIRTUALLY IN OCTOBER; INCREASED TO 1,195 FACEBOOK LIKES; 173 TWITTER FOLLOWERS; AND 42,621 UNIQUE VISITORS TO CRLC'S WEBSITE IN 2020; ASSISTED NUMEROUS LANDOWNERS IN PRESERVING THEIR PROPERTY; RECEIVED CONTRIBUTIONS FROM 341 DONORS INCLUDING 122 NEW MEMBERS RENEWAL RATE IN EXCESS OF 77%; AND GARNERED MORE THAN THIRTY PRESS MENTIONS DISCUSSING CRLC'S CONSERVATION WORK AND THE RELATIONSHIP BETWEEN LAND CONSERVATION AND WATER QUALITY IN SUCH PUBLICATIONS AS THE RICHMOND TIMES-DISPATCH, RICHMOND FREE PRESS, RICHMOND MAGAZINE, HENRICO CITIZEN, APPALACHIAN WOODLANDS, VARIOUS ORGANIZATIONAL NEWSLETTERS, AS WELL AS WCVE/NATIONAL PUBLIC RADIO AND OTHER LOCAL TELEVISION BROADCASTS.

Name of the organization

CAPITAL REGION LAND CONSERVANCY, INC.

Employer identification number 20-2797635

THE CONSERVANCY FACILITATED EDUCATION AND ADVOCACY ON THE URGENCY OF FARMLAND PRESERVATION AS REPORTED IN THE AMERICAN FARMLAND TRUST REPORT "FARMS UNDER THREAT." SINCE 1980, THE RICHMOND REGION HAS EXPERIENCED ONE OF THE HIGHEST RATES IN THE NATION FOR LAND USE CONVERSION). THIS INCLUDED CO-AUTHORING WITH THE PIEDMONT ENVIRONMENTAL COUNCIL A WHITE-PAPER PUBLISHED IN THE VIRGINIA CONSERVATION NETWORK'S "OUR COMMON AGENDA: 2021 ENVIRONMENTAL BRIEFING BOOK". THE LOSS OF LOCAL AGRICULTURAL LAND WAS ALSO THE SUBJECT OF A RECORDED PRESENTATION DURING THE 2020 CONSERVATION GAMES. THE CONSERVANCY HOSTED THE 2020 CONSERVATION GAMES AS A VIRTUAL MULTI-WEEK CELEBRATION TO SUBSTITUTE FOR THE ANNUAL FIELDS, FORESTS & STREAMS EVENT. THROUGHOUT THE GAMES, TEAM FIELDS, TEAM FORESTS, AND TEAM STREAMS COMPETED TO EARN POINTS BY PARTICIPATING IN VOLUTEER ACTIVITIES WITH PARTNER ORGANIZATIONS INCLUDING SHALOM FARMS, FRIENDS OF BRYANT PARK, AND JAMES RIVER ASSOCIATION. THE GAMES ALSO RAISED APPROXIMATELY \$18,000 TO SUPPORT THE CONSERVANCY'S OPERATIONS. FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

THE CONSERVANCY OWNS FIVE FEE-SIMPLE PROPERTIES ON 12/31/20. THESE PROPERTIES CONSIST OF THE FOLLOWING:

- 1. 379.4 ACRES AT MALVERN HILL FARM IN HENRICO COUNTY THAT IS UNDER A

 LETTER OF INTENT TO BE TRANSFERRED TO THE NATIONAL PARK SERVICE.

 MALVERN HILL FARM IS LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES

 AND ENTIRELY COMPRISES OF CORE BATTLEFIELD AS DETERMINED BY THE CIVIL

 WAR SITES ADVISORY COMMISSION. THE PROPERTY CONTAINS MORE THAN 100

 ACRES OF PRIME FARMLAND SOILS.
- 2. 64.2 ACRES AT MALVERN HILL FARM IN CHARLES CITY COUNTY THAT IS UNDER

Name of the organization **Employer identification number** CAPITAL REGION LAND CONSERVANCY, INC. 20-2797635 A CONSERVATION EASEMENT HELD BY THE VIRGINIA DEPARTMENT OF HISTORIC RESOURCES. THE PROPERTY ENTIRELY COMPRISES OF BATTLEFIELD STUDY AREA AS DETERMINED BY THE CIVIL WAR SITES ADVISORY COMMISSION. THE PROPERTY CONTAINS 3,807 FEET OF FRONTAGE ON TURKEY ISLAND CREEK AND APPROXIMATELY 16 ACRES OF PRIME FARMLAND. 3. APPROXIMATELY 9.5 FORESTED ACRES IN CHESTERFIELD COUNTY COMPRISED OF 3 ISLANDS IN THE SCENIC APPOMATTOX RIVER THAT ARE VISIBLE FROM NEARBY PARKS IN CHESTERFIELD COUNTY AND DINWIDDIE COUNTY AND INTEGRAL TO THE APPOMATTOX RIVER TRAIL MASTER PLAN. 4. 39 ACRES IN HENRICO COUNTY ON LONG BRIDGE ROAD WITH A PLANNED CONSERVATION EASEMENT TO BE HELD BY THE VIRGINIA DEPARTMENT OF HISTORIC RESOURCES. THE PROPERTY CONTAINS ARCHAEOLOGICAL POTENTIAL TO UNDERSTAND SIGNIFICANT HISTORIC THEMES ASSOCIATED WITH THE RISE OF A REGIONAL STONEWARE POTTERY INDUSTRY AND CHANGES IN AFRICAN-AMERICAN SETTLEMENT PATTERS AND COMMUNITIES IN THE REGION FROM THE ANTEBELLUM PERIOD THROUGH THE CIVIL WAR, RECONSTRUCTION AND INTO THE TWENTIETH CENTURY. 5. 13.1 ACRES IN THE CITY OF RICHMOND THAT IS PLANNED AS A FUTURE PUBLIC OPEN SPACE AND PROPERTY PLANNED TO BE TRANSFERED TO THE CITY OF RICHMOND WITH CRLC HOLDING A CONSERVATION EASEMENT UPON ITS TRANSFER. THE PROPERTY CONTAINS 2.2 ACRES OF WETLANDS AND 2,367 FEET ALONG GRINDALL CREEK. AS A FUTURE PARK< THE PROPERTY WILL SERVE MORE THAN 2,000 RESIDENTS WITHIN A 10-MINUTE WALK OF THEIR HOME. THE CONSERVANCY HOLDS EIGHT CONSERVATION EASEMENTS ON 12/31/20. THESE EASEMENTS CONSIST OF THE FOLLOWING:

1. 0.7099 ACRE PROPERTY IN THE CITY OF RICHMOND WHICH IS ADJACENT TO
THE JAMES RIVER PARK PRESERVING THE ICONIC VIEW OF DOWNTOWN RICHMOND

FROM RICHMOND'S SOUTH SIDE; AND

Name of the organization CAPITAL REGION LAND CONSERVANCY, INC.

Employer identification number 20-2797635

- 2. 0.7099 ACRE PROPERTY IN THE CITY OF RICHMOND ADJACENT TO THE ABOVE
 PROPERTY PRESERVING THE ICONIC VIEW OF DOWNTOWN RICHMOND FROM
 RICHMOND'S SOUTHSIDE.
- 3. 145.22 ACRE PROPERTY IN POWHATAN COUNTY KNOWN AS "NORWOOD" THAT IS
 LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES AND ADJACENT TO THE
 JAMES RIVER.
- 4. 180.84 ACRE PROPERTY IN CHESTERFIELD COUNTY WITH ONE MILE OF
 FRONTAGE ON THE JAMES RIVER CONTAINING 80 ACRES OF IMMERGINT WETLANDS
 AND ADJACENT TO WETLANDS OWNED BY THE VIRGINIA COMMONWEALTH
 UNIVERSITY'S RICE RIVERS CENTER AND ACROSS THE RIVER FROM 810-ACRE
 DUTCH GAP CONSERVATION AREA AND WITHIN THE VIEWSHED OF HENRICUS
 HISTORICAL PARK.
- 5. 96.31 ACRE PROPERTY IN HANOVER COUNTY WITH 42 ACRES PRIME FARMLAND
 SOILS AND 0.5 MILE OF ROAD FRONTAGE ALONG TAYLORS CREEK ROAD TO AFFORD
 TRAVELING PUBLIC VIEW ACROSS OPEN FIELDS AND HISTORIC WESTERHAM HOUSE.
- 6. 49 ACRE PROPERTY IN HENRICO COUNTY WITH 32 ACRES PRIME FARMLAND

 SOILS AND SOILS OF STATEWIDE IMPORTANCE AND 970 FEET OF FRONTAGE ON THE

 JAMES RIVER AND 0.3 MILES OF ROAD FRONTAGE ALONG OSBORNE TURNPIKE TO

 AFFORD TRAVELING PUBLIC VIEW ACROSS OPEN FIELDS OF HISTORIC LANDSCAPE.

 CEDAR CREST LANE
- 7. 0.765 ACRE PROPERTY IN THE CITY OF RICHMOND THE LIMITATIONS AND
 OBLIGATIONS OF WHICH WILL HELP PRESERVE THE VIEWSHED OF THE JAMES RIVER
 FROM LIBBY HILL, CONSISTENT WITH THE VA GENERAL ASSEMBLY'S HOUSE JOINT
 RESOLUTION 658 IN 2007.
- 8. 3.036 ACRE PROPERTY IN THE CITY OF RICHMOND WITH 307 FEET OF

 FRONTAGE AND FORESTED VEGETATED RIPARIAN BUFFER ON THE JAMES RIVER PARK

 NORTH BANK AND THE KANAWHA CANAL OF THE JAMES RIVER ALSO BEING IN A

 WATERSHED PRESERVATION AREA OF HIGH VALUE.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** CAPITAL REGION LAND CONSERVANCY, INC. 20-2797635 PART III - LINE 4A THE CONSERVANCY CO-HOLDS FIFTEEN CONSERVATION EASEMENTS ON 12/31/20. THESE EASEMENTS CONSIST OF THE FOLLOWING: 1. THE CONSERVANCY CO-HOLDS 1 EASEMENT WITH ENRICHMOND FOUNDATION, A TAX- EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND VIRGINIA DEPARTMENT OF CONSERVATION AND RECREATION, ON 12/31/20. THIS EASEMENT CONSISTS OF 384.6 ACRES IN CITY OF RICHMOND. 2. THE CONSERVANCY CO-HOLDS 2 EASEMENTS WITH VIRGINIA OUTDOORS FOUNDATION, A VIRGINIA STATE AGENCY, ON 12/31/20. THESE EASEMENTS CONSIST OF 337.4 ACRES IN POWHATAN COUNTY AND 262 ACRES IN CHESTERFIELD COUNTY. 3. THE CONSERVANCY CO-HOLDS 7 EASEMENTS WITH THE HENRICOPOLIS SOIL & WATER CONSERVATION DISTRICT ON 12/31/20. THESE EASEMENTS CONSIST OF 734 ACRES IN HENRICO COUNTY. 4. THE CONSERVANCY CO-HOLDS 3 EASEMENTS WITH JAMES RIVER ASSOCIATION, A TAX- EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ON 12/31/20. THESE EASEMENTS CONSIST OF 278.5 ACRES IN

- GOOCHLAND COUNTY.
- 5. THE CONSERVANCY CO-HOLDS 1 EASEMENT WITH CHESTERFIELD COUNTY ON 12/31/20. THIS EASEMENT CONSISTS OF 26.9 ACRES IN CHESTERFIELD COUNTY.
- 6. THE CONSERVANCY CO-HOLDS 1 EASEMENT WITH THE LAND TRUST OF VIRGINIA,

Name of the organization CAPITAL REGION LAND CONSERVANCY, INC.

A TAX -EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE, ON 12/31/20. THE EASEMENT CONSISTS OF 73.55 ACRES IN

HANOVER COUNTY.

THE CONSERVANCY HOLDS CONSERVATION EASEMENTS FOR THE PROTECTION OF
NATURAL HABITAT, PRESERVATION OF OPEN SPACE, AND PRESERVATION OF A
HISTORICALLY IMPORTANT LAND AREA. IT MODIFIED ONE EASEMENT BY ADDING

2.74 ACRES. IT DID NOT SELL, TRANSFER, RELEASE, EXTINGUISH OR TERMINATE
ANY EASEMENTS IN 2019.

IRC SECTIONS 170(H)(4)(B)(I) AND 170(H)(4)(B)(II) DO NOT APPLY, BECAUSE
THE CONSERVANCY DOES NOT HOLD ANY CONSERVATION EASEMENTS ON A CERTIFIED
HISTORIC STRUCTURE. THE CONSERVANCY SPENT 183 HOURS MONITORING,
INSPECTING AND ENFORCING CONSERVATION EASEMENTS IN 2020. IT INCURRED
\$7,280 OF EXPENSES TO MONITOR, INSPECT AND ENFORCE EASEMENTS DURING
2020. ALL OF THE PROPERTIES, SUBJECT TO A CONSERVATION EASEMENT, THE

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

CONSERVANCY HOLDS OR CO-HOLDS ARE IN VIRGINIA.

FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

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

MONITORING OF ANNUAL FILING FORMS IS THE RESPONSIBILITY OF THE EXECUTIVE

DIRECTOR AND BOARD PRESIDENT. ENFORCEMENT OF THE POLICY IS CLOSELY ADHERED

TO BY THE GOVERNANCE COMMITTEE AND BOARD. ANY CONFLICTS ARE DISCLOSED TO

THE FULL BOARD AND DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 18:

Name of the organization CAPITAL REGION LAND CONSERVANCY, INC.	Employer identificat 20 – 279763	tion number 35
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL	STATEMENTS	AND
FORM 990 AVAILABLE UPON REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL	STATEMENTS	AND
FORM 990 AVAILABLE UPON REQUEST.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020
Open to Public Inspection

OMB No. 1545-0047

Anization CAPITAL REGION LAND CONSERVANCY, INC. Employer identification number 20-2797635

Part I Identification of Disregarded Entities. Cor	riplete if the organization answered "Yes"	on Form 990, Part IV, line 3						
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	ır assets	s Direct controlling entity		9
CRLC LAND HOLDINGS, LLC - 85-0713003	OWNERSHIP OF CONSERVATION							
P.O. BOX 17306	LAND USED IN OPERATIONS OF					CAPITAL REG	ION LAN	ID
RICHMOND, VA 23226	CRLC	VIRGINIA		0.	0.	CONSERVANCY	, INC.	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization a	nswered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more	e related tax-exe	 empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity		g) 512(b)(13) rolled tity?
		3 ,,		501(c)(3))			Yes	No

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization a carear are a parameter against tarry can.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Perce	centage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ntions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	er?	iersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										\Box	+-	
											——	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		J. 1.25.4				Yes	No
-									
									
									Щ_

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with	n one or more r	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)				1e		
	•						
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1 g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
ı	Performance of services or membership or fundraising solicitations for related organization				11		
	Performance of services or membership or fundraising solicitations by related organization				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10		
	Reimbursement paid to related organization(s) for expenses				1 p		
q	Reimbursement paid by related organization(s) for expenses				1q		
				ļ			
r	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who m	nust complete t	his line, including covered r	elationships and transaction thresholds.			
		(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
<u>(1)</u>							
(2)							
. ,							
(3)							
(4)							
<u>(4)</u>							
(5)							
(6)							
	3 10-28-20	49		Schedule R	(Form	990\	2020
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3)	(f) Share of total	(g) Share of end-of-year	Dispro tion allocati	por-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag	(k) Percentage			
or criticy		country)	excluded from tax under sections 512-514)	orgs.? Yes No	income	assets	Yes	ons? No	of Schedule K-1 (Form 1065)	Yes	10			
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