# EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

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

ΑΙ	or tr	ie 2021 calendar year, or tax year beginning and	enaing		
В	Check in	C Name of organization		D Employer identifi	cation number
	Addr				
	Nam chan	ge Doing business as		20-27976	35
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	☐Final retur	1/   1.0. DOX 1/300		202-302-	
	term ated			G Gross receipts \$	3,959,015.
	Ame retur	RICHMOND, VA 23220		H(a) Is this a group re	
	Appl tion	Finame and address of principal officer: L. FRESTON BRIANT,	JR.	for subordinates	? Yes X No
	pend	ZUU S. SRD STREET, RICHMOND, VA ZSZIS		H(b) Are all subordinates in	ncluded? Yes No
		xempt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions
		ite: ► WWW.CAPITALREGIONLAND.ORG		H(c) Group exemption	
	orm o	of organization: X Corporation	<b>L</b> Year	of formation: 2005   N	M State of legal domicile: VA
P	$\overline{}$	Summary TO CO	ONCEDI	ב אאר ספטעבי	~m mur
é	1	Briefly describe the organization's mission or most significant activities: TO CONATURAL AND HISTORIC LAND AND WATER RESOU			
au	2				
err	3	Check this box  if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		l l	15
<u>်</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
∞ ∞	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5
Activities & Governance	6			_	65
Ę	7 2	` **		7a	0.
Ā	'	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	The difficulted business taxable mount from 500 1,1 art 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		715,949.	1,730,019.
Jue	9	Program service revenue (Part VIII, line 2g)		0.	2,070,670.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,431.	10,852.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,462.	55,130.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		766,842.	3,866,671.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		130,573.	200,680.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)	14.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		168,286.	3,831,351.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		298,859.	4,032,031.
	19	Revenue less expenses. Subtract line 18 from line 12		467,983.	-165,360.
10 so	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,626,022.	3,496,641.
ASS	21	Total liabilities (Part X, line 26)		1,066,135.	69,059.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,559,887.	3,427,582.
Pa	art II	Signature Block			
Und	ler per	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e e	L. PRESTON BRYANT, JR., PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	ا	Date Check C	PTIN
Paid		M. JAMES HARTSON, JR., CP		self-employ	
	parer	Firm's name BROWN, EDWARDS & COMPANY, LLP		Firm's EIN ▶	54-0504608
Use	Only	Firm's address  100 FLANK ROAD			4 500 556
		PETERSBURG, VA 23805-9152		Phone no. 8 0	4-733-5566
May	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No

Page 2

Pai	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 \$3,964,032. including grants of \$) (Revenue \$) (Revenue \$)
	IN 2021 CAPITAL REGION LAND CONSERVANCY, INC. ("THE CONSERVANCY")
	RECORDED ONE CONSERVATION EASEMENT SOLELY HELD BY THE CONSERVANCY AND
	ACQUIRED ONE PROPERTY UNDER OWNERSHIP OF CRLC LAND HOLDINGS LLC, A
	DISREGARDED ENTITY OF THE CONSERVANCY.
	THE EASEMENTS INCLUDE THE FOLLOWING: 1) 1.33-ACRE EASEMENT IN THE CITY
	OF RICHMOND WITH A PORTION OF THE PROPERTY BEING DESIGNATED AS A
	HIGHEST PRIORITY LAND IN THE FLOODPLAINS AND FLOODING RESILIENCE
	CATEGORY OF CONSERVEVIRGINIA 3.0; APPROXIMATELY 744 FEET OF
	FOREST/VEGATATED RIPARIAN BUFFERS ALONG WETLANDS AND RATTLESNAKE CREEK.
	THE LAND ACQUISITIONS INCLUDE THE FOLLOWING: 1) THE CONSERVANCY'S
	DISREGARDED ENTITY CRLC LAND HOLDINGS LLC ACQUIRED 353.27 ACRES
	PREVIOUSLY PROTECTED WITH CONSERVATION EASEMENTS BY THE CONSERVANCY FOR
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4-1	Other rue was a service of (Deceribe on Caberlule O.)
4d	
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 3,964,032.
4e	Total program service expenses 5,964,032.

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
u		11d		х
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a		20a		<u>X</u>
	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			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2021) CAPITAL REGION LAND CONSERVANCY, INC.

Part IV Checklist of Required Schedules (continued)

	, and the state of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-51		
02	Schedule N, Part II	32		x
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لـــا
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(2.5.
132004	¥ 12-09-21	Form	<b>330</b>	(2021)

2021.04021 CAPITAL REGION LAND CONSE 18012811

Form 990 (2021) CAPITAL REGION LAND CONSERVANCY, INC.

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

	i (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 5			
	, , , , , , , , , , , , , , , , , , , ,	01	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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
D	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		Α.
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
<b>L</b>	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C h		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
٦	I I	7c		22
d e		7e		
f		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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		$\vdash^{\Delta}$
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	טו		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6069			

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 relationship with any other	$\neg$					
_	officer, director, trustee, or key employee?		2		х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?		3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X		
6	Did the organization have members or stockholders?		6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	·····			<del></del>		
<i>1</i> a	more members of the governing body?		7a		x		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·····	1 a				
D			7b		x		
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	·····	70		21		
8			0-	Х			
a	The governing body?		8a_	X			
b	Each committee with authority to act on behalf of the governing body?	·····	8b	Λ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9		x		
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		_ 2\		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No		
100	Did the examination have level chapters, branches, or affiliates?	Γ	10a	162	X		
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	·····	IUa		122		
b			10b				
110			11a	Х			
b	<ul> <li>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> </ul>						
			12a	Х			
12a	, , , , , , , , , , , , , , , , , , ,		12b	X			
b		·····	IZU	- 21			
С			12c	Х			
40	on Schedule O how this was done	Г	13	X			
13	Did the organization have a written whistleblower policy?	Г	14	X			
14	Did the organization have a written document retention and destruction policy?	·····	14				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		4E.		х		
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization		15a 15b		X		
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	·····	130				
160							
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		16-		х		
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	·····	16a				
D							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		16h				
Sec	exempt status with respect to such arrangements? tion C. Disclosure		16b		l		
17 10	List the states with which a copy of this Form 990 is required to be filed ►VA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	11(0)(2)0	only)	avoile	blo		
18		r(c)(s)s	orny) i	avalidi	UI <del>C</del>		
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain on Schedule O)						
10	(	iov ond	finan	sia!			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy, and	manc	ııdı			
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records						
20	L. PRESTON BRYANT, JR 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	Positi (do not check mo				one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	-	cer an	la a a	recio	r/trus	iee)	from	from related	other 
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	idual	ution	<u>~</u>	Key employee	sst co	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) PARKER C. AGELASTO	40.00									
EXECUTIVE DIRECTOR				Х				86,501.	0.	5,036.
(2) BRANDT STITZER	0.50									
SECRETARY		Х		Х				0.	0.	0.
(3) KEVIN ENGLE	0.50									
DIRECTOR		Х						0.	0.	0.
(4) PHILIP REED	3.00									
DIRECTOR		Х						0.	0.	0.
(5) MARK MERHIGE	0.50									
DIRECTOR		Х						0.	0.	0.
(6) SARAH RICHARDSON	0.50									
DIRECTOR		Х						0.	0.	0.
(7) L. PRESTON BRYANT	0.50									
DIRECTOR		Х						0.	0.	0.
(8) BILL GREENLEAF	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) MARK ENDRIES	0.50									
TREASURER		Х		Х				0.	0.	0.
(10) CAROL WAMPLER	0.50									
DIRECTOR		Х						0.	0.	0.
(11) HEATHER BARRAR	0.50									
DIRECTOR		Х						0.	0.	0.
(12) WORTIE FERRELL	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(13) DAN JONES	0.50									
DIRECTOR		Х						0.	0.	0.
(14) PHIL DAWSON	0.50									
DIRECTOR		Х						0.	0.	0.
(15) VALARIE BURTON	0.50	]								
DIRECTOR		Х						0.	0.	0.
(16) TAD THOMPSON	0.50	1_						_		_
DIRECTOR		Х						0.	0.	0.
		1								
										F 990 (2224)

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ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	yloy(	ees,	and	l Hig	ghes	st C	ompensated Employee	S (continued)				
	(A)	(B) Average	(C) Position						(D)	(E)			(F) stimate	nd.
	Name and title	hours per		not c	heck i	more	than dis both		Reportable compensation	Reportable	mpensation			
		week					or/trus		from	from related		"	nount other	01
		(list any	ctor						the	organization		com	pensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MI	SC/	fı	om th	е
		related	stee o	ruste			seusa		(W-2/1099-MISC/	1099-NEC)	,	ı ~	anizat	
		organizations below	ıal tru	onal t		oloyee	luos e		1099-NEC)			l	d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
				_	0	<u>×</u>	1 0							
			⊢											
			<u> </u>				_							
			_											
	Subtotal						<u> </u>	<b>—</b>	86,501.		0.		5,0	36.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<b>•</b>	86,501.		0.		5,0	36.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	е			
	compensation from the organization													0
											1		Yes	No
3	Did the organization list any <b>former</b> officer,	•		•	•	•		_		•				v
4	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					·	•		4		Х
5	Did any person listed on line 1a receive or a	,		,								_		
Ū	rendered to the organization? If "Yes," com									101 001 11000		5		Х
Sec	tion B. Independent Contractors	proto corredan		0, 00		7010	011							
1	Complete this table for your five highest co										pensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.			<b>.</b>	
	<b>(A)</b> Name and business	address	NO	ONE	3				<b>(B)</b> Description of s	ervices	С	)) ompe	ر <b>ر)</b> nsatio	n
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (in \$100,000 of compensation from the organic		ot lin	nited	d to t	thos		ted	above) who received mo	ore than				
	Ψ του, σου σι συπιρεποαιίστι ποιπ the σrdam.	Lativii					-							

Form **990** (2021)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,730,019. 1f 1g \$1,025,000. g Noncash contributions included in lines 1a-1f  $\triangleright$  1,730,019. h Total. Add lines 1a-1f **Business Code** 2 a LAND SALES TO GOVERNME 531390 2,070,670.2,070,670. Program Service f All other program service revenue ..... 2,070,670. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 9,877. 9,877. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal  $25,\overline{519}$ . 6 a Gross rents **b** Less: rental expenses ... c Rental income or (loss) 25,519. 25,519. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 89,330. assets other than inventory **b** Less: cost or other basis 88,355. Other Revenue and sales expenses ...... 7b 975. c Gain or (loss) \_\_\_\_\_\_7c 975. 975. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 31,600. Part IV, line 18 3.989. **b** Less: direct expenses 27,611. 27,611. 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 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MICELLANEOUS 2,000. 2,000 900099 d All other revenue 2,000. e Total. Add lines 11a-11d ▶ 3,866,671.2,070,670. 65,982. **12 Total revenue.** See instructions

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 3,729. 80,605. 7,852. 92,186. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 93,720. 87,675. 3,539. 2,506. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 14,774. 13,392. 891. 491. 10 Payroll taxes Fees for services (nonemployees): Management Legal 4,575. 4,575. Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,427. 3,427. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 84,995. 70,405. 13,966. column (A), amount, list line 11g expenses on Sch O.) 2,596. 3,596. 1,000. Advertising and promotion 12 13,500. 7,432. Office expenses 13 Information technology 14 15 Royalties

2,400.

2,680.

30,933.

6,222.

3,368,042.

4,032,031.

284,400.

10,979.

8,944.

5,960.

698.

2,680.

698.

30,933.

4,061.

3,368,042.

3,964,032.

284,400.

7,587.

8,944.

4.610.

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16,014.

16

17 18

19

20

21

22

23

24

25

**MISCELLANEOUS** 

All other expenses

d REAL ESTATE TAXES

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

BOOK VALUE OF CONSERVAT LAND ACQUISITION ASSIST

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

2,400.

2,161.

3,392.

1,350.

51,985.

# Form 990 (2021) Part X Balance Sheet

ı uı	IL A	balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			385,635.	2	1,533,044.
	3	Pledges and grants receivable, net		207,505.	3	58,000.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or	officer, director,				
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualification					
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			11,505.	9	21,509.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,487,213.			
	b	Less: accumulated depreciation	10b		3,707,981.	10c	1,487,213.
	11	Investments - publicly traded securities			283,738.	11	364,848.
	12	Investments - other securities. See Part IV, line 1	١		28,658.	12	31,027.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,000.	15	1,000.	
	16	Total assets. Add lines 1 through 15 (must equa	4,626,022.	16	3,496,641.		
	17	Accounts payable and accrued expenses		35,682.	17	19,059.	
	18	Grants payable		18			
	19	Deferred revenue		159,897.	19	50,000.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
S	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa	intial co	ontributor, or 35%			
ig		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelat			870,556.	23	0.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			1,066,135.	26	69,059.
		Organizations that follow FASB ASC 958, chec					
es		and complete lines 27, 28, 32, and 33.		, —			
auc	27				3,021,193.	27	2,807,031.
Bali	28	Net assets with donor restrictions			538,694.	28	620,551.
ē		Organizations that do not follow FASB ASC 95					
Ī		and complete lines 29 through 33.	, — I				
þ	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,559,887.	32	3,427,582.
2	33	Total liabilities and net assets/fund balances			4,626,022.	33	3,496,641.

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Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 86</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2				31.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	<u>-16</u> !	<u>5,3</u>	<u>60.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3			<u>87.</u>
5	Net unrealized gains (losses) on investments	5		3:	3,0	55.
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	, 42'	7,5	82.
Pa	t 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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:		- 1			
	Separate basis X Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	ĺ	- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	iit			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization CAPITAL REGION LAND CONSERVANCY 20-2797635 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	• •	,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	357,104.	6025175.	261,660.	715,949.	1730019.	9089907.
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	357,104.	6025175.	261,660.	715,949.	1730019.	9089907.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						4-40006
	column (f)						1548336.
	Public support. Subtract line 5 from line 4.						7541571.
	etion B. Total Support	( ) 22/2	(1) 22/2	( ) == (=	( )) 2222	( ) 222 (	(0
	ndar year (or fiscal year beginning in)	(a) 2017 357, 104.	(b) 2018 6025175.	(c) 2019 261,660.	(d) 2020 715, 949.	(e) 2021 1730019.	(f) Total 9089907 •
	Amounts from line 4	337,104.	0023173.	201,000.	113,343.	1/30019.	3003307.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,573.	37,930.	29,494.	38,220.	35,396.	143,613.
_	and income from similar sources	2,313.	31,330.	43,434.	30,220.	33,330.	143,013.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on  Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				3,671.	2,000.	5,671.
11	Total support. Add lines 7 through 10				0,0,0	_ / 0 0 0 0	9239191.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,117,862.
	First 5 years. If the Form 990 is for th					•	, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and stop						<b>&gt;</b>
Sec	tion C. Computation of Publi						
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	column (f))		14	81.63 %
	Public support percentage from 2020					15	89.39 %
	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization quali	fies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu		-				<b>.</b>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

#### 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

# 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	За		
	3b		
	3с		
L	4a		
	4b		
	4c		
	5a		
	- Cu		
	5b		
	5с		
	6		
	7		
	Q		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ιιΙα Δ	(Form	n aan)	2021

Fai	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or ito supported organizations:      res.    describe     Fait 🕶 the fole biaved by the organization in this regard.	UU		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

than zero, explain in Part VI. See instructions.
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

INC.

CAPITAL REGION LAND CONSERVANCY,

\_\_\_\_

**2021** 

OMB No. 1545-0047

Name of the organization

Employer identification number

20-2797635

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Name of organization Employer identification number

# CAPITAL REGION LAND CONSERVANCY, INC.

20-2797635

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES RIVER ASSOCIATION  211 ROCKETTS WAY #200  RICHMOND, VA 23231	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HERNDON FOUNDATION  9030 STONY POINT PARKWAY, SUITE 170  RICHMOND, VA 23235	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARK AND KAREN PERREAULT  950 HANOVER AVENUE  NORFOLK, VA 23508	\$ 90,110.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RANDALL AND MEADE WELCH  1705 W. CHAFFIN ROAD  HENRICO, VA 23231	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4  NATIONAL PARK SERVICE - AMERICAN BATTLEFIELD PROTECTION PROGRAM  1849 C STREET NW (2287)  WASHINGTON, DC 20240	(c) Total contributions  \$ 106,566.	(d) Type of contribution  Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RANDALL AND MEADE WELCH  1705 W. CHAFFIN ROAD  HENRICO, VA 23231	\$1,025,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CAPITAL REGION LAND CONSERVANCY, INC.

20-2797635

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	CONSERVATION REAL PROPERTY - 353.002 ACRES HENRICO COUNTY, VIRGINIA	_	
		\$\$\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
123453 11-11		_   \$	Schedule B (Form 990) (2021)

Name of organization **Employer identification number** 20-2797635 CAPITAL REGION LAND CONSERVANCY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization anomored 150 or 1 or 1 oso, 1 art 1, in the	(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 v	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization		
	X Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	X Protection of natural habitat		of a certified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 24
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶0_		
4	Number of states where property subject to conservation eas	ement is located ▶1	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	of
	violations, and enforcement of the conservation easements it	holds?	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
_	240		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
_	<b>▶</b> \$ 9,600.		( ) ( ) ( ) ( ) ( ) ( )
8	Does each conservation easement reported on line 2(d) above	·	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footness	<u> </u>	ments that describes the
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art. Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		7.000.0.
12	If the organization elected, as permitted under FASB ASC 958		t and halance sheet works
Ia	of art, historical treasures, or other similar assets held for pub	, ·	
	service, provide in Part XIII the text of the footnote to its finan	, ,	'
h	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in id	Titlerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>•</b> •
2	If the organization received or held works of art, historical trea	asures, or other similar assets for finance	
~	the following amounts required to be reported under FASB AS		oral gain, provide
,	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
			<b>L</b> .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 202
	. J apoi work rioudouon Aot Notice, see tile ilisti uctions	10. 1 01111 0001	Jonedale D (1 0111 330) 202

132051 10-28-21

Schedule D (Form 990) 2021

1,487,213

e Other

1,487,213.

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

Schedule D (Form 990) 2021 CAPITAL REG	SION LAND CONSE	ERVANCY, INC. 20	-2797635 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	 d-of-vear market value
	(b) Dook value	(2)	
(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.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-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"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>&gt;</b>	
Part X Other Liabilities.  Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(15 19 69199	on on ood, raitiv, mie	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(b) Book value
(a) Description of liability  (1) Federal income taxes			(S) BOOK VAIGO
(2)			
(3)			
(4)			

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

Schedule D (Form 990) 2021

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

EIGHT AND FIVE CONSERVATION EASEMENTS COVERING 476.591 AND 423.77 ACRES ON Schedule D (Form 990) 2021

30

RESPECTIVELY. AS OF DECEMBER 31, 2020 AND 2019, THE ORGANIZATION HELD

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 2018

TO 2020 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, 2021 AND 2020.

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, 2021 AND

2020.

Schedule D (Form 990) 2021

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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

2021

Open to Public Inspection

Name of the organization

CADIMAL DECION LAND CONCEDUANCY THE

Employer identification number 20-2797635

	KEGION LAND CONSEI	ZVAI	ICI,	, INC.	20-2191	033		
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" on	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization rais		n activ	ities (	Check all that apply				
				overnment grants				
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations g Special fundraising events								
d In-person solicitations								
2 a Did the organization have a written o	r oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees, or			
key employees listed in Form 990, Pa					Yes	No		
<b>b</b> If "Yes," list the 10 highest paid indiv					· · · · · · · · · · · · · · · · · · ·			
		ant to	agreer	nents under willen ti	ie iuliulaisel is to be	•		
compensated at least \$5,000 by the	organization.							
		/:::\	D:-I		(v) Amount paid			
(i) Name and address of individual	(III) A makin side .	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid		
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization		
•		contrib	ıtions?		listed in col. (i)	organization		
		Yes	No					
	·							
otal				<u> </u>				
3 List all states in which the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration		
or licensing.								
						<u> </u>		

132081 10-21-21

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

Schedule G (Form 990) 2021

132082 10-21-21	Schedule G (Form 990) 2021

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "No," explain: \_

**b** If "Yes," explain:

Sch	ledule G (Form 990) 2021 CAPITAL REGION LAND CONSERVANCY, INC. 20-	2797635	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:		
	a The organization's facility	13a	%
	o An outside facility	13b	<del>/</del> 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
17	The the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
c	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	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	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	(Form 990)	CAPI	TAL	REGION	LAND	CONSERVANCY,	INC.	20-2797635	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(contin	ued)					
			(00000000000000000000000000000000000000						
-									
-									
	<u> </u>								
-									

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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.

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

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion an	iounts	5
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							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other	X	1	1,025,000.				
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	-					1	
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement <b>29</b>			<del></del>	
00-	Design the constant of the con	4. 11 41.		and and the David I. Proceed Moneyor	b 00 4b -4 3b		Yes	No
зua	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•		20-		Х
L	exempt purposes for the entire holding period?					30a		$\overline{}$
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance p	olicy that ro	acuires the review	of any nonetandard contribut	ions?	24		Х
31	Does the organization have a gift acceptance p  Does the organization hire or use third parties of					31		
s∠a			•	•		222		х
h						32a		
33	If the organization didn't report an amount in co	olumn (a) far	r a type of property	for which column (a) is show	rked			
33	describe in Part II.	namm (C) 101	a type of property	To willon column (a) is ched	neu,			
	GOOGING III I AIL II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021	CAPITAL	REGION	$\mathtt{LAND}$	CONSERV	ANCY,	INC.	20-2797635	Page 2
Part II	<b>Supplemental</b> is reporting in Part	Information	• Provide the	information	on required by Fons, the number	Part I, lines	30b, 32b, a eceived, or	nd 33, and whether the organiza a combination of both. Also comp	ition plete
	this part for any ac	dditional informa	ation.						

Schedule M (Form 990) 2021

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### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

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. LINE 19 - REVENUE LESS EXPENSES THE LOSS OF \$165,360 REPORTED ON LINE 19 IS A RESULT OF THE AMOUNT OF \$3,368,042 FOR THE BOOK VALUE OF CONSERVATION LAND TRANSFERRED IN CONNECTION WITH THE MISSION OF THE ORGANIZATION THAT IS REPORTED ON PART IX LINE 24A. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ITS HISTORIC RESOURCE AND WATER QUALITY BENEFITS IN EASTERN HENRICO THE ACQUISITION OF WHICH WILL ALLOW FOR PUBLIC ACCESS AND ECOLOGICAL RESTORATION AND RESEARCH OPPORTUNITIES. THE CONSERVANCY FACILITATED ONE ADDITIONAL EASEMENT FOR THE VIRGINIA OUTDOORS FOUNDATION THE 315.3-ACRE PROPERTY IN GOOCHLAND COUNTY DOMINATED BY PRIME AGRICULTURAL SOILS AND EXTENSIVE FRONTAGE ON TUCKAHOE CREEK AND THE JAMES RIVER WITH WATER QUALITY PROTECTIONS ON BOTH THE CREEK AND RIVER. (OVER HALF OF WHICH IS IMPORTANT FOR FLOODPLAIN AND FLOODING RESILIENCE AND FOR THE SCENIC PRESERVATION IT AFFORDS ON THE JAMES RIVER, A STATE SCENIC RIVER IN THAT LOCATION.) THE CONSERVANCY NEGOTIATED AND FACILITATED A PURCHASE AGREEMENT FOR 5.2 ACRES AT DOCK STREET IN THE CITY OF RICHMOND FOR \$5.1 MILLION.

FUNDING IN THE AMOUNT OF \$2.1 MILLION FROM THE LAND AND WATER

CONSERVATION FUND AND \$500,000 FROM THE VIRGINIA LAND CONSERVATION

CONSERVANCY WAS AWARDED BUT HAS NOT YET FULFILLED OBLIGATIONS FOR GRANT

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

Schedule O (Form 990) 2021

Name of the organization **Employer identification number** 20-2797635 CAPITAL REGION LAND CONSERVANCY, INC. FOUNDATION TOWARDS THE ACQUISITION AND PROTECTION OF THIS PROPERTY AS A FUTURE PUBLIC PARK. THE CONSERVATION FUND CLOSED ON THE ACQUISITION IN AUGUST 2021. THE CONSERVANCY ALSO NEGOTIATED A SALE OF 0.85 ACRES TO THE JAMES RIVER ASSOCIATION FOR A FUTURE EDUCATION CENTER. THE CONSERVANCY IS HELPING TO RAISE THE REMAINING \$1.5 MILLION BEFORE RECORDING A CONSERVATION EASEMENT ON THE DOCK STREET PROPERTY AND TRANSFERRING IT TO THE CITY OF RICHMOND. 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 2021. THE CONSERVANCY SPONSORED THE RVA ENVIRONMENTAL FILM FESTIVAL AND REAL LOCAL RVA FARM TOUR. THE CONSERVANCY COORDINATED GUIDED NATURE HIKES OF FOUR OF THEIR CONSERVATION EASEMENT PROPERTIES WITH A TOTAL OF 65 ATTENDEES; COORDINATED A VOLUNTEER CLEAN-UP AT ONE PROPERTY OWNED BY THE CONSERVANCY FOR A FUTURE PUBLIC PARK; PARTICIPATED IN NUMEROUS MEETINGS OF THE RVAGREEN 2050 ENVIRONMENTAL WORKING GROUP AND VIRGINIA CONSERVATION NETWORK WORKGROUPS; STAFF ATTENDED THE VIRGINIA'S UNITED LAND TRUSTS CONFERENCE HELD IN APRIL; STAFF ATTENDED THE NATIONAL LAND TRUST ALLIANCE CONFERENCE VIRTUALLY IN OCTOBER; INCREASED TO 1,445 FOLLOWERS ON FACEBOOK, 423 FOLLOWERS ON INSTAGRAM, AND 225 FOLLOWERS ON TWITTER; SHARED ORGANIZATIONAL NEWS WITH 2,308 SUBSCRIBERS VIA 35 EMAIL NEWSLETTERS; LAUNCHED A MODERN, USER-FRIENDLY CRLC WEBSITE; SPOKE AT NUMBEROUS COMMUNITY EVENTS; ASSISTED NUMEROUS LANDOWNERS IN PRESERVING THEIR PROPERTY; RECEIVED CONTRIBUTIONS FROM 559 DONORS INCLUDING 240 NEW MEMBERS; 64% GROWTH IN TOTAL NUMBER OF DONORS SINCE 2020; RENEWAL RATE IN EXCESS OF 79%; AND GARNERED MORE THAN FOURTY PRESS MENTIONS

**Employer identification number** Name of the organization 20-2797635 CAPITAL REGION LAND CONSERVANCY, INC. 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, VIRGINIA BUSINESS, STYLE WEEKLY, AUGUSTA FREE PRESS, RICHMOND BIZSENSE, CHESTERFIELD OBSERVER, VARIOUS ORGANIZATIONAL NEWSLETTERS, AS WELL AS WCVE/NATIONAL PUBLIC RADIO, NBC12, AND OTHER LOCAL TELEVISION BROADCASTS. THE CONSERVANCY FACILITATED EDUCATION AND ADVOCACY ON THE URGENCY OF ENSURING THAT ALL VIRGINIANS HAVE DAILY ACCESS TO THE OUTDOORS. THIS INCLUDED PARTICIPATION IN THE RVAGREEN 2050 MASTER PLAN ENVIRONMENTAL WORKGROUP, WORKING WITH THE CITY OF RICHMOND TO DEVELOP A 10-MINUTE WALK MODEL, AND PARTICIPATING IN OTHER GREENSPACE MAPPING PROJECTS, WHILE SIMULTANEOUSLY SECURING LAND FOR PUBLIC ACCESS IN RICHMOND CITY CHESTERFIELD COUNTY AND HENRICO COUNTY. THIS INCLUDED CO-AUTHORING WITH THREE OTHER NON-PROFIT ORGANIZATIONS A WHITE-PAPER PUBLISHED IN THE VIRGINIA CONSERVATION NETWORK'S "OUR COMMON AGENDA: 2022 ENVIRONMENTAL BRIEFING BOOK". THE CONSERVANCY HOSTED THE 2021 CONSERVATION GAMES AS A MULTI-WEEK CELEBRATION OF CONSERVATION CONSISTING OF 8 VIRTUAL AND IN-PERSON EVENTS. THROUGHOUT THE GAMES, 259 PARTICIPANTS ACROSS TEAM FIELDS, TEAM FORESTS, AND TEAM STREAMS COMPETED TO EARN POINTS BY PARTICIPATING IN VOLUTEER ACTIVITIES WITH PARTNER ORGANIZATIONS INCLUDING RICHMOND TOOLBANK, FRIENDS OF BRYANT PARK, ENRICHMOND TREELAB, AND SCIENCE MUSEUM OF VIRGINIA. PARTICIANTS LEARNED FOR A COMBINED 128 HOURS AND SERVED A COMBINED 366 VOLUNTEER HOURS ACROSS CRLC EVENTS AND COMMUNITY EVENTS. THE GAMES ALSO RAISED APPROXIMATELY \$20,000 TO SUPPORT THE CONSERVANCY'S OPERATIONS.

THE CONSERVANCY CONTINUED PARTICIPATING IN HEIRS PROPERTY ISSUES BY

CAPITAL REGION LAND CONSERVANCY, INC.

EDUCATING LANDOWNERS AND WORKING AS PART OF THE BLACK FAMILY LAND TRUST'S LEGAL SERVICES ADVISORY COMMITTEE. THE CONSERVANCY'S EXECUTIVE DIRECTOR SERVED ON PANEL DISCUSSES REGARDING HEIRS PROPERTY, WAS INTERVIEWED BY THE FEDERAL RESERVE BANK OF RICHMOND ON THE IMPORTANCE OF THIS ISSUE AND CONSULTED A COALITION IN MARYLAND ON SUCCESSFUL ADOPTION OF THE UNIFORM PARTITION OF HEIRS PROPERTY. THE CONSERVANCY WAS AWARDED A \$2 MILLION REGIONAL CONSERVATION PARTNERSHIP GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE'S NATURAL RESOURCE CONSERVATION SERVICES. SUBSEQUENT TO A SIGNED PROGRAMMATIC PARTNER AGREEMENT, THE CONSERVANCY WILL DRAW DOWN FUNDING FROM THIS GRANT THROUGH 2026 AS IT SUPPORTS THE PRESERVATION OF FARMLAND AND SUPPORTS URBAN AGRICULTURE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE CONSERVANCY OWNS FOUR FEE-SIMPLE PROPERTIES ON 12/31/21. THESE PROPERTIES CONSIST OF THE FOLLOWING: 1. 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. 2. 39 ACRES IN HENRICO COUNTY ON LONG BRIDGE ROAD UPON WHICH THE

CONSERVANCY GRANTED A CONSERVATION EASEMENT TO 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 PATTERNS AND COMMUNITIES IN THE REGION FROM THE ANTEBELLUM

PERIOD THROUGH THE CIVIL WAR, RECONSTRUCTION AND INTO THE TWENTIETH

CENTURY.

Schedule O (Form 990) 2021

**Employer identification number** 

20-2797635

Name of the organization

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 20-2797635 CAPITAL REGION LAND CONSERVANCY, INC. 3. 13.1 ACRES IN THE CITY OF RICHMOND THAT IS PLANNED AS A FUTURE PUBLIC OPEN SPACE AND PROPERTY PLANNED TO BE TRANSFERRED 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. 4. 353.27 ACRES IN HENRICO COUNTY PREVIOUSLY PROTECTED WITH CONSERVATION EASEMENTS HELD BY THE CONSERVANCY WAS ACQUIRED BY THE CONSERVANCY'S DISREGARD ENTITY CRC LAND HOLDINGS LLC FOR ITS HISTORIC RESOURCE AND WATER QUALITY BENEFITS IN EASTERN HENRICO COUNTY, THE ACQUISITION OF WHICH WILL ALLOW FOR PUBLIC ACCESS AND ECOLOGICAL RESTORATION AND RESEARCH OPPORTUNITIES. THE CONSERVANCY HOLDS NINE CONSERVATION EASEMENTS ON 12/31/21. 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. 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

Name of the organization CAPITAL REGION LAND CONSERVANCY, INC. Employer identification number 20-2797635

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 MILES OF ROAD FRONTAGE ALONG TAYLORS CREEK ROAD TO AFFORD

  TRAVELING PUBLIC VIEW ACROSS OPEN FIELDS AND OF 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.
- 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.
- 9. 1.33-ACRE EASEMENT IN THE CITY OF RICHMOND WITH A PORTION OF THE

  PROPERTY BEING DESIGNATED AS A HIGHEST PRIORITY LAND IN THE FLOODPLAINS

  AND FLOODING RESILIENCE CATEGORY OF CONSERVEVIRGINIA 3.0; APPROXIMATELY

  744 FEET OF FOREST/VEGATATED RIPARIAN BUFFERS ALONG WETLANDS AND

  RATTLESNAKE CREEK.

THE CONSERVANCY CO-HOLDS FIFTEEN CONSERVATION EASEMENTS ON 12/31/21.

THESE EASEMENTS CONSIST OF THE FOLLOWING:

1. THE CONSERVANCY CO-HOLDS 1 EASEMENT WITH ENRICHMOND FOUNDATION, A

**Employer identification number** Name of the organization 20-2797635 CAPITAL REGION LAND CONSERVANCY, INC. TAX- EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND VIRGINIA DEPARTMENT OF CONSERVATION AND RECREATION, ON 12/31/21. THIS EASEMENT CONSISTS OF 384.6 ACRES IN CITY OF RICHMOND. THE CONSERVANCY CO-HOLDS 2 EASEMENTS WITH VIRGINIA OUTDOORS FOUNDATION, A VIRGINIA STATE AGENCY, ON 12/31/21. 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 12/31/21. 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 12/31/21. THESE EASEMENTS CONSIST OF 278.5 ACRES IN GOOCHLAND COUNTY. 5. THE CONSERVANCY CO-HOLDS 1 EASEMENT WITH CHESTERFIELD COUNTY ON 12/31/21. THIS EASEMENT CONSISTS OF 26.9 ACRES IN CHESTERFIELD COUNTY. THE CONSERVANCY CO-HOLDS 1 EASEMENT WITH THE LAND TRUST OF VIRGINIA, A TAX -EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ON 12/31/21. 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 DID NOT RELEASE, EXTINGUISH OR TERMINATE ANY EASEMENTS IN 2021. THE CONSERVANCY SOLD 379.4 ACRES AT MALVERN HILL FARM IN HENRICO COUNTY TO THE NATIONAL PARK SERVICE AS WELL AS 64.2 ACRES IN CHARLES CITY COUNTY PROTECTED BY A CONSERVATION EASEMENT HELD BY THE VIRGINIA DEPARTMENT OF CONSERVATION AND RECREATION TO RANDALL WELCH.

Name of the organization

CAPITAL REGION LAND CONSERVANCY, INC.

Employer identification number 20-2797635

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 240 HOURS MONITORING, INSPECTING AND ENFORCING

CONSERVATION EASEMENTS IN 2021. IT INCURRED \$ 9,600.00 OF EXPENSES TO

MONITOR, INSPECT AND ENFORCE EASEMENTS DURING 2021.

ALL OF THE PROPERTIES, SUBJECT TO A CONSERVATION EASEMENT, THE

CONSERVANCY HOLDS OR CO-HOLDS ARE IN VIRGINIA.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

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:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND

FORM 990 AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2021	Page 2
Name of the organization  CAPITAL REGION LAND CONSERVANCY, INC.	Employer identification number 20-2797635
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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAPITAL REGION	N LAND CONSERVANCY,	INC.				20-27976	35					
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.									
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		sets Direct conti entity		9				
CRLC LAND HOLDINGS, LLC - 85-0713003 P.O. BOX 17306 RICHMOND, VA 23226	OWNERSHIP OF CONSERVATION LAND USED IN OPERATIONS OF CRLC	VIRGINIA			IRGINIA		CAPITAL RE					D
Part II Identification of Related Tax-Exempt Organizations during the tax year	ations. Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 34, b	pecause it had one	or more	e related tax-exer	npt					
organizations during the tax year.  (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	Dire	(f) ect controlling entity	cont	<b>g)</b> 512(b)(13) rolled :ity?				
				501(c)(3))			Yes	No				

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

Schedule R (Form 990) 2021

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		
	_											

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>(b)</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		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

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 one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			_ 1a						
<b>b</b> Gift, grant, or capital contribution to related organization(s)											
С	Gift, grant, or capital contribution from related organization(s)				1c						
	Loans or loan guarantees to or for related organization(s)										
	Loans or loan guarantees by related organization(s)										
f	Dividends from related organization(s)				1f						
g	g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k						
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			. 11						
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			. 1m						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			. 1n						
0	Sharing of paid employees with related organization(s)				10						
р	Reimbursement paid to related organization(s) for expenses				1p						
q	Reimbursement paid by related organization(s) for expenses				1q						
r	Other transfer of cash or property to related organization(s)				1r						
s	Other transfer of cash or property from related organization(s)										
	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the seco										
	(a)	(b)	(c)	(d)							
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved						
		type (a-s)									
1)											
2)											
3)											
4)											
5)											
6)											
3216	3 11-17-21			Schedu	le R (Form	990) 2021					

Page 4

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 country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Percentage ing ownership
	-									
	_							Ochodolo		

Schedule R	R (Form 990) 2021	${ t CAPITAL}$	REGION	LAND	CONSERVANCY,	INC.	20-2797635	Page 5
Part VII	(Form 990) 2021 Supplemental Info	rmation						<u> </u>
				0	alala B. Oas is at a setiment			
	Provide additional inforn	nation for respons	es to question	is on Sche	edule R. See instructions.			