| | | | ** PUBL | IC DISCLOSURE CO | OPY ** | noomo Toy | , 1 | OMB No. 1545-0047 |
|--------------------------------|---------------------------|---------------------------------|--|---|------------------------------|-------------------------------------|---------------------------------------|--------------------------------|
| - | Q | 90 | | | | | | |
| For | n J | 30 | Under section 501(c), 527, or 494 | | tions) | <u>ZUZ3</u> | | |
| Depa | rtment o | of the Treasury | Do not enter social se Go to www.irs.gov/f | - | Open to Public Inspection | | | |
| | | nue Service e 2023 calend | · · · · · · · · · · · · · · · · · · · | | | EP 30, 202 | 24 | Hisheenosi |
| Bo | heck if | C Name of | forganization | <u>01 17 2020</u> and | | D Employer iden | | on number |
| | | e KATT | S TO TRAILS CONSER | | | | | |
| | Name chang Initial | e Doing bi | usiness as | | 1 | 52-1437 | | |
| | _ return Final | 2//5 | and street (or P.O. box if mail is not de M ST, NW | livered to street address) | Room/suite 650 | E Telephone num 202-331 | | 26 |
| | ⊥return termir ated | | own, state or province, country, and | ZIP or foreign postal code | 0.00 | G Gross receipts \$ | | |
| | Amen | ded WASH | INGTON, DC 20037 | | | H(a) Is this a grou | | |
| | Applic tion pendi | F Name a | nd address of principal officer: RYA | N CHAO | | for subordina | tes? | Yes X No |
| | - | SAME | AS C ABOVE | <i>a</i> | | H(b) Are all subordinat | | |
| | <u>ax-ex</u> Vebsi | empt status: | \underline{X} 501(c)(3) 501(c)() RAILSTOTRAILS • ORG | (insert no.) 4947(a)(1) | or 527 | If "No," attack H(c) Group exemp | | See instructions |
| | | | | ssociation Other | L Year | | | te of legal domicile: DC |
| Pa | | Summary | | | | | | |
| | 1 | Briefly describ | e the organization's mission or most | significant activities: SEE | PART I | II, LINE 1 | • | |
| Activities & Governance | _ | <u> </u> | | | | | <u> </u> | |
| /ern | _ | Check this bo: Number of vot | ing members of the governing body | ntinued its operations or dispo (Part VI, line 1a) | | 1 | assets. 3 | 19 |
| õ | | | ependent voting members of the gov | | | | 4 | 19 |
| s & | | | of individuals employed in calendar y | | | | 5 | 57 |
| ivitie | 6 | Total number of | of volunteers (estimate if necessary) | | 6 | 25 | | |
| Acti | | | business revenue from Part VIII, co | | | | 7a | 0. |
| | b | Net unrelated | business taxable income from Form | 990-T, Part I, line 11 | <u> </u> | Prior Year | 7b | 0. Current Year |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 10,413,678 | | 12,787,540. | |
| Revenue | | | | | 860,837 | | 963,326. | |
| eve | 10 | Investment inc | ome (Part VIII, column (A), lines 3, 4, | | <u>310,673</u> | | 915,551. | |
| E | | | (Part VIII, column (A), lines 5, 6d, 8c | | | 125,975 | | 74,014. |
| | | | - add lines 8 through 11 (must equal | | | <u>11,711,163</u> 457,287 | | <u>14,740,431.</u> 767,000. |
| | | | nilar amounts paid (Part IX, column (o or for members (Part IX, column (A | | | | • | 0. |
| ø | | • | compensation, employee benefits (F | | | 6,168,724 | - | 6,579,463. |
| e S | 16a | | Indraising fees (Part IX, column (A), li | | | 115,800 | | 124,140. |
| Expen | Ь | | ng expenses (Part IX, column (D), line | * | | | | 842 M - 66 & 26 V |
| ш | •• | | es (Part IX, column (A), lines 11a-11d, | | | <u>6,208,636</u> | | 6,518,517. |
| | | | s. Add lines 13-17 (must equal Part I) expenses. Subtract line 18 from line | | | <u>12,950,447</u> -1,239,284 | | <u>13,989,120.</u> 751,311. |
| or ês | | | separade, oubstact inte To north inte | 1 im | | inning of Current Yea | | End of Year |
| sets alanc | 20 | Total assets (F | Part X, line 16) | | | 20,326,477 | | 22,824,509. |
| Net Assets or Fund Balances | 21 | | | | | 5,967,746 | | 6,085,927. |
| | | Net assets or f | und balances. Subtract line 21 from Block | line 20 | | 14,358,731 | • | <u>16,738,582.</u> |
| | | <u></u> | declare that I have examined this return, | including accompanying schedule | s and stateme | and to the best of | my knov | vierdee and helief it is |
| | | | Declaration of preparer (other than office | | | | , ny Kilov | riougo una bonoi, it io |
| | | | Z | | | z/(0 | 125 | |
| Sigr | | Signatere of of | | | | Date ' | 1 - | |
| Her | e | RYAN CHA | AO, PRESIDENT | | | | | |
| | | Print/Type prep | · · · · · · · · · · · · · · · · · · · | Prenarer's cignature | . [D | ate Check | | PTIN |
| Paid | | | TH W. HELLER | Preparer's signature | Jelan 10 | 2/11/2025 | L L L L L L L L L L L L L L L L L L L | 200397829 |
| Prep | | Firm's name | | & FREEDMAN | _` | | | 1392008 |
| Use | Only | Firm's address | | | | | | |
| | | | BETHESDA, MD 2081 | | | Phone no. 3 | 01-9 | 051-9090 |
| wav | ine ii | no discuss this | return with the preparer shown abo | ver dee instructions | | | | X Yes No |

LHA For Paperwork Reduction Act Notice, see the separate instructions,

| | 1 990 (2023) RAILS TO TRAILS CONSERVANCY | 52-1437006 | Page 2 |
|-------|---|---------------------------|------------------|
| Par | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | Χ |
| 1 | Briefly describe the organization's mission: | | |
| | THE RAILS-TO-TRAILS CONSERVANCY IS THE NATIONS LARGEST T | | |
| | WITH A GRASSROOTS COMMUNITY MORE THAN 1 MIL. STRONG DEDI | | |
| | BUILDING A NATION CONNECTED BY TRAILS, REIMAGINING PUBLI | | |
| | CREATE SAFE WAYS FOR EVERYONE TO WALK, BIKE & BE ACTIVE | OUTDOORS. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | XNo |
| | 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 | XNo |
| | 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 othe | rs, the total expenses, a | nd |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$4, 723, 713. including grants of \$675, 500.) (Rever | 1ue \$ 204, | 739. |
| | TRAIL DEVELOPMENT: SINCE ITS INCEPTION, RAILS TO TRAILS | CONSERVANCY | HAS |
| | WORKED TO REIMAGINE PUBLIC CORRIDORS AND RIGHTS OF WAY T | O CREATE SAF | E |
| | WAYS FOR PEOPLE TO WALK, BIKE AND BE ACTIVE OUTSIDE - CR | EATING | |
| | EQUITABLE, VIBRANT PUBLIC SPACES THAT ENGAGE, INSPIRE, A | ND EMPOWER | |
| | COMMUNITIES FROM COAST TO COAST. THIS WORK EMBODIES BEST | | ND |
| | LEADING-EDGE INITIATIVES TO GUIDE TRAIL DEVELOPMENT IN W | | |
| | PROMOTE COMMUNITY ENGAGEMENT AND EQUITABLE DISTRIBUTION | | |
| | BRING INNOVATION TO TRAIL DEVELOPMENT AND PLANNING, PRIO | | 1 |
| | NETWORKS AND THE CONNECTIONS THAT TRAILS CAN DELIVER BET | | |
| | PLACES. | | 11110 |
| | | | |
| | THROUGH OUR TRAILNATION PORTFOLIO OF PROJECTS, THE CONSE | BUANCY TO | |
| 4b | 2 212 500 04 000 | | 306. |
| 40 | (Code:) (Expenses \$ 3,313,592. including grants of \$ 24,000.) (Rever PUBLIC INFORMATION/EVENTS: THE CONSERVANCY SERVES AS THE | | |
| | | | <u>.c</u> |
| | TRAIL'S MOVEMENT, SPEAKING OUT ABOUT THE TRANSFORMATIVE | | |
| | TRAILS, ENCOURAGING THEIR USE, AND GENERATING DEMAND FOR | | |
| | | LINK.COM SER | |
| | MILLIONS OF VISITORS IN 2024 PROVIDING ACCESS TO MORE TH | - | |
| | REPRESENTING 41,000 MILES THROUGH ITS WEBSITE AND FIVEST | | s. |
| | THIS TRAIL CONTENT IS ALSO OFFERED IN A SERIES OF PRINT | GUIDEBOOKS. | |
| | | | |
| | THROUGH STORYTELLING AND DIRECT ENGAGEMENT, THE CONSERVA | | |
| | INFORMATION ABOUT TRAILS ACROSS A VARIETY OF PUBLIC CHAN | | |
| | COLLECTIVELY REACH MILLIONS OF PEOPLE, INCLUDING ITS MAG | - | LY |
| | ENEWS, SOCIAL MEDIA, WEBSITE, NEWS MEDIA AND PUBLICATION | | |
| 4c | (Code:) (Expenses \$ 1,635,199. including grants of \$ 67,500.) (Rever | iue \$ | |
| | TRAIL POLICY: AS THE NATION'S FOREMOST ADVOCACY ORGANIZA | TION FOR TRA | ILS |
| | AND ACTIVE TRANSPORTATION, THE CONSERVANCY SEEKS TO GROW | AND SAFEGUA | RD |
| | PUBLIC FUNDING FOR TRAILS, WALKING AND BICYCLING AT EVER | Y LEVEL - | |
| | FEDERAL, STATE AND LOCAL - ENSURING THE INVESTMENTS NEED | ED TO CREATE | А |
| | TRANSFORMATIVE 21ST CENTURY ACTIVE TRANSPORTATION SYSTEM | | |
| | PROMOTING POLICIES THAT MAKE TRAIL BUILDING POSSIBLE. | | - |
| | | | |
| | | | |
| | AT THE FEDERAL LEVEL, THE CONSERVANCY LEADS EFFORTS TO G | ROW AND PROT | ECT |
| | THE LEGACY TRANSPORTATION ALTERNATIVES PROGRAM (WHICH IN | | |
| | RECREATIONAL TRAILS PROGRAM) - THE LARGEST SOURCE OF FUN | | тт |
| | | | |
| | DEVELOPMENT AND MAINTENANCE - AND ADVOCATES FOR INNOVATI | ONS IN PUBLI | C |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ 594,515. including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 10,267,019. | | |
| | | | 990 (2023 |
| 32002 | 2 12-21-23 SEE SCHEDULE O FOR CONTINUATION (S | 3) | |
| | 3 | | |
| v02 | 211 745960 27379 2023.05050 RAILS TO TRAII | S CONSERVAN | 2737 |

| Form | aan | (2023) | |
|-------|-----|--------|--|
| FUIII | 990 | (2023) | |

 Form 990 (2023)
 RAILS
 TO
 TRAILS
 CONSERVANCY

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|------|--|-------------|----------|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | 37 | |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| ~ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | x |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | _ <u></u> |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | '- | | |
| Ŭ | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 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, | | | |
| | Part VI | <u>11a</u> | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | 77 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _X_ |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 440 | | х |
| А | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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 | <u>11c</u> | | _ <u></u> |
| u | | 11d | х | |
| e | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | X | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 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 | | | v |
| 45 | 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 | 15 | | х |
| 16 | foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | <u> </u> | | |
| | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X 000 | (2055) |
| 3200 | 3 12-21-23 | ⊦orm | 390 (| (2023) |

332003 12-21-23

| Form | 990 | (2023) |
|------|-----|--------|
| | 330 | |

| Form | t IV Checklist of Required Schedules (continued) | 57006 | P | age 4 |
|-------------|--|------------------|---------|-----------|
| Fai | Checklist of Required Schedules (continued) | | | |
| 00 | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | x |
| 23 | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | . 22 | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | | 23 | х | |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 25 | | |
| 270 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | <u> </u> |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| - | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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 | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | Х | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | . 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | . 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | <u> </u> |
| 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? | | | |
| Der | Note: All Form 990 filers are required to complete Schedule O | . 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | T - | |
| | | . – – – – | Yes | No |
| 1a | | 35 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | <u> </u> | X | <u> </u> |
| 332004 | 12-21-23 5 | Form | 1 990 | (2023) |
| | 5 | | | |

| Form | 990 (2023) RAILS TO TRAILS CONSERVANCY | 52-1437 | 006 | P | age 5 | | | | | |
|--------|---|----------------------------|------|----------------|--------------|--|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | | |
| | | | | Yes | No | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 57 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | s? | 2b | Х | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other au | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial ac | count)? | 4a | | X | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc | counts (FBAR). | | | | | | | | |
| 5a | 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 transact | ion? | 5b | | X | | | | | |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | | | | | | |
| | were not tax deductible? | | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi | ces provided to the pavor? | 7a | | X | | | | | |
| | | | 7b | | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | | |
| | to file Form 8282? | • | 7c | | x | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor | ntract? | 7e | | X | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | | 7f | | X | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | 7g | | | | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati | | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | ۰ ۲/۸ | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | N/A | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | N/A | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | | | | | | | | |
| | | 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders N/A | 11a | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 | 041? | 12a | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | | | | | | | | |
| 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? | N/A | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 | | | | | | | | |
| | | 13b | | | | | | | | |
| | Enter the amount of reserves on hand | 13c | | | | | | | | |
| | | | 14a | <u> </u> | X | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | 0 | 14b | L | <u> </u> | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration | tion or | | | | | | | | |
| | excess parachute payment(s) during the year? | | 15 | | X | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment i | ncome? | 16 | | X | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any acti | | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | N/A | 17 | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | |
| 332005 | 12-21-23 | | Forn | ז 990 ו | (2023) | | | | | |

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⁶ 2023.05050 RAILS TO TRAILS CONSERVAN 27379__1

| Form 990 | (2023) |
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|----------|--------|

52-1437006 Page 6

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.

| | | | | Yes | N | | | |
|------------|--|------------------------|---|--------|------|--|--|--|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 19 | | | | | |
| | 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 | 19 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | I | | | | | | |
| - | officer, director, trustee, or key employee? | | 2 | | X | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | | |
| Ŭ | 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 99 | | | | X | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asso | | | | X | | | |
| 6 | | | | | X | | | |
| | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | 1 1 | | | |
| 14 | more members of the governing body? | | 7a | | x | | | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | 1a | | 1 23 | | | |
| D | | | 76 | | x | | | |
| ~ | persons other than the governing body? | | 7b | | | | | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | v | | | | |
| | The governing body? | | | X X | - | | | |
| - | Each committee with authority to act on behalf of the governing body? | | <u>8b</u> | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | 9 | | X | | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | venue Code.) | | 1 | Τ | | | |
| | | | | Yes | | | | |
| | Did the organization have local chapters, branches, or affiliates? | | <u>10a</u> | | X | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? \dots | | | | | | | |
| 1 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before filing the form | ? 11 a | X | | | | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | X X | | | | |
| b | Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," describe | | | | | | |
| | on Schedule O how this was done | | . 120 | | | | | |
| 3 | Did the organization have a written whistleblower policy? | | 13 | Х | | | | |
| 4 | Did the organization have a written document retention and destruction policy? | | 14 | Х | | | | |
| 5 | Did the process for determining compensation of the following persons include a review and approval | by independent | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | Х | | | | |
| | Other officers or key employees of the organization | | · | Х | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ent with a | | | | | | |
| | taxable entity during the year? | | . 16a | | X | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | e its participation | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| | exempt status with respect to such arrangements? | | 16b | | | | | |
| ec | tion C. Disclosure | | | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filedSEESCHEDULE | 0 | | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | |)(3)s only | availa | ble | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | () | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | | on Schedule O) | | | | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | | and fina | ncial | | | | |
| | statements available to the public during the tax year. | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and records | | | | | | |
| .0 | CYNTHIA DICKERSON - 202-331-9696 | No anu recorus | | | | | | |
| | 2445 M ST, NW, 650, WASHINGTON, DC 20037 | | | | | | | |
| | | | | | | | | |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| | | T | mzu | | | pen | Juic | | | |
|----------------------------|----------------|--------------------------------|---|---------|--------------|---------------------------------|--------|-----------------|-----------------|------------------------|
| (A) | (B) | | (C) | | | | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one | | | | one | Reportable | Reportable | Estimated |
| | hours per | box, | , unles | s per | son is | s both | an | compensation | compensation | amount of |
| | week | | cer an | a a a | recto | r/trus | ee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or di | e | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | Istee | truste | | Ð | pens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ual tru | onal | | pl oye | : com ee | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) RYAN CHAO | , , | = | = | Of | Ϋ́ε | en en | 9 | | | |
| PRESIDENT | 40.00 | - | | х | | | | 200 701 | 0. | 12 000 |
| (2) CYNTHIA DICKERSON | 40.00 | | | Δ | | | | 308,721. | 0. | 42,909. |
| CHIEF OPERATING OFFICER | 40.00 | - | | v | | | | 204 742 | 0 | 20 060 |
| (3) KEVIN MILLS | 40.00 | | | Χ | | | | 204,743. | 0. | 38,069. |
| VP OF POLICY | 40.00 | | | | | х | | 182,418. | 0. | 36,704. |
| (4) ALISA BORLAND | 40.00 | \square | | | | Δ | | 102,410. | 0. | 50,704. |
| VP OF DEVELOPMENT | 40.00 | | | | | х | | 178,325. | 0. | 36,199. |
| (5) BRANDI HORTON | 40.00 | | | | | 23 | | 170,525. | | 50,155. |
| VP OF COMMUNICATIONS | | | | | | х | | 174,375. | 0. | 36,486. |
| (6) FREDERICK SCHAEDTLER | 40.00 | | | | | | | 1/1/0/01 | | 50/1000 |
| СТО | | | | | | х | | 178,006. | 0. | 30,459. |
| (7) ELIZABETH THORSTENSEN | 40.00 | | | | | | | | | |
| VP OF TRAIL DEVELOPMENT | | | | | | х | | 152,138. | 0. | 23,193. |
| (8) JON COFSKY | 5.00 | | | | | | | | | |
| CHAIR | | X | | Х | | | | 0. | 0. | 0. |
| (9) EDWARD CHANG | 5.00 | ľ | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (10) M. KATHERINE KRAFT | 5.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (11) DOUGLAS MONIESON | 5.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (12) BALAJI BONDILI | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) JAMES BRAINARD | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) MARK FILIPPELL | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) JOHN FRIEDMANN | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) VANESSA GARRISON | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (17) CATHERINE SLOSS JONES | 5.00 | | | | | | | _ | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| 332007 12-21-23 | | | | | | | | | | Form 990 (2023) |

332007 12-21-23

| Form 990 (2023) RAILS TO | TRAILS | CO | NS | ER | ĽVΑ | NC | Y | | 52-14 | 1370 | 106 | Page 8 |
|---|---------------------------------------|--|-----------------------|---------|--------------|---------------------------------|--------|---------------------------|------------------|-----------------|-------------|---------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloye | ees, | and | d Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | (| F) |
| Name and title | Average | | | Pos | ition | | | Reportable | Reportable | | | nated |
| | hours per | box, | , unles | s pe | rson i | than c s both | an | compensation | compensatio | n | amo | unt of |
| | week | offic | cer an | dad | lirecto | or/trust | tee) | from | from related | ı | ot | her |
| | (list any | ctor | | | | | | the | organization | s | compe | ensation |
| | hours for | r dire | | | | ted | | organization | (W-2/1099-MIS | ;C/ | fror | n the |
| | related | itee o | ustee | | | ensai | | (W-2/1099-MISC/ | 1099-NEC) | | orgar | nization |
| | organizations | al trus | nal tr | | oyee | e e | | 1099-NEC) | | | and r | related |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organi | izations |
| | line) | Indi | Inst | Offi | Key | Higle | For | | | $ \rightarrow $ | | |
| (18) NOEL KEGEL | 5.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | 0. |
| (19) GAIL LIPSTEIN | 5.00 | | | | | | | | | | | • |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | 0. |
| (20) ELIZABETH LYNN | 5.00 | | | | | | | | | | | |
| BOARD MEMBER, (FROM 2/2024) | | Х | | | | | | 0. | | 0. | | 0. |
| (21) AYESHA MCGOWAN | 5.00 | | | | | | | | | | | • |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | 0. |
| (22) TIM PETRI | 5.00 | | | | | | | | | | | • |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | 0. |
| (23) MARVIN PLAKUT | 5.00 | | | | | | | | | | | 0 |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | 0. |
| (24) JULIETTE RIZZO | 5.00 | 77 | | | | | | | | | | 0 |
| BOARD MEMBER (25) DANIEL RODRIGUEZ | 5.00 | Х | | | | | | 0. | | 0. | | 0. |
| BOARD MEMBER | 5.00 | х | | | | | | 0. | | 0. | | 0. |
| (26) JAMES SALLIS | 5.00 | ~ | | | | | | 0. | | | | |
| BOARD MEMBER | 5.00 | х | | | | | | 0. | | 0. | | 0. |
| | | | | | | | | 1,378,726. | | 0. | 244 | ,019. |
| 1b Subtotal c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,378,726. | | 0. | 244 | ,019. |
| 2 Total number of individuals (including but n | | | | | | | | | 00 of reportable | | 211 | ,01). |
| compensation from the organization | | 036 | 11310 | u ai | 000 | <i>y</i> wii | 010 | ceived more than \$100, | | i | | 17 |
| compensation from the organization | | | | | | | | | | | Y | es No |
| 3 Did the organization list any former officer, | director trust | bo k | | mn | | e or | hia | ihest compensated empl | | ſ | | |
| line 1a? If "Yes," complete Schedule J for s | - | | | • | | | Ŭ | · · · | | ľ | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | t t | 4 | x |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | |
| rendered to the organization? If "Yes." com | | | | | | | | | | ľ | 5 | X |
| Section B. Independent Contractors | | <u>, </u> | <i>л</i> зи | CIT. | 00/3 | 011 . | | | | <u></u> | | |
| 1 Complete this table for your five highest co | mpensated ind | epe | nder | nt co | ontra | actor | rs th | nat received more than \$ | 100.000 of comp | ensat | ion from | |
| the organization. Report compensation for | | | | | | | | | | | | |
| (A) | , , , , , , , , , , , , , , , , , , , | | | 3 | | | | (B) | | | (C) | |
| Name and business | address | | | | | | | Description of s | ervices | C | ompens | ation |
| GENERAL SYSTEMS CORP | | | | | | | | DATA MANAGEMI | ENT AND | | | |
| 8787 BRANCH AVENUE #183, | CLINTON | , 1 | MD | 2 | 07 | 35 | | PROGRAMMING | | | 486 | ,336. |
| PLANET DIRECT MAIL | | | | | | | | | | | | |
| 11050 CHALLENGER COURT, M | IANASSAS | , . | VA | 2 | 01 | 09 | | DIRECT MAIL S | SERVICES | | 375 | ,710. |
| THE SCOTT GROUP, INC, 348 | THOMPS | ON | C | RE | ΕK | , | | | | | | |
| SUITE 136, STEVENSVILLE, | | | | | | | | DIRECT MAIL S | SERVICES | | <u>3</u> 15 | ,808. |
| PROLIST INC, 8341 BEECHCR | | | E, | | | | | | | | | |
| GAITHERSBURG, MD 20879 | | | | | | | | FULFILLMENT S | SERVICES | | 306 | <u>,716.</u> |
| MKDM, 612 E JEFFERSON STR | EET, 2N | D | FL | , | | | | | | | | |
| CHARLOTTESVILLE, VA 22902 | 1 | | | | | | ļ | FUNDRAISING S | SERVICES | | 284 | ,686. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

Form **990** (2023)

332008 12-21-23

| | | | | | | RAI | LS CONSEF | RVANCY | | 52-1437 | 006 Page 9 |
|---|------|------|-----------------------------------|----------|----------------|-------|---------------------|-----------------------------|--------------------------|------------------|---------------------------------|
| Pa | rt \ | / | Statement of Re | even | ue | | | | | | |
| | | | Check if Schedule O | conta | ains a respo | onse | or note to any line | | (5) | (0) | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | | | | | Total revenue | | business revenue | from tax under |
| | | | | | | | | | | | sections 512 - 514 |
| ts Its | 1 | а | Federated campaigns | | | | 138,298. | | | | |
| àrar our | | b | Membership dues | | 1b | | 3,122,216. | | | | |
| °, G | | с | Fundraising events | | 1c | | | | | | |
| ar , | | d | Related organizations | | 1d | | | | | | |
| s, (inil | | е | Government grants (contr | ributio | ons) 1e | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | f | All other contributions, gifts, | grant | s, and | | | | | | |
| the | | | similar amounts not included | d abov | e 1f | | 9,527,026. | | | | |
| d O | | g | Noncash contributions included in | lines 1 | a-1f 1g | \$ | 67,618. | | | | |
| a C | | h | Total. Add lines 1a-1f | | | | | 12,787,540. | | | |
| | | | | | | | Business Code | | | | |
| e | 2 | а | TRAILINK SUBSCRIPTI | ON | | | 900099 | 696,712. | 696,712. | | |
| e vic | | b | CONTRACTS | | | | 900099 | 204,739. | 204,739. | | |
| Se | | с | EVENT REGISTRATION | | | | 900099 | 61,875. | 61,875. | | |
| Program Service Revenue | | d | | | | | | | | | |
| ogr B | | е | | | | | | | | | |
| P, | | f | All other program service | rever | nue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 963,326. | | | |
| | 3 | | Investment income (inclue | ding d | dividends, i | ntere | st, and | | | | |
| | | | other similar amounts) | | | | | 455,326. | | | 455,326. |
| | 4 | | Income from investment of | of tax | -exempt bo | ond p | roceeds | | | | |
| | 5 | | Royalties | <u>.</u> | | | | 22,095. | | | 22,095. |
| | | | | | (i) Rea | ıl | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | b | Less: rental expenses | 6b | | | | | | | |
| | | с | Rental income or (loss) | 6c | | | | | | | |
| | | d | Net rental income or (loss | s) | | | | | | | |
| | 7 | а | Gross amount from sales of | | (i) Securi | ties | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 1,823, | 637. | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| ne | | | and sales expenses | 7b | 1,363, | 412. | | | | | |
| evenue | | с | Gain or (loss) | | 460, | 225. | | | | | |
| Rev | | | Net gain or (loss) | | | | | 460,225. | | | 460,225. |
| Other Re | 8 | | Gross income from fundraisi | | | | | | | | |
| đ | | | including \$ | | of | | | | | | |
| | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | | 8a | | | | | |
| | | b | Less: direct expenses | | | 8b | | | | | |
| | | с | Net income or (loss) from | fundi | raising eve | nts | | | | | |
| | 9 | а | Gross income from gamir | ng act | tivities. See | • | | | | | |
| | | | Part IV, line 19 | - | | 9a | | | | | |
| | | b | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | | | | | | | | |
| | 10 | | Gross sales of inventory, | | | | | | | | |
| | | | and allowances | | | 10a | 36,816. | | | | |
| | | b | Less: cost of goods sold | | | 10b | 15,097. | | | | |
| | | | Net income or (loss) from | | | ry . | | 21,719. | 21,719. | | |
| | | | | | | | Business Code | | | | |
| ŝno | 11 | а | REIMBURSEMENTS | | | | 900099 | 18,479. | | | 18,479. |
| scellaneo Revenue | | b | MISCELLANEOUS | | | | 900099 | 11,721. | | | 11,721. |
| sells eve | | с | | | | | | | | | |
| Miscellaneous Revenue | | d | All other revenue | | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | 30,200. | | | |
| | 12 | | Total revenue. See instruction | | | | | 14,740,431. | 985,045. | ٥. | 967,846. |
| 33200 | 9 12 | -21- | -23 | | | | | | | | Form 990 (2023 |

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RAILS TO TRAILS CONSERVANCY 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).

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|--|----|--|---------------------------|---|--|---------------------------------------|
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| individuals. See Part V, lines 15 and 16 interval | 3 | | | | | |
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| 17 Travel 456,347. 295,431. 137,079. 23 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,949. 4,949. 4,949. 19 Conferences, conventions, and meetings 4,949. 4,949. 4,949. 20 Interest 53,216. 42,490. 3,237. 77 21 Payments to affiliates 53,216. 42,490. 3,237. 77 23 Insurance 53,216. 42,490. 3,237. 77 23 Insurance 39,696. 32,229. 2,236. 55 24 Other expenses on tored above. (List miscellaneous expenses on Schedule 0.) 39,696. 32,229. 2,236. 55 24 Other expenses on Schedule 0.) 548,105. 226,775. 41,592. 279 25 PROF'L DEVELOPMENT 65,845. 41,418. 22,493. 1 39,011. 19,199. 7,024. 12 1 39,011. 19,199. 7,024. 12 1 6,929. 681. 5,443. 13,989,120. 10,267,019. </td <td></td> <td></td> <td>495,914.</td> <td>410,943.</td> <td>29,563.</td> <td>55,408.</td> | | | 495,914. | 410,943. | 29,563. | 55,408. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 4,949. 20 Interest 20 21 Payments to affiliates 21 22 Depreciation, depletion, and amortization 53,216. 42,490. 3,237. 77 23 Insurance 39,696. 32,229. 2,236. 55 24 Other expenses Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 3 39,696. 32,229. 2,236. 55 25 PROF 'L DEVELOPMENT 65,845. 41,418. 22,493. 1 c DUES AND SUBSCRIPTIONS 64,948. 53,863. 9,912. 1 d TAXES AND LICENSES 39,011. 19,199. 7,024. 12 e All other expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 | | | | | | 23,837 |
| for any federal, state, or local public officials 4,949. 4,949. 19 Conferences, conventions, and meetings 4,949. 4,949. 20 Interest | | | | | | - / |
| 19 Conferences, conventions, and meetings 4,949. 4,949. 20 Interest | | | | | | |
| 20 Interest | 19 | | 4,949. | 4,949. | | |
| 21 Payments to affiliates | | | | | | |
| 22 Depreciation, depletion, and amortization 53,216. 42,490. 3,237. 77 23 Insurance 39,696. 32,229. 2,236. 55 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) 39,696. 32,229. 2,236. 55 24 Other expenses. Itemize expenses on Schedule 0.) 4 41,592. 279 25 PROF'L DEVELOPMENT 65,845. 41,418. 22,493. 11 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 13,989,120. 10,267,019. 1,176,893. 2,545 | | | | | | |
| 23 Insurance 39,696. 32,229. 2,236. 5 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 39,696. 32,229. 2,236. 5 a MERCHANDISE COSTS 548,105. 226,775. 41,592. 279 b PROF'L DEVELOPMENT 65,845. 41,418. 22,493. 1 c DUES AND SUBSCRIPTIONS 64,948. 53,863. 9,912. 1 d TAXES AND LICENSES 39,011. 19,199. 7,024. 12 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 10 10,267,019. 1,176,893. 2,545 | 22 | | | | | 7,489. |
| above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 548,105. 226,775. 41,592. 279 a MERCHANDISE COSTS 548,105. 226,775. 41,592. 279 b PROF'L DEVELOPMENT 65,845. 41,418. 22,493. 1 c DUES AND SUBSCRIPTIONS 64,948. 53,863. 9,912. 1 d TAXES AND LICENSES 39,011. 19,199. 7,024. 12 e All other expenses 6,929. 681. 5,443. 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 10 10 10 10 10 | 23 | Insurance | | 32,229. | 2,236. | 5,231. |
| a MERCHANDISE COSTS 548,105. 226,775. 41,592. 279 b PROF'L DEVELOPMENT 65,845. 41,418. 22,493. 1 c DUES AND SUBSCRIPTIONS 64,948. 53,863. 9,912. 1 d TAXES AND LICENSES 39,011. 19,199. 7,024. 12 e All other expenses 6,929. 681. 5,443. 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 0 0 0 0 0 | 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A). | | | | |
| b PROF'L DEVELOPMENT 65,845. 41,418. 22,493. 1 c DUES AND SUBSCRIPTIONS 64,948. 53,863. 9,912. 1 d TAXES AND LICENSES 39,011. 19,199. 7,024. 12 e All other expenses 6,929. 681. 5,443. 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 10 | _ | | 5/8 105 | 226 775 | 11 502 | 279,738. |
| c DUES AND SUBSCRIPTIONS 64,948. 53,863. 9,912. 1 d TAXES AND LICENSES 39,011. 19,199. 7,024. 12 e All other expenses 6,929. 681. 5,443. 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 64,948. 53,863. 9,912. 1 | | | | | | 1,934 |
| d TAXES AND LICENSES 39,011. 19,199. 7,024. 12 e All other expenses 6,929. 681. 5,443. 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 7 7 7 | | | | | | 1,173 |
| e All other expenses 6,929. 681. 5,443. 25 Total functional expenses. Add lines 1 through 24e 13,989,120. 10,267,019. 1,176,893. 2,545 26 Joint costs. Complete this line only if the organization 0 | | | | | | 12,788 |
| 25Total functional expenses. Add lines 1 through 24e13,989,120.10,267,019.1,176,893.2,54526Joint costs. Complete this line only if the organization </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>805</td> | | | | | | 805 |
| 26 Joint costs. Complete this line only if the organization | | | | | | 2,545,208 |
| | | - | | ,,,, | _,_,0,000. | 2,313,200 |
| reported in column (B) joint costs from a combined | 20 | reported in column (B) joint costs from a combined | | | | |
| educational campaign and fundraising solicitation. | | . , , . | | | | |
| | | | 2,670,967. | 861,396. | 211,504. | 1,598,067. |

332010 12-21-23

11

Form 990 (2023)

Part X | Balance Sheet

RAILS TO TRAILS CONSERVANCY

52-1437006 Page 11

| | | Check if Schedule O contains a response or not | e to any | line in this Part Y | | | |
|-----------------------------|-----|--|-------------|---------------------|-------------------|----------|-------------|
| | | | e to arry | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 101,619. | 1 | 454,437. |
| | 2 | Savings and temporary cash investments | | | 1,549,975. | 2 | 3,292,608. |
| | 3 | Pledges and grants receivable, net | | | 418,057. | 3 | 1,064,085. |
| | 4 | Accounts receivable, net | | 290,597. | 4 | 154,614. | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | | 5 | | | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 190,719. | 8 | 158,681. |
| As | 9 | | | | 227,016. | 9 | 192,749. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 493,086. | | | |
| | b | Less: accumulated depreciation | 10b | 340,576. | 173,990. | 10c | 152,510. |
| | 11 | Investments - publicly traded securities | L | | 13,225,686. | 11 | 13,510,527. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 4,148,818. | 15 | 3,844,298. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 20,326,477. | 16 | 22,824,509. |
| | 17 | Accounts payable and accrued expenses | 1,069,241. | 17 | 1,069,106. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 638,783. | 19 | 610,010. |
| | 20 | — | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | Part IV o | f Schedule D | | 21 | |
| s | 22 | Loans and other payables to any current or form | ner office | r, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | antial co | ntributor, or 35% | | | |
| abil | | controlled entity or family member of any of thes | se perso | าร | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | ated thire | l parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | s 17-24). | Complete Part X | | | |
| | | of Schedule D | | | 4,259,722. | 25 | 4,406,811. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 5,967,746. | 26 | 6,085,927. |
| | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| ano | 27 | Net assets without donor restrictions | 11,515,850. | 27 | 11,848,603. | | |
| Bal | 28 | Net assets with donor restrictions | 2,842,881. | 28 | 4,889,979. | | |
| pu | | Organizations that do not follow FASB ASC 9 | | | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | L | | | |
| s o | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or ec | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated in | come, o | other funds | | 31 | |
| et | 32 | Total net assets or fund balances | | | 14,358,731. | 32 | 16,738,582. |
| Z | | | | | 20,326,477. | 33 | 22,824,509. |

| Form | 990 (2023) RAILS TO TRAILS CONSERVANCY | 52- | 1437006 | Pag | _{ge} 12 |
|------|--|---------|---------|------|------------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 14,740 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,989 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | L,31 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 14,358 | - | |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,628 | 3,54 | <u>40.</u> |
| 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 | 16,738 | 3,58 | 82. |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 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 | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O | • | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red aud | it 📔 | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

| OMB No. 1545-0047 |
|------------------------------|
| 2023 |
| Open to Public Inspection |

н

| nan | ne or | the organization | | | 7 | | ' | | | |
|------|-----------|--|------------------------|--|-------------------|---------------------------------|-------------------------------------|-------------|---|--|
| Do | rt I | Reason for Public (| S TO TRALL | S CONSERVANCY | <u>Y</u> | ia mant) O | | | 2-1437006 | |
| _ | | | | | | | ee instructions | | | |
| | orgar | ization is not a private found | | | | | | | | |
| 1 | \square | A church, convention of ch | • | | | n 170(b)(1 | 1)(A)(I). | | | |
| 2 | H | A school described in sect | | | | | , | | | |
| 3 | \square | A hospital or a cooperative | | | | | • | ···· | | |
| 4 | | A medical research organiz | ation operated in col | njunction with a nospital | described | in sectio | on 170(b)(1)(A)(| III). Enter | the hospital's name, | |
| _ | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | | liege or university owned | or operate | ed by a go | overnmental un | It describe | ed in | |
| ~ | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | |
| 6 | | A federal, state, or local go | - | | | | | | | |
| 1 | | An organization that norma | | ntial part of its support fi | rom a gove | ernmental | unit or from the | e general p | oublic described in | |
| ~ | | section 170(b)(1)(A)(vi). (C | | | | | | | | |
| 8 | \square | A community trust describe | | | | | | | | |
| 9 | | An agricultural research org | | | | | | | | |
| | | or university or a non-land-c | grant college of agric | ulture (see instructions). | Enter the r | name, city | , and state of th | ne college | or | |
| 40 | | university: | | than 22 1/20/ of its sum | art from a | ontribution | | - face on | d areas ressints from | |
| 10 | | An organization that norma | • | | | | · · | | • | |
| | | activities related to its exen | | | | | | | | |
| | | income and unrelated busir See section 509(a)(2). (Co | | | | ses acqui | red by the orga | anization a | | |
| 11 | | An organization organized a | - | vely to test for public sa | fatu Saa u | section 5(| 10(2)(4) | | | |
| 12 | H | An organization organized a | - | • | • | | | wout the | nurnoses of one or | |
| | | more publicly supported or | - | • | - | | | • | | |
| | | lines 12a through 12d that | - | | | | | | | |
| а | | Type I. A supporting orga | • • | | | | | - | aivina | |
| | - | the supported organization | - | | • • • | - | | | | |
| | | organization. You must o | | | | | | | 1-1 | |
| b | | Type II. A supporting org | - | | tion with its | s supporte | ed organization | (s), by hav | ving | |
| | | control or management o | - | | | | • | | - | |
| | | organization(s). You mus | | | | | Ū | | | |
| с | | Type III functionally inte | | | in connect | ion with, a | and functionally | / integrate | d with, | |
| | | its supported organization | n(s) (see instructions |). You must complete I | Part IV, Se | ctions A, | D, and E. | | | |
| d | | Type III non-functionally | vintegrated. A supp | orting organization oper | ated in co | nnection w | vith its support | ed organiz | zation(s) | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distri | ibution rec | quirement and a | an attentiv | /eness | |
| | | requirement (see instruct | ions). You must cor | nplete Part IV, Sections | A and D, | and Part | v . | | | |
| е | | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Type I, Type II | , Type III | | |
| | | functionally integrated, or | Type III non-function | nally integrated supporting | ng organiz | ation. | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | |
| g | | vide the following information | | <u> </u> | (iv) to the error | nization listed | | | | |
| | | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | nization listed ng document? | (v) Amount of r support (see ins | - | (vi) Amount of other support (see instructions) | |
| | | organization | | above (see instructions)) | Yes | No | support (see ma | structions | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | | | | | | | | | | |
| 1010 | a1 | | | | | | I | | 1 | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| See | ction A. Public Support | | | | | | |
|-------------|--|----------------------|----------------------------------|------------------------|----------------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 9589973. | 13618179. | 13343592. | 10413678. | 12787540. | 59752962. |
| 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 | 9589973. | 13618179. | 13343592. | 10413678. | 12787540. | 59752962. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 2161724. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 57591238. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 9589973. | 13618179. | 13343592. | 10413678. | 12787540. | 59752962. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 162,560. | 148,744. | 222,888. | 330,065. | 477,421. | 1341678. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 13,682. | 19,816. | 30,712. | 73,450. | 30,200. | 167,860. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 61262500. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 4 | <u>,097,131.</u> |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, [.] | fourth, or fifth tax y | year as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | ohere | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2023 (I | | • | | | 14 | 94.01 % |
| 15 | Public support percentage from 2022 | | | | | 15 | 94.18 % |
| 1 6a | 33 1/3% support test - 2023. If the o | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2022. If the o | organization did no | ot check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances te | - | | | • | | |
| b | 10% -facts-and-circumstances test | - 2022. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circu | | | | • • | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | | |
| | | | | | | Schedule A | (Form 990) 2023 |

332022 12-21-23

| Schedule A | (Form 990) | 2023 | RAILS | то | TRAILS | CONSERVANCY | |
|------------|------------|----------|-------------|-------|------------|-------------------|--------|
| Part III | Support | Schedule | for Organiz | ation | s Describe | ed in Section 509 | (a)(2) |

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

| Section A. Public Support | | | | | | |
|--|------------------------|---------------------|----------------------|---------------------|-----------------|------------------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge \dots | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | • | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for t | the organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) orgar | ization, |
| check this box and stop here | <u></u> | | | | | |
| Section C. Computation of Pub | lic Support Per | centage | | | | |
| 15 Public support percentage for 2023 | (line 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 202 Section D. Computation of Inve | | | | | 16 | % |
| 17 Investment income percentage for 2 | | • | line 13 column (f) | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2023. If th | | | | e 15 is more than (| | |
| more than 33 1/3%, check this box a | | | | | | |
| b 33 1/3% support tests - 2022. If th | - | • | | | | |
| line 18 is not more than 33 1/3%, ch | - | | | | | |
| 20 Private foundation. If the organizati | | | | | | |
| 332023 12-21-23 | | , | , | | | lule A (Form 990) 2023 |
| | | 16 | 5 | | | |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 RAILS TO TRAILS CONSERVANCY

| Pa | t IV Supporting Organizations (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ion C. Type II Supporting Organizations | | | |
| | _ | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ion D. All Type III Supporting Organizations | | | |
| | _ | | Yes | No |
| | | | | |

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year | (see instructions). |
|---|---|---------------------------------------|
| | Shour the box next to the method that the organization doed to catery the integral fait foot daring the year | · · · · · · · · · · · · · · · · · · · |

a ____ The organization satisfied the Activities Test. Complete line 2 below.

| b | | The organization | is the parent of | of each of its s | supported org | anizations. Com | plete line 3 below. |
|---|--|------------------|------------------|------------------|---------------|-----------------|---------------------|
|---|--|------------------|------------------|------------------|---------------|-----------------|---------------------|

| с | | The organization supported a governmental entity. | Describe in Part VI how | you supported a | governmental entity | (see instruction <u>s).</u> |
|---|--|---|-------------------------|-----------------|---------------------|-----------------------------|
|---|--|---|-------------------------|-----------------|---------------------|-----------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

11250211 745960 27379

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| Sche | dule A (Form 990) 2023 RAILS TO TRAILS CONSER | | | 52-1437006 Page 6 |
|------|--|----------------|-----------------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on I | Nov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | d Type III supporting org | anization (see |

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Section D - Distributions

RAILS TO TRAILS CONSERVANCY Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| 1 | Amounts paid to supported organizations to accomplish exer | | 1 | | |
|-------|---|-------------------------------|---------------------------------------|----|---|
| 2 | Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp | | | | |
| 2 | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | avida dataila in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | |
| 0 | (provide details in Part VI). See instructions. | le organization is responsive | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| 10 | | (1) | (::) | 10 | (:::) |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | S | (iii) Distributable Amount for 2023 |
| _1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| с | From 2020 | | | | |
| | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| - | | | | | |

Schedule A (Form 990) 2023

Current Year

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

| MISCELLANEOUS | | | |
|------------------------|---------|----|----------------------------|
| 2019 AMOUNT: \$ | 13,682. | | |
| 2020 AMOUNT: \$ | 19,816. | | |
| <u>2021 AMOUNT: \$</u> | 30,712. | | |
| 2022 AMOUNT: \$ | 73,450. | | |
| 2023 AMOUNT: \$ | 11,721. | | |
| | | | |
| REIMBURSEMENTS | | | |
| 2023 AMOUNT: \$ | 18,479. | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| 332028 12-21-23 | | 21 | Schedule A (Form 990) 2023 |

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Schedule of Contributors

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

2023

Employer identification number

| Schedule | В |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

| 52-1437006 |
|------------|

| 0 <i>1</i> (| |
|---------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 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.

RAILS TO TRAILS CONSERVANCY

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 for an *exclusively* set in the set of the set of the parts unless to the set of the

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

52-1437006

RAILS TO TRAILS CONSERVANCY

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
|--------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 1</u> | | \$ <u>712,500.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$581,636. | 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 |
| 3 | | \$500,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>450,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$423,954. | 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 |
| 6 | | \$380,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023) |

2023.05050 RAILS TO TRAILS CONSERVAN 27379_1

23

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| (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 |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

RAILS TO TRAILS CONSERVANCY

Name of organization

Employer identification number

52-1437006

323453 12-26-23

Schedule B (Form 990) (2023)

| Name of o | organization | Employer identification numbe | | | | | |
|---------------------------|--|---|--|--|--|--|--|
| RAILS | TO TRAILS CONSERVANCY | | | 52-1437006 | | | |
| Part III | Exclusively religious, charitable, etc., contributi | ons to organizations describe | d in section 50 | 1(c)(7), (8), or (10) that total more than \$1,000 for the yea | | | |
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, |) through (e) and the following charitable, etc., contributions of \$1,0 | ine entry. For or)00 or less for th | rganizations he year. (Enter this info. once.) \$ | | | |
| | Use duplicate copies of Part III if additional | space is needed. | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gif | t | (d) Description of how gift is held | | | |
| <u> </u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | e) Transfer | of gift | | | | |
| | | | - | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. | | | | I | | | |
| from Part I | (b) Purpose of gift | (c) Use of gif | t | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transfere | | | | | | |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | | - | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gif | | (d) Description of how gift is held | | | |
| Part I | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer | of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of transferor to transferee | | | |
| | | - | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gif | t | (d) Description of how gift is held | | | |
| Part I | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of transferor to transferee | | | |
| | | - | | | | | |
| | | | | | | | |
| | | | | | | | |

25

Schedule B (Form 990) (2023)

11250211 745960 27379

| Department of the Treasury Internal Revenue Service | | | Open to Inspec | |
|--|---|---------------------------|-------------------|----------|
| If the organization and | wered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Car | npaign Activi | ties), then: | |
| Section 501(c)(3) o | ganizations: Complete Parts I-A and B. Do not complete Part I-C. | | | |
| Section 501(c) (oth | er than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete P | art I-B. | | |
| Section 527 organi | zations: Complete Part I-A only. | | | |
| If the organization and | wered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Ac | ;tivities), the | n: | |
| Section 501(c)(3) o | ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do | o not comple ⁴ | te Part II-B. | |
| Section 501(c)(3) o | ganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II | -B. Do not co | mplete Part II | -A. |
| If the organization and Tax) (see separate ins | swered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or For tructions), then: | m 990-EZ, P | art V, line 35 | c (Proxy |
| | 5), or (6) organizations: Complete Part III. | | | |
| Name of organization | | Employer | r identificatio | n number |
| name er ergamzation | RAILS TO TRAILS CONSERVANCY | | 2-14370 | |
| Part I-A Comp | lete if the organization is exempt under section 501(c) or is a section | | | /00 |
| 2 Political campaign3 Volunteer hours for | ion of the organization's direct and indirect political campaign activities in Part IV. activity expenditures r political campaign activities | | | |
| Part I-B Comp | lete if the organization is exempt under section 501(c)(3). | | | |
| | of any excise tax incurred by the organization under section 4955 | | | |
| | of any excise tax incurred by organization managers under section 4955 | | | |
| | incurred a section 4955 tax, did it file Form 4720 for this year? | | Yes | |
| 4a Was a correction | | | Yes | No No |
| b If "Yes," describe | in Part IV. lete if the organization is exempt under section 501(c), except sectior | E01(a)(2) | | |
| • | | | • | |
| | directly expended by the filing organization for section 527 exempt function activities | \$ | | |
| | of the filing organization's funds contributed to other organizations for section 527 | | | |
| exempt function a | | \$ | | |
| | tion expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, | | | |
| | | | | |
| 0 0 | nization file Form 1120-POL for this year? | | Yes | No |
| | addresses, and employer identification number (EIN) of all section 527 political organizations for each organization listed, enter the amount paid from the filing organization's funds. Also | | | |

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
|-----------------|-------------|---------|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

2023

LHA 332041 11-06-23

SCHEDULE C

(Form 990)

| Sche | dule C (Form 990) 2023 | RAILS TO TR | AILS CONSERV | VANCY | 52-1 | 437006 Page 2 | |
|----------|---|---------------------------|---------------------------|-------------------------|---|------------------------------------|--|
| Pa | rt II-A Complete if the org | anization is exen | npt under section | 1 501(c)(3) and file | ed Form 5768 (ele | ction under | |
| | section 501(h)). | tion la claura de la come | | | | | |
| A | | re of excess lobbying e | | Part IV each affiliated | group member's name | e, address, EIN, | |
| B | | , , | nd "limited control" pro | visions apply. | | | |
| <u> </u> | Limi | ts on Lobbying Expe | | | (a) Filing organization's totals | (b) Affiliated group totals | |
| 1a | Total lobbying expenditures to influ | 47,920. | | | | | |
| b | Total lobbying expenditures to influ | uence a legislative bod | ly (direct lobbying) | | 149,876. | | |
| с | Total lobbying expenditures (add li | nes 1a and 1b) | | | 197,796. | | |
| d | Other exempt purpose expenditure | es | | | 13,608,547. | | |
| е | Total exempt purpose expenditure | s (add lines 1c and 1d |) | | 13,806,343. | | |
| f | Lobbying nontaxable amount. Ente | er the amount from the | e following table in both | n columns. | 840,317. | | |
| | If the amount on line 1e, column (a) o | r (b) is: The lob | bying nontaxable am | ount is: | | | |
| | not over \$500,000, | 20% of | the amount on line 1e. | | | | |
| | over \$500,000 but not over \$1,000 | 9,000, \$100,00 | 0 plus 15% of the exce | ess over \$500,000. | | | |
| | over \$1,000,000 but not over \$1,5 | 00,000, \$175,00 | 0 plus 10% of the exce | ess over \$1,000,000. | | | |
| | over \$1,500,000 but not over \$17, | 000,000, \$225,00 | 0 plus 5% of the exces | ss over \$1,500,000. | | | |
| | over \$17,000,000, | \$1,000, | 000. | | | | |
| g | Grassroots nontaxable amount (en | ter 25% of line 1f) | | | 210,079. | | |
| h | Subtract line 1g from line 1a. If zer | o or less, enter -0- 🧠 | | | 0. | | |
| i | Subtract line 1f from line 1c. If zero | o or less, enter -0 | | | 0. | | |
| j | If there is an amount other than ze | ro on either line 1h or l | line 1i, did the organiza | ation file Form 4720 | _ | | |
| | reporting section 4911 tax for this | year? | | | | YesNo | |
| | 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) | | | | | | |
| | | Lobbying Exper | nditures During 4-Yea | r Averaging Period | | | |
| | Calendar year | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total | |

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| 2a Lobbying nontaxable amount | 700,908. | 756,038. | 789,029. | 840,317. | 3,086,292. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,629,438. |
| c Total lobbying expenditures | 325,847. | 187,768. | 205,848. | 197,796. | 917,259. |
| d Grassroots nontaxable amount | 175,227. | 189,010. | 197,257. | 210,079. | 771,573. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,157,360. |
| f Grassroots lobbying expenditures | 167,187. | 55,895. | 56,428. | 47,920. | 327,430. |

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" respo | nse on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (t |) |
|------------------------------------|---|------------------------|----------|------|----------|
| of the lobbying activi | ty. | Yes | No | Amo | ount |
| local legislation or referendum | r, did the filing organization attempt to influence foreign, national, state, or n, including any attempt to influence public opinion on a legislative matter through the use of: | | | | |
| b Paid staff or m | anagement (include compensation in expenses reported on lines 1c through 1i)? ements? | | | | |
| | mbers, legislators, or the public? | | | | |
| e Publications, c | r published or broadcast statements? | | | | |
| f Grants to othe | r organizations for lobbying purposes? | | | | |
| | with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demor | strations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities | ? | | | | |
| j Total. Add line | s 1c through 1i | | | | |
| | es in line 1 cause the organization to not be described in section 501(c)(3)? | | | | |
| b If "Yes," enter | the amount of any tax incurred under section 4912 | | | | |
| | the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing org | anization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | oplete if the organization is exempt under section 501(c)(4), section c)(6). | 501(c)(5) | , or sec | tion | |
| | | | | Yes | No |
| 1 Were substant | ally all (90% or more) dues received nondeductible by members? | | 1 | | |
| | ation make only in house lobbying expenditures of \$2,000 or less? | | | | |
| - | ation agree to carry over lobbying and political campaign activity expenditures from the | | 3 | | |
| Part III-B Con 501(ansi | nplete if the organization is exempt under section 501(c)(4), sectior c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " wered "Yes." | 501(c)(5) No" OR (b |) Part I | | 3, is |
| 1 Dues, assessm | ents and similar amounts from members | | . 1 | | |
| 2 Section 162(e) | nondeductible lobbying and political expenditures (do not include amounts of politic | al | | | |
| expenses for | which the section 527(f) tax was paid). | | | | |
| a Current year | | | 2a | | |
| b Carryover from | last year | | 2b | | |
| c Total | | | 2c | | |
| 3 Aggregate am | ount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | . 3 | | |
| 4 If notices were | sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | ss | | | |
| does the orgar | ization agree to carryover to the reasonable estimate of nondeductible lobbying and po | litical | | | |
| expenditures r | ext year? | | 4 | | |
| 5 Taxable amou | nt of lobbying and political expenditures. See instructions | <u></u> | . 5 | | |
| Part IV Sup | plemental Information | | | | |

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

| 60 | HEDULE D | Supplementa | al Financial Statements | I | OMB No. 15 | 545-0047 |
|----|---|--|--|---------------------|---------------------|-----------|
| | n 990) | Complete if the orga Part IV, line 6, 7, 8, 9, 10 | nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | 202 | <u>23</u> |
| | ment of the Treasury I Revenue Service | | ttach to Form 990. 0 for instructions and the latest information. | | Open to Inspecti | |
| | e of the organization | | | Employer | identification | |
| | - | RAILS TO TRAILS CON | NSERVANCY | 5 | 2-14370 | 06 |
| Pa | rt I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds or Ac | counts. (| Complete if th | ne |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | e 6. | | | |
| | | | (a) Donor advised funds | b) Funds and | other accou | nts |
| 1 | | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | | f grants from (during year) | | | | |
| 4 | | t end of year | | | | |
| 5 | - | | writing that the assets held in donor advised fund | | — | — |
| • | | | exclusive legal control? | | Yes | No |
| 6 | 0 | 0 , , | dvisors in writing that grant funds can be used o | - | | |
| | impermissible priva | | r donor advisor, or for any other purpose conferr | 0 | Vee | |
| Pa | | | ganization answered "Yes" on Form 990, Part IV, | | Yes | No No |
| 1 | | servation easements held by the organization | | | | |
| • | | of land for public use (for example, recrea | | vrically import | ant land area | |
| | | f natural habitat | Preservation of a certi | | | • |
| | _ | of open space | | | | |
| 2 | | | ied conservation contribution in the form of a co | nservation ea | sement on th | ie last |
| | day of the tax year | a | | | t the End of th | |
| а | Total number of co | onservation easements | | 2a | | |
| b | | | | 2b | | |
| с | Number of conserv | vation easements on a certified historic stru | ucture included on line 2a | 2c | | |
| d | | vation easements included on line 2c acqu | | | | |
| | | | | 2d | | |
| 3 | Number of conservyear | vation easements modified, transferred, rel | eased, extinguished, or terminated by the organi | zation during | the tax | |
| 4 | Number of states | where property subject to conservation eas | sement is located | | | |
| 5 | Does the organization | tion have a written policy regarding the per | iodic monitoring, inspection, handling of | | | |
| | | orcement of the conservation easements it | | | | No |
| 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conservatio | n easements | during the ye | ear |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation eas | sements durir | ng the year | |
| 8 | Does each conser | vation easement reported on line 2d above | satisfy the requirements of section 170(h)(4)(B)(i |) | | |
| - | and section 170(h) | | | | Yes | No |
| 9 | . , | | on easements in its revenue and expense statem | | | |
| | balance sheet, and | d include, if applicable, the text of the footn | ote to the organization's financial statements that | at describes t | he | |
| | | ounting for conservation easements. | | | | |
| Pa | | ations Maintaining Collections of the organization answered "Yes" on Form | Art, Historical Treasures, or Other S | imilar Ass | ets. | |
| 10 | | | 8, not to report in its revenue statement and bala | ance sheet w | orks | |
| id | U U | | blic exhibition, education, or research in furtherar | | | |
| | | | ncial statements that describes these items. | | | |
| b | | | 8, to report in its revenue statement and balance | sheet works | of | |
| 5 | | | exhibition, education, or research in furtherance | | | |
| | | ng amounts relating to these items. | | | , | |
| | • | 0 | | \$ | | |
| | | | | • | | |
| 2 | ., | | asures, or other similar assets for financial gain, r | | | |
| | | unts required to be reported under FASB A | | | | |

| а | Revenue included on Form 990, Part VIII, line 1 |
|---|---|
| b | Assets included in Form 990, Part X |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|--------|--|
| 332051 | 09-28-23 |

\$ \$

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| 29 |) | |
|----|----------|--|
| ~ | <u> </u> | |

| | dule D (Form 990) 2023 RAILS T | O TRAILS CO | NSERVANCY | | 5 | <u>2-14</u> : | <u>37006</u> | Page 2 |
|-------|--|----------------------------------|----------------------------|-----------------------|-------------------------|---------------|--------------|---------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Othe | er Similar / | Assets | (contin | ued) |
| 3 | Using the organization's acquisition, accessi | on, and other records | , check any of the f | ollowing that make | significant us | e of its | | |
| | collection items (check all that apply). | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | |
| b | Scholarly research | е | Other | | | | | |
| с | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explain | how they further th | e organization's exe | empt purpose | in Part) | XIII. | |
| 5 | During the year, did the organization solicit o | r receive donations o | f art, historical treas | ures, or other simila | ir assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | e organization's col | lection? | | | Yes | No |
| Par | t IV Escrow and Custodial Arran | gements Complet | e if the organization | answered "Yes" or | 1 Form 990, P | 'art IV, lir | ne 9, or | |
| | reported an amount on Form 990, Pa | t X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an, or other intermed | iary for contribution | s or other assets no | t included | | _ | |
| | on Form 990, Part X? | | | | | | Yes | No No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | | | | |
| | | | | | | | Amount | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | _ | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line 2 | 21, for escrow or cu | stodial account liab | ility? | | Yes | No No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | <u></u> | | |
| Par | t V Endowment Funds Complete if | | | | | <u> </u> | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three yea | | | |
| 1a | Beginning of year balance | 1,624,500. | 1,539,846. | 1,874,832. | | 7,941. | 1, | 616,710. |
| b | Contributions | | | | | 5,000. | | |
| С | Net investment earnings, gains, and losses | 331,283. | 170,021. | -245,758. | 304 | 4,010. | | 102,594. |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | 79,109. | 85,367. | 89,228. | 82 | 2,119. | | 71,363. |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 1,876,674. | 1,624,500. | 1,539,846. | 1,874 | 4,832. | 1, | 647,941. |
| 2 | Provide the estimated percentage of the curr | | (line 1g, column (a) |) held as: | | | | |
| а | Board designated or quasi-endowment | 56.0000 | _% | | | | | |
| b | Permanent endowment <u>44.0000</u> | % | | | | | | |
| С | | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organizat | tion that are held ar | d administered for t | he | | Б | |
| | organization by: | | | | | | | Yes No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | <u> </u> |
| | | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | |
| | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | vment funds. | | | | | |
| T ai | Complete if the organization answere | | Part IV line 11a S | ee Form 990 Part X | line 10 | | | |
| | | | | | | | | |
| | Description of property | (a) Cost or ot basis (investm | • • | | Accumulated epreciation | | (d) Book | value |
| 10 | Land | | | | | | | |
| | Land | | | | | | | |
| | Buildings Leasehold improvements | | 1 | 4,490. | 1,32 | 8. | 1 3 | ,162. |
| | | | | 8,828. | 76,16 | | | ,666. |
| | EquipmentOther | | | 9,768. | 263,080 | | | 682. |
| _ | . Add lines 1a through 1e. (Column (d) must e | | | | , | <u> </u> | | ,510. |
| Total | | <u>qual FOITH 990, Part X</u> | <u>, iiile ruc, column</u> | (<u>D)/</u> | <u> </u> | chedule | | 990) 2023 |
| | | | | | 3 | module | - (i oim | 5557 2023 |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | l-of-year market value |
|---|----------------------------|--|------------------------|
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | l-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) DEPOSITS | | | 40,080. 3,804,218. |
| (2) RIGHT-OF-USE ASSET | | | 3,804,218. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities | <u>I. (B))</u> | | 3,844,298. |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1.(a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) OPERATING LEASE LIABILITY | | | 4,406,811. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 25, co | <u>I. (B))</u> | | 4,406,811. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | | nat reports the |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

RAILS TO TRAILS CONSERVANCY her Securities

52-1437006 Page 3

| Part VII | Investments - | Other Secu | rit |
|----------|-----------------|------------|-----|
| | (Form 990) 2023 | RAILS | |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| | dule D (Form 990) 2023 RAILS TO TRAILS CONSERVANC | | | | 1437006 Page 4 |
|--|--|---------------------------------------|---|------------|--|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | nts Wit | h Revenue per Re | turn | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 17,428,932. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 1,628,540. | | |
| b | Donated services and use of facilities | 2b | 1,103,501. | | |
| с | Recoveries of prior year grants | | | | |
| d | | | 15,097. | | |
| е | Add lines 2a through 2d | | | 2e | 2,747,138. |
| 3 | Subtract line 2e from line 1 | | | 3 | 14,681,794. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 58,637. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | | | | 4c | 58,637. |
| С | Add lines 4a and 4b | | | 10 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 14,740,431. |
| 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statement | | | 5 | 14,740,431. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ents Wi | | 5 | 14,740,431. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) | ents Wi | th Expenses per F | 5 | 14,740,431. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ents Wi | th Expenses per F | 5 Retur | 14,740,431. n |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents Wi | th Expenses per F | 5 Retur | 14,740,431. n |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ents Wi | th Expenses per F | 5 Retur | 14,740,431. n |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents Wi 2a 2b | th Expenses per F | 5 Retur | 14,740,431. n |
| 5 Pa 1 2 a b c | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | ents Wi 2a 2b 2c | th Expenses per F | 5 Retur | 14,740,431. n |
| 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2b 2c 2d | th Expenses per F 1,103,501. 15,097. | 5 Retur | 14,740,431. n 15,049,081. 1,118,598. |
| 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | th Expenses per F 1,103,501. 15,097. | 5 Retur | 14,740,431. n 15,049,081. |
| 5 Par 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2b 2c 2d | th Expenses per F 1,103,501. 15,097. | 5 Retur | 14,740,431. n 15,049,081. 1,118,598. |
| 5 Par 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | th Expenses per F 1,103,501. 15,097. | 5 Retur | 14,740,431. n 15,049,081. 1,118,598. |
| 5 Pa 1 2 a b c d e 3 4 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | th Expenses per F | 5 Retur | 14,740,431. n 15,049,081. 1,118,598. 13,930,483. |
| 5 Par 1 2 a b c d e 3 4 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | ents Wi 2a 2b 2c 2d 2d | th Expenses per F 1,103,501. 15,097. 58,637. | 5 Retur | 14,740,431. n 15,049,081. 1,118,598. |
| 5 Pa 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | ents Wi 2a 2b 2c 2d 2d | th Expenses per F | 5 Retur | 14,740,431. n 15,049,081. 1,118,598. 13,930,483. |

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

PART V, LINE 4:

THE CONSERVANCY'S ENDOWMENT CONSISTS OF MULTIPLE DONOR-RESTRICTED FUNDS TO

GENERATE A PERMANENT SOURCE OF INCOME FOR THE CONSERVANCY'S PROGRAMS.

DURING THE YEAR ENDED SEPTEMBER 30, 1997, THE CONSERVANCY ESTABLISHED THE

LANGDON GATES BURWELL ENDOWMENT FUND ("FUND 1"). THIS FUND WAS ESTABLISHED

WITH A GIFT OF STOCK VALUED AT \$334,645 AT THE DATE OF THE GIFT PLUS AN

ADDITIONAL \$44,433 IN ACCUMULATED INVESTMENT EARNINGS, WHICH ARE ALSO

CONSIDERED TO BE RESTRICTED IN PERPETUITY. THE DONOR STIPULATED THAT THE

PRINCIPAL BE INVESTED IN PERPETUITY; HOWEVER, 30 YEARS FROM THE DATE OF

32

THE GIFT, THE FUND WILL REVERT TO THE CONSERVANCY'S GENERAL ENDOWMENT.

332054 09-28-23

WITH THE DONOR'S INSTRUCTIONS, EARNINGS ON FUND 1 ARE AVAILABLE TO SUPPORT

THE CONSERVANCY'S GENERAL OPERATIONS.

DURING THE YEAR ENDED SEPTEMBER 30, 1998, THE CONSERVANCY ESTABLISHED THE WYSS ENDOWMENT FUND ("FUND 2"). THIS FUND WAS ESTABLISHED WITH A GIFT OF CASH OF \$250,000.

FOR INVESTMENT EARNINGS ON FUND 2, THE DONOR RECOMMENDED THAT HALF OF THE ANNUAL EARNINGS FROM THE ENDOWMENT BE USED FOR GENERAL OPERATING EXPENSES AND THE OTHER HALF BE USED TO INCREASE THE ENDOWMENT, WITH AN ALLOWANCE FOR THE BOARD OF DIRECTORS TO OVERRIDE THIS PROVISION. IN PRIOR YEARS, THE CONSERVANCY'S BOARD OF DIRECTORS RESOLVED THAT ALL THE INVESTMENT EARNINGS ON FUND 2 BE CONSIDERED WITHOUT DONOR RESTRICTION AND AVAILABLE TO SUPPORT GENERAL OPERATIONS.

DURING THE YEAR ENDED SEPTEMBER 30, 2018, THE CONSERVANCY ESTABLISHED THE KEITH LAUGHLIN LEGACY ENDOWMENT FUND. THE CONSERVANCY'S BOARD OF DIRECTORS ESTABLISHED THIS FUND TO HONOR THE 18 YEARS OF SERVICE OF ITS PRESIDENT KEITH LAUGHLIN. THE BOARD MADE PERSONAL PLEDGES IN EXCESS OF \$500,000, OF WHICH \$163,250 WAS RESTRICTED IN PERPETUITY. IN ACCORDANCE WITH THE DONOR'S INSTRUCTIONS, EARNINGS ON FUND 3 ARE AVAILABLE TO SUPPORT THE CONSERVANCY'S GENERAL OPERATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD REPORTED AS EXPENSES ON THE FINANCIAL 15,097. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, Schedule D (Form 990) 2023 32005 09-28-23 33 LINE 10B.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED AS EXPENSES ON THE FINANCIAL 15,097.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,

LINE 10B.

Schedule D (Form 990) 2023

332055 09-28-23

| SCHEDULE G | Suppleme | ntal Informat | ties (| OMB No. 1545-0047 | | | | | | | |
|--|---|---------------------|--|-------------------|--|---|---------|--|--|--|--|
| (Form 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | | 2023 | | |
| Department of the Treasury | | | Open to Public | | | | | | | | |
| Internal Revenue Service | | o www.irs.gov/F | www.irs.gov/Form990 for instructions and the latest information. | | | | | | Inspection | | |
| Name of the organization | | | | | | | | Employer identification number | | | |
| | | | CONSERVAN | | | | | 52-1437 | | | |
| | complete this par | | organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 17 | 7. Form 990-EZ | I filers are not | | |
| 1 Indicate whether th | e organization rais | ed funds through | n any of the followin | g activ | ities. (| Check all that apply. | | | | | |
| a 🚺 Mail solicitat | | | e X Solicitat | tion of | non-g | overnment grants | | | | | |
| | email solicitations | 5 | f X Solicitat | tion of | gover | nment grants | | | | | |
| c X Phone solici | | | g Special | fundra | aising | events | | | | | |
| d 🛛 In-person so | licitations | | | | | | | | | | |
| 2 a Did the organization | | • | | | Ũ | | tees, | | _ | | |
| | | , , | • | | | undraising services? | | X Yes | | | |
| b If "Yes," list the 10 | • | | (fundraisers) pursu | ant to | agreer | ments under which the | ne fur | draiser is to be | 9 | | |
| compensated at le | east \$5,000 by the | organization. | | | | | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | | | Did raiser ustody ntrol of utions? | (iv) Gross receipts to from activity | | Amount paid r retained by) undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization | | |
| MKDM - 612 E JEFFEI | RSON ST | DIRECT MAIL & EMAIL | | | No | | | | | | |
| 2ND FL, CHARLOTTESVILLE, VA | | CONSULTING | | | x | 2,796,900. | | 124,140. | 2,672,760. | | |
| | , , , , | | | | | 2,750,500. | | 121,110. | 2,072,700. | | |
| | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | |
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| Total | | | | | | 2,796,900. | | 124,140. | 2,672,760. | | |
| 3 List all states in whi or licensing. | ich the organizatio | n is registered or | licensed to solicit o | ontrib | utions | or has been notified | it is e | exempt from re | gistration | | |

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

| | | of fundraising event contributions and gro | oss income on Form 990 | -EZ, lines 1 and 6b. List e | events with gross receipt | ts greater than \$5,000. | | | | |
|--|---|--|------------------------|-----------------------------|---------------------------|---------------------------|--|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | | | |
| | | | | | | (add col. (a) through | | | | |
| | | | | | | col. (c)) | | | | |
| е | | | (event type) | (event type) | (total number) | | | | | |
| Revenue | | | | | | | | | | |
| Jev | 1 | Gross receipts | | | | | | | | |
| - | | | | | | | | | | |
| | 2 | Less: Contributions | | | | | | | | |
| | _ | | | | | | | | | |
| _ | 3 | Gross income (line 1 minus line 2) | | | | | | | | |
| | | | | | | | | | | |
| | 4 | Cash prizes | | | | | | | | |
| | - | Nenersh prizes | | | | | | | | |
| s | 5 | Noncash prizes | | | | | | | | |
| Direct Expenses | 6 | Bent/facility costs | | | | | | | | |
| kpe | 0 | Rent/facility costs | | | | | | | | |
| ж Ю | 7 | Food and beverages | | | | | | | | |
| lirec | ' | 1 ood and beverages | | | | | | | | |
| | 8 | Entertainment | | | | | | | | |
| | 9 | Other direct expenses | | | | | | | | |
| | 10 | Direct expense summary. Add lines 4 through | | l | ł | | | | | |
| | 11 | Net income summary. Subtract line 10 from li | | | | | | | | |
| Pa | rt I | | | 990, Part IV, line 19, or | reported more than | | | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | | | | |
| 6 | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add | | | | |
| nue | | | | bingo/progressive bingo | | col. (a) through col. (c) | | | | |
| Revenue | | | | | | | | | | |
| ш. | 1 | Gross revenue | | | | | | | | |
| | | | | | | | | | | |
| S | 2 | Cash prizes | | | | | | | | |
| Direct Expenses | | | | | | | | | | |
| , xpe | 3 | Noncash prizes | | | | | | | | |
| ct E | | | | | | | | | | |
| Dire | 4 | Rent/facility costs | | | | | | | | |
| - | _ | | | | | | | | | |
| | 5 | Other direct expenses | | | | | | | | |
| | ~ | Voluntaar Jahar | Yes% | | Yes% | | | | | |
| | 6 | Volunteer labor | No No | No No | No | | | | | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | | | | | |
| | ' | Direct expense summary. Add lines 2 timougi | | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1 column (d) | | | | | | | |
| | | Het gaming meente earnhary. Eabtract mer | | | | | | | | |
| 9 | En | ter the state(s) in which the organization condu | cts gaming activities: | | | | | | | |
| | Yes No | | | | | | | | | |
| a Is the organization licensed to conduct gaming activities in each of these states? Yes Yes N b If "No," explain: | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| 10a | a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | | | | | | | | | |
| b | lf " | Yes," explain: | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

332082 09-13-23

Schedule G (Form 990) 2023

| Schedule G (Fo | rm 990) 2023 | RAILS 7 | го | TRAI | LS C | ONSE | ERVANC | Y | | 52 | 2-143 | 7006 | Page | 3 |
|-----------------------|------------------------|--------------------|--------|------------|-----------|-----------|--------------|--------------|--------------|----------------|---------------|----------|-----------|----|
| | rganization conduct | | | | | | | | | | | Yes | | |
| | nization a grantor, be | | | | | | | | | | | | | |
| to adminis | ter charitable gaming | ? | | | | | | | | | | Yes | | 0 |
| | e percentage of gami | | | | | | | | | | | | | |
| a The organi | zation's facility | | | | | | | | | | 13 | a 📃 | | % |
| b An outside | facility | | | | | | | | | | 13 | b | | % |
| 14 Enter the r | name and address of | the person who | prepa | ares the c | organiza | ation's g | aming/spe | cial events | s books an | d records: | | | | |
| Name | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| 15a Does the c | organization have a co | ontract with a thi | rd pai | rty from v | whom t | he orga | nization rec | ceives gan | ning revenu | ue? | | Yes | | 0 |
| b If "Yes," er | nter the amount of ga | ming revenue re | ceive | d by the | organiz | ation | \$ | | anc | d the amoun | t | | | |
| of gaming | revenue retained by t | he third party | \$ | | | | | | | | | | | |
| c If "Yes," er | nter name and addres | s of the third pa | rty: | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Marine | | | | | | | | | | | | | | _ |
| Address | | | | | | | | | | | | | | |
| 16 Gaming m | anager information: | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Gaming m | anager compensatior | n \$ | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | |
| Description | n of services provided | k | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | _ |
| Dire | ector/officer | Employe | e | | | ndepen | dent contra | actor | | | | | | |
| | | | | | | | | | | | | | | |
| 17 Mandatory | | | | | | | | | | | | | | |
| 0 | nization required und | | nake c | charitable | e distrib | outions | from the ga | iming proc | ceeds to | | | 7. | . | |
| | state gaming license? | | | | | | | | | | L | Yes | | D |
| | mount of distribution | • | | | | ibuted t | o otner exe | empt orgar | nizations of | r spent in the | e | | | |
| | upplemental Info | | | | | reauire | d by Part I. | , line 2b, c | olumns (iii) | and (v): and | l Part III. I | ines 9. | 9b. 10b. | |
| | b, 15c, 16, and 17b, | | | | | | | | | | , | | , , | |
| SCHEDULE | G, PART I | , LINE 2E | 3, 1 | LIST | OF | TEN | HIGHES | ST PA | ID FUN | IDRAISE | ERS: | | | |
| | | | | | | | | | | | | | | |
| / T \ N73 MT | | | M | | | | | | | | | | | — |
| (I) NAME | OF FUNDRA | LSER: MKL | JM | | | | | | | | | | | |
| (I) ADDR | ESS OF FUNI | DRAISER: | | | | | | | | | | | | |
| <u>612 e je</u> | FFERSON ST | , 2ND FL, | , CI | HARLO | OTTE | SVIL | LE, VA | A 22 | 902 | | | | | _ |
| | | | | | | | | | | | | | | _ |
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| | | | | | | | | | | | | | | |
| 332083 09-13-23 | | | | | | | | | | Sc | hedule G | (Form | 990) 202 | 23 |

11250211 745960 27379

| Schedule G | (Form | 990 |
|------------|-------|-----|
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| Part IV | Supplemental Information (continued) | |
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| | | Schedule G (Form 990) |
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| SCHEDULE I (Form 990) Department of the Treasury | o | Grants and Governments ^{Complete if the organi} | Other , and ^{zation al} | Assistance t Individuals in nswered "Yes" on F Attach to Form 990. | to Organi in the Unit Form 990, Part 90. | zations, ed States IV, line 21 or 22. | | OMB No. 1545-0047 2023 Open to Public |
|---|---|--|---|---|---|--|---|---|
| Internal Revenue Service | | Go to w | Go to www.irs.gov/Form990 for the latest information. | 90 for the | e latest informat | tion. | | Inspection |
| Name of the organization RA | RAILS TO TRAILS | CONSERVANC | Х | | | | | Employer identification number 52 – 1437006 |
| Part I General Information | rants a | e | | | | | | |
| 1 Does the organization maintain records to subst criteria used to award the crants or assistance? | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the rearis or assistance? | e the amount of the | grants or assistance | e, the gra | ntees' eligibility f | or the grants or assis | stance, and the selecti | ion X Vac No |
| 2 Describe in Part IV the org | Describe in Part IV the organization's procedures for monitoring the use of | monitoring the use o | f grant funds in the United States. | United St | ates. | | | |
| Part II Grants and Other A receive | Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee | ganizations and Dc | | | plete if the orga | nization answered "Y | Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded. | t IV, line 21, for any |
| 1 (a) Name and address of organization or government | organization (b) EIN | (ff applicable) (if applicable) | tion (d) Amount of cash grant | | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 30TH STREET INDUSTRIAL CORPORATION PO BOX 16498 MILWAUKEE, WI 53216 | DRPORATION 39-1707616 | 616 501(C)(3) | 22 | 55,000. | o | | | TRAIL DEVELOPMENT |
| ACTIVE TRANSPORTATION ALLIANCE 35 E. WACKER DR. SUITE 1782 CHICAGO, IL 60601 | .IANCE 782 36-3385886 | 886 501(C)(3) | , 'L | , 500. | 0. | | | TRAIL ADVOCACY |
| ARIZONA TRAIL ASSOCIATION 738 N 5TH AVE STE 201 TUCSON, AZ 85705 | ۲ 86-0762149 | 149 501(C)(3) | 15, | ,000. | 0. | | | TRAIL PROGRAM DEVELOPMENT |
| BENTONVILLE BELLA VISTA TRAILBLAZERS ASSOCIATION - P 2821 - BENTONVILLE, AR 72712 | - PO BOX 2712 | 71-0785162 501(C)(3) | , 'L | , 500. | .0 | | | TRAIL ADVOCACY |
| BROOKE-HANCOCK-JEFFERSON METROPOLITAN FLANNING COMMISSION 124 NORTH 4TH STREET, 2ND FLOOR - STEUBENVILLE, OH 43952 | ON COMMISSION - 2ND FLOOR - 55-0514063 | 063 501(C)(3) | 15, | 15,000. | .0 | | | TRAIL DEVELOPMENT |
| BROOKVILLE TRAIL HUB PO BOX 154 BROOKVILLE, PA 15825 | 88-0893471 | 471 501(C)(3) | 20, | .000, | .0 | | | TRAIL DEVELOPMENT |
| Enter total number of section Benter total number of other | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table | nt organizations liste line 1 table | d in the line 1 table | - | | | | 33. |
| <u> </u> | Notice, see the Instruction | is for Form 990. | | | | | | Schedule I (Form 990) 2023 |

LHA 332101 11-01-23

| υ | TRAILS COI | CONSERVANCY | | | | | 52-1437006 Page 1 |
|--|------------------|---|------------------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments | ssistance to Dor | nestic Organizations | and Domestic Go | | (Schedule I (Form 990), Part II.) | t II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CAPITAL AREA GREENBELT ASSOCIATION PO BOX 15405 HARRISBURG, PA 17105 | 25-1687474 | 501(C)(3) | 15,000. | .0 | | | TRAIL DEVELOPMENT |
| CITY OF GREELEY NATURAL AREAS & TRAILS DIVISION - 1000 10TH STREET - GREELEY, CO 80631 | 84-6000593 | GOVERNMENT | 15,000. | .0 | | | TRAIL ACCESS |
| CLINTON COUNTY FOUNDATION PO BOX 172 WILMINGTON, OH 45177 | 31-1140087 | 501(C)(3) | 15,000. | .0 | | | TRAIL ACCESS |
| COMMUNITIES UNLIMITED 3 E COLT SQUARE DR FAYETTEVILLE, AR 72703 | 71-0464321 | 501(C)(3) | 10,000. | | | | TRAIL DEVELOMENT |
| COMMUNITY INTTATIVES 1000 BROADWAY, SUITE #480 OAKLAND, CA 94607 | 94-3255070 | 501(C)(3) | 12,000. | 0. | | | COMMUNITY ENGAGEMENT |
| FRIENDS OF HERRING RUN PARKS PO BOX 1617 BALFIMORE, MD 21218 | 46-2321951 | 501(C)(3) | 7,500. | | | | TRAIL DEVELOPMENT |
| FRIENDS OF MADISON COUNTY PARKS & TRAILS - PO BOX 308 - LONDON, OH 43140 | 31-1756577 | 501(C)(3) | 10,000. | | | | TRAIL DEVELOPMENT |
| FRIENDS OF NORTHEAST GEORGIA 327 MONROE ST., SUITE D CLARKESVILLE, GA 30523 | 99-0817188 | 501(C)(3) | 15,000. | .0 | | | TRAIL DEVELOPMENT |
| GEORGIA BIKES, INC. 1075 W BROAD ST. ÀTHENS, GA 30606 | 20-0295376 | 501(C)(3) | 15,000. | .0 | | | TECHNICAL ASSISTANCE |
| | | | | | | | Schedule I (Form 990) |

04-01-23

| Ψ | TRAILS COI | CONSERVANCY | | | | ۲ | 2-1437006 Page 1 |
|---|----------------------|---|--|---------|--|---|---------------------------------------|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of implication (e) Amount of implica | (b) EIN | restic Organizations (c) IRC section if applicable | and Domestic Go (d) Amount of cash grant | 1 7 4 0 | (Schedule I (Form 990), Part II.) t of (f) Method of (valuation noi (book, FMV, appraisal, other) | t II.) (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HIKE + HEAL WELLNESS 640 N BROAD STREET AN102 PHILADELPHIA, PA 19130 | 85-4194623 | TTC | 10,000. | 0.0 | | | COMMUNITY ENGAGEMENT |
| IN COLOR BIRDING CLUB 327 LAUREL DR. ROYERSFORD, PA 19468 | 88-2491110 | 501(C)(3) | 10,000. | | | | COMMUNITY ENGAGEMENT |
| IOWA NATURAL HERITAGE FOUNDATION 505 5H AVE. STE 444 DES MOINES, IA 50309 | 42-1127544 501(C)(3) | 501(C)(3) | 10,000. | | | | COMMUNITY ENGAGEMENT |
| KELLOGG PROJECT UPLIFT 703 CEDAR ST. WALLACE, ID 83873 | 82-0433514 | 501(C)(3) | 10,000. | 0. | | | TRAIL PROGRAM DEVELOPMENT |
| MANHATTAN TRAIL SYSTEM PO BOX 1064 MANHATTAN, MT 59741 | 82-5123045 501(C)(3) | 501(C)(3) | 30,000. | 0. | | | TRAIL DEVELOPMENT |
| NEW JERSEY BIKE WALK COALITION 551 VALLEY RD, SUITE 140 MONTCLAIR, NJ 07043 | 26-4648049 | 501(C)(3) | 180,000. | 0. | | | TRAIL DEVELOPMENT |
| NORTHWEST NEBRASKA TRAILS ASSOCIATION - PO BOX 1328 - CHADRON, NE 69337 | 82-3981817 | 501(C)(3) | 15,000. | 0. | | | TRAIL DEVELOPMENT |
| PASO DEL NORTE COMMUNITY FOUNDATION - 221 N KANSAS ST. STE 1900 - EL PASO, TX 79901 | 46-1997449 | 501(C)(3) | 20,000. | | | | COMMUNITY ENGAGEMENT |
| PINNACLE PREVENTION 484 W. CHANDLER BLVD CHANDLER, AZ 85225 | 46-4574172 501(C)(3) | 501(C)(3) | 7,500. | .0 | | | TRAIL ADVOCACY |
| | | | | | | | Schedule I (Form 990) |

04-01-23

| Schedule I (Form 990) RAILS TO 7 | TRAILS COI | CONSERVANCY | | | | 5 | 52-1437006 Page 1 |
|--|----------------------|---|------------------------------------|---|---|---|--|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments | ssistance to Dor | nestic Organizations | and Domestic Go | | (Schedule I (Form 990), Part II.) | rt II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PLAY MARIN PO BOX 530 SAUSALITO, CA 94966 | 83-1737141 501(C)(3) | 501(C)(3) | 15,000. | •0 | | | TRAIL PROGRAM DEVELOPMENT |
| SCHUYLKILL RIVER GREENWAYS NATIONAL HERITAGE AREA - 140 COLLEGE DRIVE - POTTSTOWN, PA 19464 | 23-2048152 | 501(C)(3) | 20,000. | 0. | | | TRAIL DEVELOPMNET |
| SHELBY FARMS PARK CONSERVANCY 6903 GREAT VIEW DRIVE NORTH MEMPHIS, TN 38134 | 26-0350397 | 501(C)(3) | 15,000. | | | | TRAIL DEVELOPMENT |
| THE ELIZABETH RIVER TRAIL FOUNDATION - PO BOX 3042 - NORFOLK, VA 23514 | 81-4431199 | 501(C)(3) | 15,000. | 0. | | | TRAIL DEVELOPMENT |
| THE ERIE AREA COUNCIL OF GOVERNMENTS - 150 EAST FRONT STREET, SUITE 300 - ERIE, PA 16507 | 23-2938043 | GOVERNMENT | 10,000. | 0. | | | TRAIL PROGRAM DEVELOPMENT |
| TOWN OF COWEN 91 ERBACON ROAD, PO BOX 446 COWEN, WV 26206 | 55-6007321 | GOVERNMENT | 15,000. | 0. | | | TRAIL DEVELOPMENT |
| TOWN OF PITTSFIELD 112 SOMERSET AVENUE PITTSFIELD, ME 04967 | 01-6000331 | GOVERNMENT | 10,000. | 0 | | | TRAIL DEVELOPMENT |
| UNPLUG COLLABORATIVE 14900 MAGNOLIA BLVD, #5089 SHERMAN OAKS, CA 91413 | 85-2040258 | 501(C)(3) | 12,000. | 0 | | | COMMUNITY ENGAGEMENT |
| THE URBAN OASIS 3230 CARLISLE AVE BALTIMORE, MD 21216 | 84-3768675 501(C)(3) | 501(C)(3) | 7,500. | . 0 | | | TRAIL DEVELOPMENT |
| | | | | | | | Schedule I (Form 990) |

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Schedule I (Form 990)

| Page 1 | | | | | | | | (066 u |
|--------------------------------|--|--|--|--|--|--|--|-----------------------|
| 52-1437006 | | (h) Purpose of grant or assistance | TRAIL DEVELOPMENT | | | | | Schedule I (Form 990) |
| | t II.) | (g) Description of non-cash assistance | | | | | | |
| | edule I (Form 990), Par | (f) Method of valuation (book, FMV, appraísal, other) | | | | | | |
| | overnments (Sche | (e) Amount of noncash assistance | .0 | | | | | |
| | and Domestic Go | (d) Amount of cash grant | 10,000. | | | | | |
| CONSERVANCY | nestic Organizations | (c) IRC section if applicable | 501(C)(3) | | | | | |
| TO TRAILS CON | Assistance to Dor | (b) EIN | 20-8879680 | | | | | |
| Schedule I (Form 990) RAILS TO | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | (a) Name and address of organization or government | WATER VALLEY MAIN STREET ASSOCIATION - 207 N. MAIN STREET PO BOX 104 - WATER VALLEY, MS 38965 | | | | | |

04-01-23

| Schedule I (Form 990) 2023 RAILS TO TRAILS | CONSERVANCY | NCY | | | 52-1437006 Page 2 |
|---|--------------------------|-------------------------------|---------------------------------------|-------------------------------|---------------------------------------|
| Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. can be duplicated if additional space is needed. | . Complete if the | organization answe | rred "Yes" on Form 99 | 00, Part IV, line 22. | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information. | uired in Part I, line | e 2; Part III, column | (b); and any other ad | ditional information. | |
| PART I, LINE 2: | | | | | |
| RTC PROVIDES GRANTS TO TRAIL ORGANIZATI | SNO | OR MUNICIPALITIES | ALITIES FOR | R THE | |
| PURPOSE OF MAKING PERMANENT IMPROVI | EMENTS TO | IMPROVEMENTS TO THEIR TRAILS, | ILS, BOOSTING | ING SAFETY | |
| OR IMPROVING CONNECTIONS. GRANTEES | ARE | INDENTIFIED BY | RTC AND ARE | RE INVITED | |
| TO SUBMIT A PROPOSAL. EACH PROPOSAL | IS | EVALUATED BASED | ON THE | GUIDELINES OF | |
| THE GRANT PROGRAM AND RTC DETERMINES | | AWARD RECIPIENTS. | | A FINAL REPORT IS | |
| REQUIRED FROM EACH RECIPIENT ORGANIZATI | IZATION. | | | | |
| | | | | | |
| | | | | | |

Schedule I (Form 990) 2023

| SC | HEDULE J | Compensation Information | | OMB No. 1 | 545-004 | 47 |
|--------|------------------------|---|----------|---------------|----------------|----------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 7 7 | , |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | <u>ZJ</u> |) |
| Denar | tment of the Treasury | Attach to Form 990. | | Open to | | ic |
| Intern | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| Nam | ne of the organization | | | identificatio | | nber |
| Do | | RAILS TO TRAILS CONSERVANCY | 52- | 143700 | 6 | |
| Pa | rt I Question | s Regarding Compensation | | | | |
| | | | ~~~ | | Yes | No |
| па | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | First-class or c | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | Travel for com | | | | | |
| | | ation and gross-up payments I Health or social club dues or initiation fee | | | | |
| | | spending account | | | | |
| | | | | | | |
| h | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| D. | • | in the second | | 1b | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| - | | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| | | | | | | |
| 3 | Indicate which, if a | ny, of the following the organization used to establish the compensation of the organization's | i | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organization | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | |
| | X Compensation | committee Written employment contract | | | | |
| | Independent of | ompensation consultant Compensation survey or study | | | | |
| | X Form 990 of o | ther organizations X Approval by the board or compensation c | ommittee | | | |
| | | | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| | organization or a re | lated organization: | | | | |
| а | Receive a severance | e payment or change-of-control payment? | | 4a | | X |
| b | Participate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 4b | | X |
| с | | eive payment from an equity-based compensation arrangement? | | 4c | | x |
| | If "Yes" to any of lir | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | | |
| | |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the r | | | | | v |
| | | | | | | X X |
| a | | ation? | | <u>5b</u> | | |
| 6 | | or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| 0 | - | |)() | | | |
| • | contingent on the r | - | | 60 | | X |
| | | ation2 | | | | X |
| U. | | ation? or 6b, describe in Part III. | | 00 | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | |
| | - | les 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | | ····· • | | <u>_</u> |
| - | | | | 8 | | x |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | |
| - | Regulations section | | | 9 | | |
| For | | on Act Notice, see the Instructions for Form 990. | | dule J (Forn | n 990) | 2023 |

LHA 332111 11-06-23

| Schedule J (Form 990) 2023 RAILS | S TO | TRAILS | CONSERVANCY | | 52-1437006 | 006 | | Page 2 |
|--|------------------------------|--------------------------------------|--|---|-----------------------------------|----------------------------|------------------------------------|---|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed | Employ | ees, and Highest C | compensated Empl | oyees. Use duplica | te copies if additional s | space is needed. | | |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. | be rep ⁻ orm 9 | orted on Schedule J 90, Part VII. | l, report compensati | on from the organiz | ation on row (i) and fror | n related organizations | s, described in the instr | uctions, on row (ii). |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual | ed ind | vidual must equal th | ne total amount of Fo | orm 990, Part VII, Se | ection A, line 1a, applic | able column (D) and (E | :) amounts for that indi | vidual. |
| | | (B) Breakdown of W | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
| (A) Name and Title | 1 | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) RYAN CHAO | Ξ | 308,721. | .0 | 00 | 18,944. | 23,965. | 351,630. | 00 |
| LVESTDENT. | | .0 .0.0 | | | 10 10 | .U. 75 200 | 717 017 | |
| (2) CINTALA DICARASON CHIEF OPERATING OFFICER | ≘ ≘ | | | | 2 | - | ্ | |
| (3) KEVIN MILLS | Ξ | 182,418. | 0. | 0. | 11,396. | 25,308. | 219,122. | •0 |
| VP OF POLICY | (ii) | | 0. | .0 | | | | .0 |
| (4) ALISA BORLAND | Ξ. | 178,325. | 0. | .00 | 10,891. | 25,308. | 214,524. | .00 |
| VE OF DEVELOFMENT (5) BRANDT HORTON | 1 | 174 375 | | | 11 178 | 25 308 | 210 861 | |
| ᄨ | | | 0. | | - - - - | 5 | | .0 |
| (6) FREDERICK SCHAEDTLER | Ξ | 178,006. | .0 | .0 | 11,044. | 19,415. | 208,465. | •0 |
| СТО | (ii) | .0 | 0. | .0 | .0 | .0 | 0. | 0. |
| (7) ELIZABETH THORSTENSEN | Ξ | 152,138. | 0. | .0 | 9,477. | 13,716. | 175,331. | 0. |
| VP OF TRAIL DEVELOPMENT | (ii) | 0. | 0. | .0 | .0 | • 0 | 0. | 0. |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
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| Schedule J (Form 990) 2023 RAILS TO TRAILS CONSERVANCY | 52-1437006 | Page 3 |
|--|--|----------|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | his part for any additional information. | |
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| | Schedule J (Form 990) 2023 | 90) 2023 |

332113 11-06-23

| SCHEDULE I | L |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

Transactions With Interested Persons

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

| Name | of the | organization |
|------|--------|--------------|

Employer identification number

| Name | στ | tne | orgar | nization | |
|------|----|-----|-------|----------|--|
| | | | 5 | | |

RAILS TO TRAILS CONSERVANCY

52-1437006

| Excess Benefit Transaction | S (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) | |
|------------------------------------|--|--|
| Complete if the organization answe | ed "Yes" on Form 990 Part IV line 25a or 25b or Form 990-F7 Part V line 40b | |

| | complete il tile organization | | | | | | |
|-----|--|--|---------------------------------|--------|----------|--|--|
| 1 | (a) Name of diagualified person | (b) Relationship between disqualified | (a) Description of transaction | (d) Co | rrected? | | |
| | (a) Name of disqualified person | person and organization | (c) Description of transaction | | No | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| 2 | Enter the amount of tax incurred by | the organization managers or disqualifie | d persons during the year under | | | | |
| | section 4958 | - | \$ | | | | |
| 3 | 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ | | | | | | |

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose | (d) Lo fron | an to or n the zation? | (e) Original principal amount | (f) Balance due | (g) defa |) In ault? | (h) Ap by bo comm | proved ard or littee? | (i) W agreer | ritten nent? |
|-------------------------------|------------------------------------|-------------|----------------|------------------------------|--------------------------------------|-----------------|-------------|---------------|---------------------------------|-----------------------------|-----------------|-----------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | | | | | \$ | | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|--|---------------------------------|----------------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

| | | | | - | - | |
|------------|-------|----|--------|-----------|--------|---|
| 49 | | | | | | |
| 2023.05050 | RAILS | то | TRAILS | CONSERVAN | 27379_ | 1 |
| | | | | | | |

Schedule L (Form 990) 2023

332132 11-30-23

(10)
Part V Supplemental Information
Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

RAILS TO TRAILS CONSERVANCY

(A) NAME OF PERSON: JACOB LAUGHLIN

Schedule L (Form 990) 2023

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER PRESIDENT

(D) DESCRIPTION OF TRANSACTION: COMPENSATION FOR ROLE AS EMPLOYEE

Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | | (b) Relationship between interested person and the organization | | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | aring of ation's ues? | |
|-------------------------------|--------|---|----|---------------------------|--------------------------------|-----------------------------|-----------------------------|----|
| | | | | | | | Yes | No |
| (1)JACOB LAUGHLIN | FAMILY | MEMBER | OF | FO | 70,943. | COMPENSATIO | | X |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |

11250211 745960 27379

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number 52 - 1437006

23

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

Department of the Treasury Internal Revenue Service

| and the latest information. | |
|-----------------------------|--|

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

| Name of the organization | ation |
|--------------------------|-------|
|--------------------------|-------|

| DATLC | ΠO | | CONSERVANCY |
|-------|-----|--------|-------------|
| RAILS | -10 | TRALLS | CONSERVANCI |

| Par | 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 | tion amo | ounts | , |
| 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 | | | | | | | | |
| 8 | Boats and planes Intellectual property | | | | | | | |
| | | X | 20 | 207,029. | <u>ЕМ17</u> | | | |
| 9 | Securities - Publicly traded | Δ | 20 | 207,029. | T. 14 A | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 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 | ation during | the tax year for co | ontributions | | | | |
| | for which the organization completed Form 828 | - | • | | | | 0 | |
| | | | C C | ······ | | `` | Yes | No |
| 30a | During the year, did the organization receive by | contributio | n anv propertv rep | orted in Part I. lines 1 throug | h 28. that it | | | |
| | must hold for at least 3 years from the date of t | | | | | | | |
| | exempt purposes for the entire holding period? | | | | | 30a | | Х |
| h | If "Yes," describe the arrangement in Part II. | | | | | - CCu | | |
| 31 | Does the organization have a gift acceptance p | olicy that re | auires the review o | of any nonstandard contribut | ions? | 31 | | Х |
| | Does the organization have a gift acceptance p | | | | | | | |
| 52a | | | - | | | 222 | | Х |
| L | contributions? | | | | | 32a | | |
| | If "Yes," describe in Part II. | 1 | | | l e al | | | |
| 33 | If the organization didn't report an amount in co | 50 (C) | a type of property | nor which column (a) is chec | ikeu, | | | |
| F . F | describe in Part II. | | F | | <u> </u> | | 0000 | 0000 |
| ⊢or P | Paperwork Reduction Act Notice, see the Instr | uctions for | - Form 990. | | Schedule N | ı (Form | 990) | 2023 |

Schedule M (Form 990) 2023 RAILS TO TRAILS CONSERVANCY

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 9:

PART OF THIS AMOUNT INCLUDES A PAYMENT OF A PRIOR YEAR PLEDGE

THEREFORE, THIS AMOUNT IS DIFFERENT THAN WHAT IS REPORTED ON PART VIII,

LINE 1G.

Schedule M (Form 990) 2023

52-1437006

Page 2

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



RAILS TO TRAILS CONSERVANCY

Employer identification number 52 - 1437006

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CREATING NATIONAL MODELS THAT SHOWCASE THE OUTSIZED BENEFITS THAT

CONNECTED TRAILS AND ACTIVE TRANSPORTATION ROUTES CAN DELIVER LOCALLY,

REGIONALLY AND NATIONALLY. THE PORTFOLIO IS FOCUSED ON EIGHT PLACES

ACROSS THE COUNTRY THAT ARE DIVERSE IN THEIR GEOGRAPHY, CULTURE, SIZE,

AND SCOPE - SOUTHEAST WISCONSIN, THE SAN FRANCISCO BAY AREA, THE

INDUSTRIAL HEARTLAND (WESTERN PENNSYLVANIA, WEST VIRGINIA, OHIO AND NEW

YORK STATE), GREATER PHILADELPHIA, BALTIMORE, WASHINGTON, D.C., MIAMI

AND NEW ENGLAND. THE LESSONS FROM TRAILNATION ARE SHARED AMONG THE

CONSERVANCY'S TRAILNATION COLLABORATIVE, A NATIONWIDE PEER LEARNING

COMMUNITY THAT BRINGS TOGETHER ADVOCATES, LEADERS, AND PROFESSIONALS

FROM ACROSS DISCIPLINES TO ESTABLISH AND ACCELERATE TRAIL NETWORKS

ACROSS AMERICA. THE COLLABORATIVE PROVIDES PROVEN TOOLS, METHODS, AND

RESOURCES, COMBINED WITH THE CONSERVANCY'S EXPERTISE AND NETWORK OF

PARTNERS ACROSS THE COUNTRY, TO ACCELERATE THE DEVELOPMENT OF CONNECTED

TRAIL SYSTEMS.

THE GREAT AMERICAN RAIL TRAIL IS A FLAGSHIP TRAIL DEVELOPMENT PROJECT. ТΨ WILL BE THE NATION'S FIRST CROSS-COUNTRY MULTIUSE TRAIL, STRETCHING THAN 3,700 MILES BETWEEN WASHINGTON, D.C., AND WASHINGTON STATE. MORE TRAIL IS AN ICONIC PIECE OF AMERICAN INFRASTRUCTURE THAT WILL THIS CONNECT THOUSANDS OF MILES OF RAIL-TRAILS AND OTHER MULTIUSE TRAILS SERVING TENS OF MILLIONS OF PEOPLE LIVING ALONG THE ROUTE AS WELL AS THOSE WHO VISIT THE TRAIL FROM AROUND THE COUNTRY AND THE WORLD. THE CONSERVANCY PROVIDES THE NATIONAL LEADERSHIP AND ON THE GROUND SUPPORT THE WORK TO ORGANIZE PEOPLE, PLANS, AND IDEAS; TRAIL PLANNING AND For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

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332211 11-14-23

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| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization RAILS TO TRAILS CONSERVANCY | Employer identification number $52 - 1437006$ |
| COMMUNITY ENGAGEMENT; AND THE ADVOCACY AND MARKETING TO EV | ENTUALLY |
| COMPLETE THE GREAT AMERICAN RAIL TRAIL. | |
| THE CONSERVANCY CONTINUES TO SUPPORT TRAIL BUILDERS NATION | WIDE IN |
| SEVERAL WAYS, INCLUDING MANAGING AN EARLY WARNING SYSTEM T | O NOTIFY |
| STAKEHOLDERS OF UPCOMING RAILWAY ABANDONMENTS; CREATING ST | ATEWIDE TRAIL |
| INVENTORIES AND DEVELOPMENT PLANS; PROVIDING TECHNICAL ASS | ISTANCE AND |
| GRANTS FOR LOCAL TRAIL DEVELOPMENT AND MANAGEMENT PROJECTS | ; AND |
| PROVIDING BEST PRACTICES TRAINING AND EDUCATION. | |
| | |

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CONSERVANCY ALSO SPEARHEADS TRAIL USE CAMPAIGNS AND EVENTS DESIGNED TO ENGAGE AND INSPIRE THE PUBLIC TO USE TRAILS, INCLUDING OUR CELEBRATE TRAILS DAY EVENT, TRAIL MOMENTS CAMPAIGN AND SHARE THE TRAIL CAMPAIGN.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FUNDING INCLUDING CHAMPIONING THE ACTIVE TRANSPORTATION INFRASTRUCTURE INVESTMENT PROGRAM, WHICH ESTABLISHES COMPETITIVE GRANTS THAT WILL STRATEGICALLY INVEST IN PROJECTS THAT CONNECT TRAILS AND ACTIVE TRANSPORTATION INFRASTRUCTURE.

AS THE COUNTRY'S ONLY NATIONAL ORGANIZATION SOLELY COMMITTED TO DEFENDING THE PRESERVATION OF FORMER RAILROAD CORRIDORS FOR CONTINUED PUBLIC USE, THE CONSERVANCY HAS HELPED SHAPE THE LEGAL FRAMEWORK AROUND RAILTRAILS AND CONTINUES TO DEFEND THE FEDERAL RAILBANKING STATUTE IN CONGRESS AND THE COURTS AS AN ESSENTIAL TOOL TO PRESERVE UNUSED RAIL CORRIDORS. THE CONSERVANCY ALSO MONITORS LITIGATION ON CASES INVOLVING ENFORCEMENT OF FEDERAL LAWS RELATED TO RAILBANKING.

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| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization RAILS TO TRAILS CONSERVANCY | Employer identification number 52-1437006 |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | |
| MEMBER PROGRAMS: IN ADDITION TO THE PROGRAMS PROVIDED THRO | DUGH PUBLIC |
| INFORMATION AND EDUCATION, THE CONSERVANCY ALSO DIGITIZES | MEMBER AND |
| CONSTITUENT INFORMATION IN ALIGNMENT WITH THE ORGANIZATION | N'S |
| COMPREHENSIVE GIS DATABASE OF MORE THAN 45,000 MILES OF TH | RAILS, |
| CREATING A CENTRALIZED RESOURCE THAT ASSISTS THE ORGANIZAT | FION IN |
| IDENTIFYING OPPORTUNITIES FOR LINKING TRAIL SYSTEMS, AND M | MOBILIZING |
| GRASSROOTS SUPPORT OF TRAIL PROJECTS. OTHER ACTIVITIES INC | CLUDE DELIVERY |
| OF MEMBER BENEFIT AND SERVICE PROGRAMS. | |
| EXPENSES \$ 532,313. INCLUDING GRANTS OF \$ 0. REVENUE \$ | \$ 0. |
| | |
| RESEARCH: THE CONSERVANCY'S RESEARCH PROGRAM FOCUSES ON CH | REATING |
| INNOVATIVE TOOLS THAT EMPOWER COMMUNITIES TO ADVANCE TRAIL | L SYSTEMS IN |
| THEIR CITIES, TOWNS AND REGIONS, WHILE ALSO MONITORING THE | E BENEFITS |
| TRAILS BRING TO COMMUNITIES, THE IMPACT TRAILS HAVE ON PEO | OPLE AND |
| PLACES, AND THE IMPLEMENTATION OF STATE AND FEDERAL PROGRA | AMS THAT |
| PROVIDE THE FUNDING AND RESOURCES TO BUILD AND MAINTAIN TH | RAILS. |
| EXPENSES \$ 62,202. INCLUDING GRANTS OF \$ 0. REVENUE \$ | 0. |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE FINANCE COMMITTEE OF RTC REVIEWS THE DRAFT OF THE 990 | BEFORE |
| PRESENTATION TO THE FULL BOARD. EACH MEMBER OF THE BOARD (| OF DIRECTORS |
| RECEIVES A COPY OF THE 990 PRIOR TO THE SUBMISSION OF THE | FORM TO THE IRS. |
| FOR THE YEAR ENDED SEPTEMBER 30, 2024, THE AUDITORS PRESEN | NTED THE DRAFT 990 |
| AT A BOARD OF DIRECTORS MEETING IN FEBRUARY. RTC WILL NOT | FILE THE FINAL |
| 990 UNTIL THE BOARD FORMALLY APPROVES SUCH FILING AT A SUB | BSEQUENT MEETING. |
| | |
| | |

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 | Page 2 | |
|---|---|--|
| Name of the organization RAILS TO TRAILS CONSERVANCY | Employer identification number 52-1437006 | |
| RTC HAS A CONFLICT OF INTEREST POLICY AND FORM THAT EACH B | OARD MEMBER IS | |
| REQUIRED TO COMPLETE ANNUALLY. TO IMPLEMENT THIS POLICY, B | OARD MEMBERS | |
| SUBMIT ANNUAL REPORTS ON THE CONLFICT OF INTEREST FORMS AT | THE FEBRUARY | |
| BOARD MEETING AND, IF NOT PREVIOUSLY DISCLOSED, WILL MAKE DISCLOSURE BEFORE | | |
| ANY RELEVANT BOARD OR COMMITTEE ACTION. THESE REPORTS WILL | BE REVIEWED BY | |
| THE BOARD OR AN APPOINTED COMMITTEE OF THE BOARD, WHICH WI | LL ATTEMPT TO | |
| RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT(S) AND, IN THE AB | SENCE OF | |
| RESOLUTION, REFER THE MATTER TO THE BOARD OF DIRECTORS. RT | C FOLLOWS A | |
| SIMILAR PROCEDURE FOR ITS EMPLOYEES. EACH EMPLOYEE IS REQU | IRED TO READ, | |
| ACKNOWLEDGE RECEIPT, AND DISCLOSE ON AN ANNUAL BASIS. NEW | EMPLOYEES ARE | |
| REQUIRED TO ACKNOWLEDGE AND DISCLOSE AS PART OF THEIR ONBO | ARDING PROCESS. | |

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

COMPENSATION FOR THE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF RTC'S BOARD OF DIRECTORS BASED ON AN ANNUAL PERFORMANCE REVIEW, COMPARISON TO OTHER ENVIRONMENTAL NONPROFIT CEO COMPENSATION AS REPORTED IN THEIR 990'S, AND IN THE CONTEXT OF RTC'S OVERALL OPERATING BUDGET. DOCUMENTATION OF THESE PROCEDURES AND RESULTING CHANGES IN COMPENSATION ARE PREPARED BY THE BOARD CHAIR AND FORWARDED TO HUMAN RESOURCES FOR INCLUSION IN THE PRESIDENT'S PERSONNEL FILE. THE LAST COMPENSATION REVIEW TOOK PLACE ON SEPTEMBER 30, 2024.

THE CONSEVANCY ENGAGES A COMPENSATION CONSULTING FIRM TO BENCHMARK
NONPROFIT COMPENSATION AND ESTABLISH PAY RANGES FOR ALL POSITIONS.
COMPENSATION FOR ALL EMPLOYEES IS SET BY THE PRESIDENT BASED ON THE
COMPENSATION STUDY AND THE ORGANIZATIONS PAY PHILOSOPHY. COMPENSATION IS
ADJUSTED ANNUALLY BASED ON AN ANNUAL PERFORMANCE REVIEW AND IN CONTEXT WITH
THE SALARY POOL AVAILABLE IN RTC'S OVERALL OPERATING BUDGET FOR THE
332212 11-14-23
Schedule O (Form 990) 2023

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2023.05050 RAILS TO TRAILS CONSERVAN 27379__1

Name of the organization

Employer identification number 52-1437006

UPCOMING FISCAL YEAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA,WV,WI

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

RTC'S GOVERNING DOCUMENTS, INCLUDING THE ANNUAL REPORT, FORM 990, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND FORM 1023, ARE AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES WILL BE PROVIDED IMMEDIATELY IN THE CASE OF IN-PERSON REQUESTS. REQUESTS RECEIVED IN WRITING, BY PHONE, FAX OR EMAIL WILL BE HONORED BY DIRECTING REQUESTORS TO RTC'S WEBSITE. THREE YEARS OF 990S, AUDITED FINANCIAL STATEMENTS, AND ANNUAL REPORTS CAN BE FOUND ON RTC'S WEBSITE IN ADOBE FORMAT. RTC RESERVES THE RIGHT TO CHARGE A REASONABLE COPYING FEE PLUS ACTUAL POSTAGE FOR MULTIPLE COPIES REQUESTED FROM THE SAME INDIVIDUAL OR RELATED GROUP OF INDIVIDUALS.

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

LIST MANAGEMENT SERVICES:

| PROGRAM SERVICE EXPENSES | 74,656. |
|---------------------------------|----------|
| MANAGEMENT AND GENERAL EXPENSES | 12,057. |
| FUNDRAISING EXPENSES | 143,503. |
| TOTAL EXPENSES | 230,216. |

CAGING:

| PROGRAM SERVICE EXPENSES | 49,310. |
|---------------------------------|----------------------------|
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| 332212 11-14-23 | Schedule O (Form 990) 2023 |

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| Name of the organization RAILS TO TRAILS CONSERVANCY | Employer identification numb 52-1437006 |
|---|---|
| TOTAL EXPENSES | 49,310. |
| RESEARCH: | |
| PROGRAM SERVICE EXPENSES | 86,443. |
| MANAGEMENT AND GENERAL EXPENSES | 6,749. |
| FUNDRAISING EXPENSES | 11,004. |
| TOTAL EXPENSES | 104,196. |
| REBRANDING: | |
| PROGRAM SERVICE EXPENSES | 173,749. |
| MANAGEMENT AND GENERAL EXPENSES | 13,566. |
| FUNDRAISING EXPENSES | 22,118. |
| FOTAL EXPENSES | 209,433. |
| PUBLIC RELATIONS: | |
| PROGRAM SERVICE EXPENSES | 97,542. |
| ANAGEMENT AND GENERAL EXPENSES | 7,616. |
| FUNDRAISING EXPENSES | 12,417. |
| TOTAL EXPENSES | 117,575. |
| DATA MANAGEMENT: | |
| PROGRAM SERVICE EXPENSES | 42,981. |
| ANAGEMENT AND GENERAL EXPENSES | 3,356. |
| FUNDRAISING EXPENSES | 5,471. |
| COTAL EXPENSES | 51,808. |
| NEB & APP DEVELOPMENT & HOSTING: | |
| PROGRAM SERVICE EXPENSES | 591,506. |

| Schedule O (Form 990) 2023 Name of the organization RAILS TO TRAILS CONSERVANCY | Page Employer identification number 52-1437006 |
|---|--|
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 591,506. |
| EDITORAL CONTENT CREATION: | |
| PROGRAM SERVICE EXPENSES | 51,031. |
| MANAGEMENT AND GENERAL EXPENSES | 3,984. |
| FUNDRAISING EXPENSES | 6,496. |
| TOTAL EXPENSES | 61,511. |
| OTHER PROFESSIONAL CONSULTING: | |
| PROGRAM SERVICE EXPENSES | 388,913. |
| MANAGEMENT AND GENERAL EXPENSES | 57,531. |
| FUNDRAISING EXPENSES | 43,707. |
| TOTAL EXPENSES | 490,151. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,905,706. |
| | |
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| | |
| 332212 11-14-23 5 8 | Schedule O (Form 990) 202 |

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