Form 990

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022 Open to Public Inspection

OMB No. 1545 0047

<u> </u>	For the 20	22 calendar year, or tax year beginning		, and ending			D Smplove	er identification numb	1
В	Check if applica						D Embiose	n rechanceuon nemi	
$\Box$ .	Address chang	e THREE VALL	EY CONSE	RVATION TE	UST		4		
$\overline{\Box}$	Name change	Doing business as						418241	4
$\exists$	Maine Change	Number and street (or P.O. box if mail is not delivered				Room/suite	E Telephor	ne number	
	Initial return	5995 FAIRFIELD ROAD SUI						<u></u>	+
	Final return/ terminated	City or town, state or province, country, and ZIP or for	reign postal code						<u></u>
$\overline{}$			OH 45056				G Gross rec	ceipts \$ 48	31,263
$\sqcup$	Amended retur	F Name and address of principal officer:						subordinates? Ye	s X No
	Application per	nding TOM VOGEL				H(a) IS UIS a (	group return for s	supordinates? Te	
						H(b) Are all s	ubordinates inc	luded? Ye	a No
						tf "N	o," attach a list.	See instructions	
				T	T				
<u></u>	Tax-exempt s		rt no.)	4947(a)(1) or	527			İ	
J	Website:	WWW.3VCT.ORG					xemption numb		077
K	Form of organ	ization: Corporation X Trust Association	Other			Year of formation:	1994	M State of legal don	nicile: OH
<b>₩</b> P	artI	Summary							
	1 Brie	fly describe the organization's mission or most s	ignificant activ	ities:			<b></b>		
•	T	O CONSERVE THE NATURAL ENVIR	ONMENT A	ND CULTURA	AL HERI	TAGE OF O	UR SERV	ICE	
ည		REA					• • • • • • • • • • • • • • • • • • • •		1
ā	·?	RDA							
Governance				<u>.</u>					<u> </u>
ő		ck this box if the organization discontinued						1 4 4	
ಹ	3 Nun	nber of voting members of the governing body (F	Part VI, line 1a	)				14	<u> </u>
Activities &	4 Nun	nber of independent voting members of the gove	rning body (Pa	art VI, line 1b)			4	14	
Ę		al number of individuals employed in calendar ye						6	
뜢		al number of volunteers (estimate if necessary)						95	
Š		al unrelated business revenue from Part VIII, colu							0
	1						7b		0
	b Net	unrelated business taxable income from Form 9	90-1, Part I, III	<u>ne 11</u>	<u></u>	Prior \		Current Yo	
							72,911		3,872
ē	1	tributions and grants (Part VIII, line 1h)							8,544
Revenue							<u>36,393</u>	<del></del>	
Š	10 Inve	estment income (Part VIII, column (A), lines 3, 4,	and 7d)			.	82,211		7,826
œ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and	11e)			8,490		1,636
		al revenue - add lines 8 through 11 (must equal					00,005	47	1,878
_		nts and similar amounts paid (Part IX, column (A							0
	i								0
		efits paid to or for members (Part IX, column (A)		(A) lines E 40)		1	83,577	24	1,965
es	t	aries, other compensation, employee benefits (P				·	33,311	27	7 7 0 3
Sü	16a Pro	fessional fundraising fees (Part IX, column (A), li	ne 11e)		<u></u>				U
Expenses	b Tota	al fundraising expenses (Part IX, column (D), line	25)		0				
μ	17 Oth	er expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)				19,194		B,665
	1	al expenses. Add lines 13-17 (must equal Part I)		line 25)		8	02,771	44	5,630
		enue less expenses. Subtract line 18 from line 1		*			97,234		6,248
<u> </u>	S LEV	Chac loss expenses, outstact line to nont line t				Beginning of C		End of Ye	
Net Assets or	20 Total	al assets (Part X, line 16)				E 2'	78,441	4,94	5,445
ASS.	24 Tak					·	21,784		8,382
) is	20 100						56,657		7,063
		assets or fund balances. Subtract line 21 from li	HE 20			<u> </u>	30,031		, , , , , ,
	art II	Signature Block							
U	Inder penalti	es of perjury, I declare that I have examined this return	n, including acco	mpanying schedu	les and stat	ements, and to the	best of my k	nowledge and belie	it is
tr	ue, correct,	and complete. Declaration of preparer (other than office	er) is based on	an information of v	witich prepai	ei nas any knowle		<u>_</u>	<u> </u>
									1
Sig	an si	gnature of officer					Date	Ì	
He	-	ANDY EVANS		EXE	CUTIVI	E DIRECTO	)R	į (	
0	,	pe or print name and title						! ]	1
_		int/Type preparer's name	Preparer's signatu	ICA		Date	Chart	if PTIN	<del> </del>
D-'			, ,			i	Check	` □"	1004
Pai	<u> </u>		CATHY D M			[ 09/3	.8/23 self-er		
Pre	eparer <sub>Fi</sub>	m's name FRED P. KREUZE	R, CPA	& ASSOCI	ATES		Firm's EIN	20-820	0064
Us	e Only	5 W. WENGER RD						.	
	Fi	m's address ENGLEWOOD, OH	45322				Phone no.	937-832	-0620
Mar		liscuss this return with the preparer shown above		tions				Ye	
ivid	y the INS C	necess the retain with the preparer shown above	. CCC mando		<del> </del>				000

_	Pid the second s	1	_
2	Voc. 5-200 000 000 570	<b>Y</b> N	ما
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	<u> </u>	Ü
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? Yes	XΝ	0
	If "Yes," describe these changes on Schedule O.	1	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 279,147 including grants of \$ ) (Revenue \$ 68,	544	: -
	THREE VALLEY CONSERVATION TRUST (TVCT) WORKS WITH LAND OWNERS TO	.,	
	PERMANENTLY PROTECT THEIR LAND WHILE MAINTAINING PRIVATE OWNERSHIP THRO	UGH	<u>.</u> .
C	CONSERVATION AND AGRICULTURAL EASEMENTS. THE TRUST ALSO MONITORS THESE	.ļ	
	EASEMENTS (LAND STEWARDSHIP). IN 2021, TVCT FACILITATED THE APPROVAL A		٠.
	FUNDING OF 7 NEW EASEMENTS. TVCT HOLDS 218 EASEMENTS AS OF THE END OF		2
W	HICH PROTECT 24,500 ACRES OF LAND IN 6 OHIO OHIO COUNTIES AND 1 INDIAN	<b>A</b>	
C	COUNTY.		
		· · · · ·	
			٠.
4h	(Code: ) (Expenses \$ 31,456 including grants of \$ ) (Revenue \$	†	_
	THE TRUST WORKS WITH CITIZENS AND GOVERNMENTS TO CREATE LAND USE AND		
T			
	VATERSHED PROTECTION POLICIES TO MAKE IT EASIER FOR LANDOWNERS TO PROTE	CT	
W	NATERSHED PROTECTION POLICIES TO MAKE IT EASIER FOR LANDOWNERS TO PROTECTION FAMILY'S LAND.	CT	• • •
W		CT	
W		CT	
W	HEIR FAMILY'S LAND.	CT	•••
W	HEIR FAMILY'S LAND.	CT	•••
W	HEIR FAMILY'S LAND.	CT	
W	HEIR FAMILY'S LAND.	CT	
W	HEIR FAMILY'S LAND.	CT	
W	HEIR FAMILY'S LAND.	CT	
W T	THEIR FAMILY'S LAND.	CT	
W T	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	CT	
W T	THEIR FAMILY'S LAND.	CT	
W T	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	CT	
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W T	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	CT	
W T	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 1/A	CT	
W T	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 1/A   Other program services (Describe on Schedule O.)	CT	
4c N	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 1/A	CT	

000 <del>0</del> 00 <del>0</del>	Onothio: Of North Control Control		Ye	s	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	3		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		i		7.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	##	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.			x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	H	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		Н	x
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	-		H	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		١.,	Ш	
	"Voe " complete Schoolule D. Bort I	6	l i		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳	Н	H	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	2	ł II	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			П	
-	complete Schedule D, Part III	8			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			П	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9			X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	2		
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,"	1		[	
	complete Schedule D, Part VI	11a	2		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		+	X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	_مدا			x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		╫	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444			x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Н	╫	$\frac{\mathbf{x}}{\mathbf{x}}$
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	Н	$\dagger \dagger$	
f	the organization's separate of 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	۱ ٫		
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>	H	1	
124	Schedule D, Parts XI and XII	12a	Ш		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		П		
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	l II		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		Н		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		Н		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Ц	$\downarrow \downarrow$	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	H	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Ш		7.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Н	₩	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17			x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the exempiration speed more than \$15,000 total of fundanising event gross income and contributions on	''-	╫	$\dashv$	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	ıf	+	
17	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	Ħ	Ħ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	T	$\sqcap$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		П	Ţ	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Ш		X

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300000000000000000000000000000000000000	1990 (2022) THREE VALLET CONSERVATION TRUST 51-1418241			Fe	iye T
Pi	The Checklist of Required Schedules (continued)		Ve	ĮΤ	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		10	1	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	١.	П	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		į.		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		l i		
	employees? If "Yes," complete Schedule J	23			X
24a				П	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		l i i	Ш	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Ц	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ш	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Ш	
	to defease any tax-exempt bonds?	24c		Ц	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	4	Ш	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Ц	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Ш	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		H		
	If "Yes," complete Schedule L, Part I	25b		Щ	<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Ш	Щ	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		Li	Н	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		[: 1]		
	persons? If "Yes," complete Schedule L, Part III	27	2003	2002	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	1	l II		
	"Yes," complete Schedule L, Part IV	28a	Ш	$\frac{11}{11}$	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Н	$\dashv$	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				7.
	"Yes," complete Schedule L, Part IV	28c		$\frac{1}{1}$	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Н	+	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		Ш		<b>3</b> F
	conservation contributions? If "Yes," complete Schedule M	30	Н	+	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Н	╁┤	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		11	il	v
	complete Schedule N, Part II	32	Н	$\frac{1}{1}$	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Ш		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	+	+	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				v
	or IV, and Part V, line 1	34	╁╫	$\dashv$	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	H	$\forall$	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350	Н	$\forall$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36	l II		X
	related organization? If "Yes," complete Schedule R, Part V, line 2	30	Н		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37	Ш		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	H	+	
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	k		
<b></b>		1 30	1		
*******	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			İ	
	Chook is continued a companion of flote to any into in the fact v		Ye	s	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		H	Ħ	
h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0	7			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	7			
ŭ	reportable gaming (gambling) winnings to prize winners?	10	$\prod^{n}$	Ī	.,

2.5	statements Regarding Other IRS Filings and Tax Compliance (continue	ed)				Yε	s	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	6					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	<b></b>		2b	K	$\prod$	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>.</b>		3a	4	Щ	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	)			3b		Щ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ac	ıthori	ity ove	er,			$\Pi$	
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	unt)?		4a	200000	2000	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 Ac	cour	ıts (Fi	BAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	L	$\coprod$	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?			5b	_	41	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c	-	$\parallel$	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?				6a	_	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or			l		П	
	gifts were not tax deductible?				6b	****	380	*********
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods						
	and services provided to the payor?				7a	<u> </u>	+	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b></b>		7b	H	H	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				_			v
	required to file Form 8282?				7c	***		X
d	11 100, molecule die name of the time of the man daming and year	7d	<u> </u>			***		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?		7e 7f	┝	Н	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract					+	Н	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form				7g 7h	+-	Н	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			otti 1090-01	///	<b></b>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				8	133333 		*******
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.				9a	***		
а	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • •			9b	Ė	Н	
b			• • • • •					
10	Section 501(c)(7) organizations. Enter:	10a	1					i
a	miniation roof and depited definition in the same and an arrangement of the same and the same an	10b						
b	Close toospie, modere entremental and the property of the prop	100			7			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a	l					
a	Gross income from members or snarenoiders  Gross income from other sources. (Do not net amounts due or paid to other sources				7			
b	the state of the s	11b						
12a	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a			
b		12b	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а					13a		Ш	
	Note: See the instructions for additional information the organization must report on Schedule O.							
b								
		13b			_			
С	Enter the amount of reserves on hand	13c					▒	
14a					14a		Щ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule				14b		Щ	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	ation	or				Ш	
	excess parachute payment(s) during the year?				15	3333	3330	X
	If "Yes," see instructions and file Form 4720, Schedule N.							<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncon	ne?		16		***	X
	If "Yes," complete Form 4720, Schedule O.	_						ļ K
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17			
	If "Yes," complete Form 6069.						***	

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "	No"	<u> </u>	
· ra	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se			200	
	Check if Schedule O contains a response or note to any line in this Part VI	0 11100		<u> </u>	
Sac	tion A. Governing Body and Management				=-
Jec	HOIT A. Governing body and management		Yes	ĺΝ	_
1a	Enter the number of voting members of the governing body at the end of the tax year 14 14				
10	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 14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
-	any other officer, director, trustee, or key employee?	2		3	ζ
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		2	ζ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2	ζ_
6	Did the organization have members or stockholders?	6	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
_	stockholders, or persons other than the governing body?	7b	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			ŀ	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		2	<u>K</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		<u> </u>	
			Yes	_	_
10a	Did the organization have local chapters, branches, or affiliates?	10a		2	K_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		li	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	**********	2	K.
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				<b>***</b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<b> </b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done	12c	X	<del> </del>	
13	Did the organization have a written whistleblower policy?	13	X	+-	
14	Did the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				<b>***</b>
а	The organization's CEO, Executive Director, or top management official	15a	X	٠,	K
b	Other officers or key employees of the organization	15b		<b>⊿</b> ⊗.‱	<u>`</u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-	*****		‱ K
_	with a taxable entity during the year?	16a	****	888	<u>`</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b	*****	8888	.000
~~	organization's exempt status with respect to such arrangements?	100		+	_
	List the states with which a copy of this Form 990 is required to be filed OH, IN		- 1	-	
17 40	List the states with which a copy of this Form 990 is required to be filed OH, IN  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)		•••••	•   • •	
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		.1		
	Own website Another's website Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			i	
17	and financial 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 books and records			i	
	TEETS 5995 FAIRFIELD RD				
		-52	4-5	21!	50

Form 990 (2022) THREE VAL	TEV CONS	प्रस	VA	ΤТ	ON	TI	211	ST 31-141	8241		Rage 7
Part VII Compensation of	Officers, Di	rec	tors	, T	rus	tees	s, K	ey Employees, High			
Independent Cor									•		
								any line in this Part V			
								ompensated Employees		· · · · · · · · · · · · · · · · · · ·	il i
1a Complete this table for all person organization's tax year.	·									•	
<ul> <li>List all of the organization's cu compensation. Enter -0- in columns</li> </ul>	(D), (E), and (F)	if no	con	npen	satio	n wa	as pa	aid.		ľ	
<ul> <li>List all of the organization's cu</li> <li>List the organization's five curr</li> </ul>	rrent key emplo	yees	i, if a	iny. S	See	instr	uctio	ons for definition of "key en	iployee." trustae, or key employee)		
<ul> <li>List the organization's five curliwho received reportable compensations and \$100,000 from the organization and</li> </ul>	on (box 5 of Forr	n W	-2, b	ox 6	of F	orm	109	9-MISC, and/or box 1 of Fo	orm 1099-NEC) of more the	an	
<ul> <li>List all of the organization's for \$100,000 of reportable compensation</li> </ul>	n from the organ	nizat	ion a	ınd a	ıny r	elate	d or	ganizations.		1	
<ul> <li>List all of the organization's for organization, more than \$10,000 of r</li> </ul>	eportable compe	ensa	tion	from	the	eceiv orga	ed, niza	in the capacity as a former tion and any related organ	director or trustee of the izations.	İ	
See the instructions for the order in very check this box if neither the organization.						ion e	omi	noncated any ourrant office	or director or trustee		
Check this box if neither the orga	inization nor any	Tela	ileu			1011	וווטג	pensated any current office	ar, director, or trustee.		<u> </u>
(A)	(B)			Pos				(D)	(E)	(F)	
Name and title	Average					than o s both		Reportable	Reportable	Estimated amoun	at
	hours per week	off	icer a			r/truste		compensation from the	compensation from related	of other compensation	
	(list any hours for	Individual trustee or director	Insti	Officer	Key	High empl	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization an	
	related	/idual	nstitutional trustee	ğ	Key employee	est co oyee	፸	1099-NEC)	1099-NEC)	related organization	
	organizations below	trust	el tru		oyee	mpe				İ	
	dotted line)	66	stee			Highest compensated employee				į	
(1) RANDY EVANS			_		_	_					
(1)141131 111113	40.00										
EXECUTIVE DIRECTOR	0.00			X				70,927	0	6	,000
(2) MARK BOARDMAN											
	0.00								_		_
TRUSTEE	0.00	X	<u> </u>	-	<u> </u>			0	0		<u> </u>
(3) SARAH DUMYAHN	0.00										
TRUSTEE	0.00	x			İ			l 0	0		0
(4) BARBARA HAMILTON											
	0.00										_
TRUSTEE	0.00	X	_		_			0	0		+ 0
(5) LATRICIA HILLMAN	0.00										
TRUSTEE	0.00	x			l			l	0	i	0
(6) CATHRYN LOUCAS			┢							!	
	0.00			1					_		_
TRUSTEE	0.00	X		<u> </u>		<u> </u>		0	0	į į	0
(7) DONNA MCCOLLUM	0.00			İ						! ]	!
TRUSTEE	0.00	x			ŀ			0	l o		0
(8) JULIE BETH PRIMA											
(,, , , , , , , , , , , , , , , , , , ,	0.00	İ		ŀ			l				
TRUSTEE	0.00	X			_		_	0	0		0
(9) MARK RENTSCHLET		l		ļ							
mpromeri	0.00	<b> </b>						0	0	1	0
TRUSTEE (10) RYAN SCHWEGMAN	0.00	X	$\vdash$	<del> </del>	-		_			<del>                                     </del>	<del>                                     </del>
(IN)KIMI BCHMEGMAN	0.00										1
TRUSTEE	0.00	x					L	0	0		0
(11) SANDRA WOY-HAZLI	TON										
	0.00	 						_			
TRUSTEE	0.00	X					<u>_</u>	0	0		0

2	4	-1	A	-	0	$\boldsymbol{\neg}$	A	4
•			4		×	_	4	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	i Employees (continued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo of	x, unl	Pos check ess pe	rson	than of the Highest compensate that the compen	ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amoun of other compensation from the organization and related organizatio	1
-/4	N 2222 WANTE MON		_	, š			8					1 :
(12	) BARB HAMILTOI											
VIC	CE CHAIR	0.00			x				0	0		0
(13	) AMY SULLIVAN											
GR(	varvar				×				0	l o		o
(14		0.00		-		T						
		0.00							_		, !	
	EASURER	0.00	_		X	<u> </u>	├		0	0	<u>.</u>	0
(15	5) TOM VOGEL	0.00			İ							
BO	ARD CHAIR	0.00		l	$ \mathbf{x} $				0	0		0
					1		1				i i	
_			-	-								
			ļ	<u> </u>	<u> </u>		1	_			1	ļ <u>.                                    </u>
					l						:	
<u></u>	Subtotal	<u> </u>			<u> </u>	<u> </u>		l	70.927		6	000
1b c									707527		Ĭ	
<u>d</u>									70,927		6	000
2					thos	e lis	ted a	abov	ve) who received more than	\$100,000 of		
	Subtotal Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation from the organization of the total compensation from the organization of the total compensation from the organization of the subsequence of line 1s 1s 1s 2s 2s 2s 2s 2s 2s 2s 2s 2s 2s 2s 2s 2s		Yes	No								
3										d	3	X
4	For any individual listed on line	e 1a, is the sum	of re	port	able	com	npens	satio	on and other compensation			
	in all states at	_							complete Schedule J for su	ch	4	X
5	Did any person listed on line 1	a receive or acc	rue	com	pens	atio	n fror	n ar	ny unrelated organization o	r individual		
			'es,"	con	plete	9 Sc	hedu	ile J	for such person		5	X
Sect 1			ensa	ated	inde	pend	lent (	cont	ractors that received more	than \$100,000 of	3	
	compensation from the organi	zation. Report c	omp	ensa	tion	for t	he ca	alen	dar year ending with or with	nin the organization's tax ye	∋ar. (C)	
	Name and	business address						<u> </u>	Descrip	tion of services	(C) Compens	ation
								T				
								<u> </u>				1
								$\vdash$				<del>!</del>
								L				ļ
	Total number of independent	contractors (in-l-	منام	h	nai	limia	od +-	the	see listed shove) who			
2									anove) with	0		

Page 8

		(2022) THRE			ONSI	ERVAT	ION TRU	UST 31	-1418241			Page 9
Pa	πV	III Stateme	ent o	f Revenue	ains a	a respor	se or note	to any line in thi	is Part VIII		:	Пп
		Oncok II		odulo o dolla	21110	а гоорог	100 01 11000	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue ex from tax u sections 51	nder
nts nts	1a	Federated camp	aigns		1a							
Srai	b	Membership due			1b		574					
S, (Am	С	Fundraising eve	nts		1c		14,130					
ar Gif	d	Related organiza	ations		1d							
S,E	е	Government grants (co			1e		72,456					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	ot include	ed above	1f		156,712					
SE	g	Noncash contributions lines 1a-1f			10	<b>c</b>	20,630					
Son	h	Total. Add lines						243,872				
-							Business Code					
	2a	AGENCY (GO	VERNM	MENT) CONTRAC	T		900099	47,544	47,544			
Program Service Revenue	b	CONTRACT R	EVENU	JE			900099	21,000	21,000			
Se	С											
Tan Seve	d											
er.	е											
-	f	All other program	n serv	rice revenue			L					
_	g	Total. Add lines					· · · · · <u>· · · · · · ·               </u>	68,544				_
	3	Investment incom										
		other similar am	ounts)	)				66,502	1,587		6	915
	4	Income from inv										+
	5	Royalties		<u> </u>	· · · · · · ·							<u> </u>
				(i) Real		(ii) l	Personal					
	6a	2.000.000	6a									
	b	Less: rental expenses	6b			ļ						
	C	Rental inc. or (loss) 6c									<u> </u>	
	d 7a	Net rental incom Gross amount from	e or (I									<u> </u>
		sales of assets	_	(i) Securities		(0)	Other 61,324					
_	_	other than inventory	7a			-	01,344					
Revenue	D	Less: cost or other	76									
S		basis and sales exps.	7b 7c			<del> </del>	61,324					
	d	Gain or (loss) Net gain or (loss		<u> </u>		<del></del>		61,324			61	1,324
Other		Gross income from				<u> </u>		02,021				
٥	va	(not including \$		-								
		of contributions rep										
		1c). See Part IV, fir			8a		41,021					
	ь	Less: direct expe	enses		8b		9,385					
	c	Net income or (le	oss) fr	om fundraising e		·		31,636			33	1,636
		Gross income fr				T		-				
		activities. See P			9a							
	b	Less: direct expe			9b							
		Net income or (le			ities .							
		Gross sales of in	nvento	ry, less								
		returns and allow	vance	s	10a							
	b	Less: cost of go	ods so	old	10b	l						
_	<u> </u>	Net income or (l	oss) fr	om sales of inve	ntory							
s l							Business Code				1	
e e	11a											
la la	b											
Miscellaneous Revenue	C											
Σ		All other revenue										
_		Total revenue						471,878	70,131	0	1 2 7	7,875
	12	Total revenue.	see in	ISTUCTIONS			<u>.               </u>	2/1,0/8	1 /0,131	<u> </u>	1 13/	,013

2 and 1

Secti	on 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All oth	er organizations must con	npiete column (A).		╫┱
	Check if Schedule O contains a response	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		(C)	(D)	╂┺
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	Management and	Fundraising	
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses	*********
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21		· · · · · · · · · · · · · · · · · · ·			
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and					
	foreign individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	70,927		70,927		<del>                                      </del>
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					<u> </u>
7	Other salaries and wages	136,760	123,084	13,676		<del>                                     </del>
8	Pension plan accruals and contributions (include	1			l l	
	section 401(k) and 403(b) employer contributions)	8,971		8,971	!	<u> </u>
9	Other employee benefits	9,894	4,650	5,244		<u> </u>
10	Payroll taxes	15,413	9,528	5,885		
11	Fees for services (nonemployees):					
а	Management					<u> </u>
þ	Legal	1,363	191	1,172	:	
С	Accounting	21,355	2,990	18,365	i	
d	Lobbying					
e	Professional fundraising services. See Part IV, line 17					
f	Investment management fees	2,097		2,097		
g	Other. (If line 11g amount exceeds 10% of line 25, column					
9	(A) amount, list line 11g expenses on Schedule O.)	1,976	1,976			
12						
13	Office expenses	37,160	33,444	3,716		
14	Information technology					
15	Royalties				_ i	
16	Occupancy	15,330	13,788	1,542		
17		7,641	6,877	764		
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	966	870	96		
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	1,854	1,774	80	11	
23	Insurance	17,622	17,622		-	
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	CONSULTANTS	93,809	93,809			
b	PAYROLL PROCESSING	2,492		2,492		
C						
d						
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	445,630	310,603	135,027		0
26	Joint costs. Complete this line only if the					
	organization reported in column (B) joint costs					
	from a combined educational campaign and fundraising solicitation. Check here if					
	following SOP 98-2 (ASC 958-720)					

	Check if Schedule O contains a response or r			(A)	(B	)
				Beginning of year	End of	year
1	Cash—non-interest-bearing			343,412	1 5	38,578
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			6,058	3	
4	Accounts receivable, net				4	21,000
5	Loans and other receivables from any current or for	ner officer, direct	or,			
`	trustee, key employee, creator or founder, substanti					
	controlled entity or family member of any of these p				5	
6	Loans and other receivables from other disqualified					
1	under section 4958(f)(1)), and persons described in				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			3,421	9	900
10a	Land, buildings, and equipment: cost or other					
1	basis. Complete Part VI of Schedule D	10a	291,220			
Ь	Less: accumulated depreciation		5,850	287,095		85,370
11	Investments—publicly traded securities			4,554,433	11 3,9	97,983
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	1
14	Intangible assets				14	
15	Other assets. See Part IV, line 11					01,61
16	Total assets. Add lines 1 through 15 (must equal li			5,378,441	16 4,9	45,44
17	Accounts payable and accrued expenses			13,200	17	
18	Grants payable				18	20122
19	Deferred revenue			208,584		38,38
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part				21	; <b> </b>
22						
22	trustee, key employee, creator or founder, substant	ial contributor, or	35%			
	controlled entity or family member of any of these p	ersons			22	
23					23	
24					24	
25	Other liabilities (including federal income tax, payat					
-	parties, and other liabilities not included on lines 17	-24). Complete P	art X	:		
				005 504	25	20 20
26				221,784	26   3	38,38
	Organizations that follow FASB ASC 958, check	here X	ł			
	and complete lines 27, 28, 32, and 33.			1 100 600	1 0	03
27				1,123,639		03,88
27 28 29 30 31 32	Net assets with donor restrictions			4,033,018	28 3,6	03,18
	Organizations that do not follow FASB ASC 958	check here				
:	and complete lines 29 through 33.		20			
29	• • • • • • • • • • • • • • • • • • • •				29	
30	• • •				30	
31	Retained earnings, endowment, accumulated incor			5 156 6E7	31 4 6	07,06
	Total net assets or fund balances			5,156,657		45,44
33	Total liabilities and net assets/fund balances			5,378,441		orm 990 (20)

orm	990 (2022) THREE VALLEY CONSERVATION TRUST 31-1418241		Page <b>12</b>
	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	471,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	445,630
3	Revenue less expenses. Subtract line 2 from line 1	3	26,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,156,657
5	Net unrealized gains (losses) on investments	5	-575,971
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	129
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	10	4,607,063
Pa	n XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>
			Yes No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		
	Schedule O.		
2a	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 X
	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:		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c
	If the organization changed either its oversight process or selection process during the tax year, explain on		
	Schedule 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		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b
			Form 990 (2022)

## **SCHEDULE A** (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 31-1418241 THREE VALLEY CONSERVATION TRUST Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (III) Type of organization (lv) is the organization (v) Amount of monetary (vi) Amount of (I) Name of supported other support ( listed in your governing (described on lines 1-10 support (see organization above (see instructions)) document? instructions) instructions Yes (A) (B) (C) (D)

(E)

Sched	dule A (Form 990) 2022 THI	REE VALLE	Y CONSERVA	ATION TRU	ST 31	-1418241		Page 2
	it II Support Schedule for O					170(b)(1)(A)(v		
20000000	(Complete only if you che							i
	Part III. If the organization	n fails to qualify	under the tests	s listed below,	please comple	te Part III.)		
Sec	tion A. Public Support						!	[
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) To	tal
_	Office and a contributions and							
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")							ļ
2	Tax revenues levied for the							
-	organization's benefit and either paid							
	to or expended on its behalf						!!	<u> </u>
3	The value of services or facilities							
•	furnished by a governmental unit to the						. 1	
	organization without charge						- 1	
4	Total. Add lines 1 through 3							1
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							1
_	shown on line 11, column (f)							
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support				<u>. I</u>		3	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) To	tal
	Amounts from line 4	(4) 2010	(6) 2010	(0) 2020	(4) 202.	(0, 2022	<del>                                     </del>	
7 8	Gross income from interest, dividends,							<del></del>
•	payments received on securities loans,							
	rents, royalties, and income from			!				İ
	similar sources							
9	Net income from unrelated business							
	activities, whether or not the business				ł	l		
	is regularly carried on		-					
10	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	. (see instructions)				12	<u> </u>	<u> </u>
13	First 5 years. If the Form 990 is for the o	rganization's first,				c)(3)		
	organization, check this box and stop he	re		<u> </u>		<u>.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
<u>Sec</u>	tion C. Computation of Public S							
14	Public support percentage for 2022 (line 6			nn (f))				<u>%</u>
15	Public support percentage from 2021 Sch	nedule A, Part II, lii	ne 14			<u>15</u>		<u>%</u>
16a	33 1/3% support test—2022. If the organ						!	Г
	box and stop here. The organization qua				45 in 22 4/20/ no m			L
b	33 1/3% support test—2021. If the organ							
470	this box and stop here. The organization 10%-facts-and-circumstances test—20	•	•					
17a	10%-racts-and-circumstances test—20 10% or more, and if the organization mee						l li	
	Part VI how the organization meets the fa						-	
			_					
ь	10%-facts-and-circumstances test—20						·····∤∤	
-	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the						·     -	
	organization			•	• •		i	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

or not the business is regularly carried on .... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,

								1
R824	1 09/18/2023 9:13 AM						:	
Sche	dule A (Form 990) 2022 THI	REE VALLEY	CONSERVA	TION TRUS	т 31-	1418241	<u> </u>	age 3
P	Support Schedule for O (Complete only if you che If the organization fails to	cked the box on	line 10 of Part	l or if the organ	nization failed to		Part II.	
Sec	tion A. Public Support							
ale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	<u> </u>
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,518,520	947,206	276,927	772,911	243,872	3,759	436
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	106,353	62,399	57,748	36,393	70,131	333	,024
3	Gross receipts from activities that are not an unrelated trade or business under section 513						!	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						!	
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1,624,873	1,009,605	334,675	809,304	314,003	4,092	,460
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					6,300	6	,300
b	Amounts included on lines 2 and 3							

							-
C						6,300	6,300
8	Public support. (Subtract line 7c from line 6.)						4,086,16
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,624,873	1,009,605	334,675	809,304	314,003	4,092,460
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	191,052	149,164	129,501	41,107	64,915	\$75,73
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	191,052	149,164	129,501	41,107	64,915	575,73
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	27,204	20,218		7,490	30,636	85,54

857,901 409,554 and 12.) 1,178,987 464,176 1,843,129 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14

	organization, check this box and stop here		<u>,</u>		╝
Sec	ction C. Computation of Public Support Percentage				
15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15		85.96 <sup>9</sup>	5
40	Dublic annual passenters from 2024 Schodulo A Bort III line 45	16		54%	,

16	Public support percentage from 2021 Schedule A, Part III, line 15	16	1	90.	<u>54 %</u>
	ction D. Computation of Investment Income Percentage				
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17			12%

18	Investment income percentage from 2021 Schedule A, Part III, line 17	18		9 %
	33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line		Ì	Ī

	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	١.,	
)	33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and		
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ļ	

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

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# Part IV

**Supporting Organizations** 

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

## Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes N	D .
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Page 5

Par	Supporting Organizations (continued)		
		Yes No	<u> </u>
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	
	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	00000
Secti	on B. Type I Supporting Organizations		
0001	on Driffer Capporting Cigamento	Yes No	_
4	Did the governing hady, members of the governing hady, officers acting in their official canacity, or membership of one or	103 110	Ź
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		<b>***</b>
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	8888
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,		<b>**</b>
	supervised, or controlled the supporting organization.	2	_
<u>Secti</u>	on C. Type II Supporting Organizations		
		Yes No	) 2022
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	
Secti	on D. All Type III Supporting Organizations		
		Yes No	<u> </u>
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	20000
•	By reason of the relationship described on line 2, above, did the organization's supported organizations have		
3	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		
		3	2000
Saati	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	1 1 1	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	e)	
1	The organization satisfied the Activities Test. Complete line 2 below.	7.	
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.	i <b>l</b> i	
	The organization is the parent of each of its supported organizations. Complete time 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	ructions)	
C	Activities Test. Answer lines 2a and 2b below.	Yes No	_
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	105	<u></u>
а			
	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	2-	888
	that these activities constituted substantially all of its activities.	2a	***
þ	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.	2b	****
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	99999
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

	te A (Form 990) 2022 THREE VALLEY CONSERVATION T			241	Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>aniza</u>	<u>tions</u>		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			88	l i
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E.		<u> </u>
Secti	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Y (optional)	ear
1	Net short-term capital gain	1		!	
2		2			
3	Other gross income (see instructions)	3			
4		4			
5	Depreciation and depletion	5		:	
	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			
	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Y (optional)	ear
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			ļ
b	Average monthly cash balances	1b			<u> </u>
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			<u> </u>
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			İ
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Ye	ar
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		Type II	Il supporting organization	1	

Schedule A (Form 990) 2022

(see instructions).

Page 7

Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		. ]	1
Sect	ion D – Distributions		-		Current Year	r
1	Amounts paid to supported organizations to accomplish exempt purpor	ses		1	:	
2	Amounts paid to perform activity that directly furthers exempt purposes					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5		İ
6	Other distributions (describe in Part VI). See instructions.		·	6		
	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8		
	(provide details in Part VI). See instructions.			_		
9_	Distributable amount for 2022 from Section C, line 6	<u></u>		9	<del> </del>	<u> </u> 
	Line 8 amount divided by line 9 amount	T		10	<u> </u>	1
	The state of the s	(i)	(ii)	_	(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	5	Distributable	1
	Distributable assessment for 2000 from Continuo C. ling C		Pre-2022	***	Amount for 20	122
	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022			******		
-	(reasonable cause required-explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					**********
i	Carryover from 2017 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years			******		
	Applied to 2022 distributable amount					<u> </u>
	Remainder. Subtract lines 4a and 4b from line 4.			****		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			****		
U	and 4b from line 1. For result greater than zero, explain in				i	
	Part VI. See instructions.				i	
7	Excess distributions carryover to 2023. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					
				- 1	Schadula A /Form de	101 2022

DAA

Schedule A (For	m 990) 2022	THREE	VALLEY	CONSERVAT	<u>ION TRU</u>	ST	31-1418241		Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	: IV, Section A, I 2; Part IV, Section rt V, line 1; Part	lines 1, 2, 3b on C, line 1; V, Section I	o, 3c, 4b, 4c, 5a Part IV, Sectior	, 6, 9a, 9b, 9 i D, lines 2 a /, Section D	9c, 11a, 11 and 3; Part ), lines 5, 6	; Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	Section 1c, 2a,	2b,
	•				momation	i. (See ilisti	uctions.)		
PART I	II, LINE 1	2 - OTHER	INCOME	DETAIL					
MISCELI	LANEOUS			\$		0			· • • • • • • • • • • • • • • • • • • •
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Schedule A (Form 990) 2022

# Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

.irs.gov/Form990 for the latest information.

Employer identification number

THREE VALLEY	CONSERVATION TRUST	31-1418241	
Organization type (check or	ne):		
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		ļ
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See	
General Rule			
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota r property) from any one contributor. Complete Parts I and II. See instructions for de ntributions.		
Special Rules			
regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % supportions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, and from any one contributor, during the year, total contributions of the greater of (1) ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	line 13, 16a, or \$5,000; or	
contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for e year, total contributions of more than \$1,000 exclusively for religious, charitable, all purposes, or for the prevention of cruelty to children or animals. Complete Parts instead of the contributor name and address), II, and III.	scientific,	
contributor, during th contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were nexclusively religious, charitable, etc., purpose. Don't complete any of the parts unes to this organization because it received nonexclusively religious, charitable, etc., purpose during the year	the received less the contributions	
must answer "No" on Part IV	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule /, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For tet the filing requirements of Schedule B (Form 990).		

THR8241 09/18/2023 9:13 AM PAGE 1 OF 2 Page 2 Schedule B (Form 990) (2022) Name of organization Employer identification number THREE VALLEY CONSERVATION TRUST 31-1418241 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 1.... OXFORD COMMUNITY FOUNDATION Person 22 EAST HIGH STREET Payroll **\$** 85,132 Noncash OXFORD OH 45056 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X ELIZABETH WAKEMAN HENDERSON CHAR FDN Person 2 209 MCKEE AVE Payroll \$ 6,720 Noncash OXFORD OH 45056 (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3.... FIVE RIVERS METROPARKS Person 409 E MONUMENT AVENUE 3RD FLOOR Payroll \$ 21,000 Noncash DAYTON OH 45402 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4.... ELIZABETH S ROGERS Person X 106 PEABODY DRIVE **Payroll** \$ 5,560 Noncash OXFORD (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 TOM VOGEL Person 318 W SIEBENTHALER Payroll

OH 45405

OH 45056

(b)

Name, address, and ZIP + 4

INDIAN CREEK NATURE PRESERVE

2575 INDIAN CREEK ROAD

X

Noncash

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

\$ 6,300

(c)

**Total contributions** 

\$ 6,500

(a)

No.

6....

DAYTON

Employer identification number	
31_1419241	

THRE	E VALLEY CONSERVATION TRUST	31	-1418241
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <b>7</b>	MOLSON COORS USA LLC 2525 WAYNE MADISON ROAD TRENTON OH 45067	\$ 25,000	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
	Name, address, and En 1 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	itanio, addresso, and 2m	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 1 OF 1

Employer identification number Name of organization THREE VALLEY CONSERVATION TRUST 31-1418241 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given Part I (See instructions.) **EASEMENT** 6 \$ 6,500 (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (See instructions.) \$ (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions.) (c) (a) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ ..... (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

lame	of the organization		Employer Identification	number	i
тı	HREE VALLEY CONSERVATION TRUST		31-141824	1	
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A			
	Complete in the digalification and the control of the	(a) Donor advised funds	(b) Funds and o	other accounts	<del></del>
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				<del></del>
3	Aggregate value of grants from (during year)			i	<del> </del>
4				- 1	
5	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised			
•	funds are the organization's property, subject to the organization's excl			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in				
•	only for charitable purposes and not for the benefit of the donor or donor			i	
				Yes	□ No
₽.	ett II Conservation Easements.				
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check	all that apply).			1
	Preservation of land for public use (for example, recreation or educ	ation) Preservation of a historically	important land area		
	X Protection of natural habitat	Preservation of a certified his	storic structure		
	X Preservation of open space			il	
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation		
	easement on the last day of the tax year.		Held at the	End of the	Tax Year
а	Total number of conservation easements		2a		18
b	Total acreage restricted by conservation easements		I I	24,50	00.00
	Number of conservation easements on a certified historic structure incl				
	Number of conservation easements included in (c) acquired after July 2		,		
	historic structure listed in the National Register		2d		1
3	Number of conservation easements modified, transferred, released, ex		tion during the	1	
	tax year			:	
4	Number of states where property subject to conservation easement is !	ocated			
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of		_	
	violations, and enforcement of the conservation easements it holds?			X Yes	∐ No
6		f violations, and enforcing conservation e	asements during the	year	
	10000				
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents during the yea	r ¦	
	261,600				
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)(i	)	_ :	
	and section 170(h)(4)(B)(ii)?			Yes	∐ No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statemer	nt and		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes the		1
****	organization's accounting for conservation easements.		<b>.</b>		<u>i</u>
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.		
_			a abaat wada		<del> </del>
1a	If the organization elected, as permitted under FASB ASC 958, not to reach this training transport of act bistorical transporters are attentional transporters.	•			
	of art, historical treasures, or other similar assets held for public exhibit service, provide in Part XIII the text of the footnote to its financial stater		or public		
<b>L</b>			and works of		
U	If the organization elected, as permitted under FASB ASC 958, to repo art, historical treasures, or other similar assets held for public exhibition				ļ
		i, caucation, or research in futurerance of	Public 3ci vice,	1	
	provide the following amounts relating to these items:		œ		
	(i) Revenue included on Form 990, Part VIII, line 1				
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or	other similar assets for financial gain pro			······
2	following amounts required to be reported under FASB ASC 958 relating		FIGE DIE		
9			\$	j	
	Revenue included on Form 990, Part VIII, line 1				
<u></u>	Assets included in Form 990, Part X	<u></u>	············Ψ Cohodu	lo D (Form	990) 2022

_	_		_	_	_	_	_	
1.	_ 1	4	7	Я	っ	4	7	

_	_	_	

Pa	irt III Organizations Maintaining	Collections of	Art, Historical Tro	easures, or Othe	<u>r Simila</u>	<u>r Assets (</u>	continue	a)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records	, check any of the follo	owing that make signif	icant use o	of its	• • • • • • •		
а	Public exhibition	d∏i	oan or exchange prog	ram					
b		)———(	Other						
C	Preservation for future generations					•••	'		
4	Provide a description of the organization's co	ollections and explain	how they further the o	rganization's exempt p	ourpose in	Part			
	XIII.	·	•	•			l	!	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treasure	es, or other similar				<u> </u>	
	assets to be sold to raise funds rather than to	be maintained as p	art of the organization's	s collection?	<u></u>		Yes		No
Pa	irt IV Escrow and Custodial Arr						,		
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990, Par	t IV, line 9, or rep	orted an	amount o	n Form		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions or	other assets not			_		
	included on Form 990, Part X?						Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	owing table:					1	
					<u> </u>		Amount	Ц.	
C	• • • • • • • • • • • • • • • • • • • •					1c		1	
d						1d		<u>                                     </u>	
е						1e		H	_
f	Ending balance				· · · · · · · · ·	1f	T 7 V	╁	\_\
	Did the organization include an amount on F			•			Yes	╠	No
	If "Yes," explain the arrangement in Part XIII.  Endowment Funds.	Check here if the ex	planation has been pro	ovided on Part XIII	· · · · · · · · · · · · · · · ·		<u></u>	₩	!
	Complete if the organization	answered "Ves"	on Form 990 Par	t IV/ line 10					
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars t	ack
10	Beginning of year balance	4,554,433	3,895,832			076,260	3,01	-	
	Contributions	143,532	252,030			24,500		_	700
	Net investment earnings, gains, and	220,002		,				Τ̈́	
·		-447,635	592,078	476,843		573,234	- 8	5.	513
d	Grants or scholarships	227,000					İ	ΙĪ	
	Other expenditures for facilities and	· · · · · · · · · · · · · · · · · · ·						Ħ	
•	programs	252,347	185,507	168,000	:	164,000	13	0,	000
f	Administrative expenses								
	End of year balance	3,997,983	4,554,433	3,895,832	3,	509,994	3,07	6,	260
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) h	neld as:					
а	Board designated or quasi-endowment	•							
b	Permanent endowment %								
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held and a	administered for the			_	Ш	
	organization by:							es	No
	(i) Unrelated organizations						3a(i)	<u> </u>	
	(ii) Related organizations						3a(ii)	11	<u>X</u>
	If "Yes" on line 3a(ii), are the related organization						3b	$\sqcup$	
	Describe in Part XIII the intended uses of the		wment funds.					1	
· Pa	rt VI Land, Buildings, and Equi		5 000 D	. n . l'	F 0	00 D-4V			
	Complete if the organization					<u>90, Ραπ Χ</u>			
	Description of property	(a) Cost or other ba	asis (b) Cost or other		ccumulated preciation		(d) Book val	ue l	
	l d	+			pi dicialici i		273	1	362
1a	Land	270,	103	2,600			415	′′	. 03
	Buildings					<del></del>		+	
	Leasehold improvements							+	
	Equipment		1	7,857	5 5	350	12	2 1	007
	Other								370
ı ota	n maa iines ta iinougii te. (Oolulliii (u) illust t	quari onii əəu, rail	A, OOIGHIII (D), HHO 100	<u>~/</u>			le D (Form	1 1	

Schedule D (F	orm 990) 2022 THREE VALLEY CONSERVA	TION TRUST	31-1418241	Page
Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)	\_,	Cost or end-of-year market value	
(1) Financial c	lerivatives			
(2) Closely he	ld equity interests			
(A) OH				
				1
(B)				
(¢)				
(D)				
(E)				
(F)				
(G)				<u> </u>
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments – Program Related.  Complete if the organization answered "Yes" on	Form 990 Part IV lir	ne 11c See Form 990 Part X line	13
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	,,,		Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		1 1 1
Part IX	Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line	15.
	(a) Description		(b) Bo	ook value
(1)				
(2)				
(3)				
(4)		<u> </u>		
_(5)				
(6)		<del></del>		
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	Farm 000 Bart IV / III	11- or 11f Son Form 000 Port	V
	Complete if the organization answered "Yes" on line 25.	roim 990, Fait IV, III	ne Tie of Til. See Form 330, Fait	· ^,
1.	(a) Description of liability		(b) Bo	ook value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				<del> </del>
(8)				
(9)	(h) much a mid Form 000 Part V and (D) the 05 h			
	n (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the fool	tnote to the organization's	financial statements that reports the	
	liability for uncertain tax positions under FASB ASC 740. Che			X

Schedule D (Form 990) 2022 THREE VALLEY CONSERVAT	ON TRUST 31-	1418241	Page 4
Part XI Reconciliation of Revenue per Audited Financia		ie per Return.	
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		il .
b Donated services and use of facilities			
c Recoveries of prior year grants			i l
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			1
c Add lines 4a and 4b		4c	il i
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		
Part XII Reconciliation of Expenses per Audited Financ			
Complete if the organization answered "Yes" on Fo			1
Total expenses and losses per audited financial statements		1	
	2a		i
a Donated services and use of facilities		<del></del>	
b Prior year adjustments			
c Other losses	2c	<del></del>	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		i
c Add lines 4a and 4b	,	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provide any additional informa	tion.	
PART II, LINE 5 - MONITORING AND ENFO	RCEMENT POLICY		
			L_
TVCT FOLLOWS THE RECOMMENDED POLICIES	AND STANDARDS SE	T BY THE LAND	TRUST
			L
ALLIANCE, THE NATIONAL ORGANIZATION R	EPRESENTING LAND	TRUSTS NATION	WIDE AND
			ļ, i
PROVIDING THE LEGAL INSURANCE TO DEFE	ND THESE EASEMENT	S. AS SUCH,	rvct
MONITORS EACH EASEMENT AT LEASE ONCE	PER YEAR AND REPO	RTS VIOLATION	S TO THE
LAND TRUST ALLIANCE FOR GUIDANCE ON H	OW TO MITIGATE TH	ES ISSUES.	
			il 1
			,
*			
PART II, LINE 9 - ACCOUNTING FOR CONS	ERVATION EASEMENT	S	! . ] . [
PROGRAM REVENUE AND EXPENSES			<u> </u>
PART X - FIN 48 FOOTNOTE			
		• • • • • • • • • • • • • • • • • • • •	1
ACCOUNTING PRINCIPLES GENERALLY ACCEP	TED IN THE UNITED	STATE OF AME	RICA
			<u> </u>   1

Ear XIII Supplemental Information (Continued)	
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE TRUST AND	
RECOGNIZE A TAX LIABILITY IF THE TRUST HAS TAKEN AN UNCERTAIN POSITION T	IAT
MORE LIKELY THAN NOT WOULD FAIL TO BE SUSTAINED UPON EXAMINATION BY THE	<b></b>
INTERNAL REVENUE SERVICE. AS DISCUSSED ABOVE, THE TRUST IS EXEMPT FROM	
FEDERAL INCOME TAXES AND MANAGEMENT BELEIVES THE TRUST HAS NOT ENGAGED I	<b>1</b>
ANY ACTIVITIES THAT WOULD DISQUALIFY IT FROM TAX-EXEMPT STATUS OR INCUR	<b>A</b>
TAX OBLIGATION FOR THE YEARS ENDED DECEMBER 31,2022 AND 2021. THE TRUST	
BELEIVES THAT THEIR ESTIMATES ARE APPROPRIATE BASED ON CURERNT FACTS AND	
CIRCUMSTANCES. THE TRUST IS SUBJECT TO ROUTINE AUDITS BY TAXING	i  
JURISDICTIONS; HOWEVER THEIRE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIOD	\$
IN PROGRESS. THE TRUST BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX	
	İCY
EXAMINATIONS FOR YEARS ENDED PRIOR TO DECEMBER 31,2018. THE TRUST'S POL	· † · · · · ·
EXAMINATIONS FOR YEARS ENDED PRIOR TO DECEMBER 31,2018. THE TRUST'S POL WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTERES	
WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTERES	
WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTERES	
WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTEREST THROUGH INTERST EXPENSE AND PENALTIES THROUGH OTHER EXPENSES.	
WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTEREST THROUGH INTERST EXPENSE AND PENALTIES THROUGH OTHER EXPENSES.	
WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTEREST THROUGH INTERST EXPENSE AND PENALTIES THROUGH OTHER EXPENSES.	
WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTEREST THROUGH INTERST EXPENSE AND PENALTIES THROUGH OTHER EXPENSES.	
WITH REGARD TO INTEREST AND PENALY, IF INCURRED, IS TO RECOGNIZE INTEREST THROUGH INTERST EXPENSE AND PENALTIES THROUGH OTHER EXPENSES.	
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## **SCHEDULE G** (Form 990)

Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service Employer identification number Name of the organization THREE VALLEY CONSERVATION TRUST 31-1418241 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(vI) Amount baid to (v) Amount paid to raiser have (or retained by) (i) Name and address of individual (iv) Gross receipts (or retained by) custody or (ii) Activity organization from activity fundraiser listed in or entity (fundraiser) control of col. (i) contributions' Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

31-1418241

P	than \$15,000 of	vents. Complete if the organi fundraising event contribution	zation answered "Yes" ones and gross income on	on Form 990, Part IV, line Form 990-EZ, lines 1 a	e 18, or reported mon nd 6b. List events wi	re ith
	gross receipts o	reater than \$5,000.  (a) Event #1  SPECIAL EVENTS (event type)	(b) Event #2	(c) Other events  1 (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1 Gross receipts	55,151			55,15	
	Less: Contributions     Gross income (line 1 minus line 2)	14,130 41,021			14,13 41,02	
	4 Cash prizes					
ses	5 Noncash prizes 6 Rent/facility costs					
Direct Expenses	7 Food and beverages					
Ö	8 Entertainment     9 Other direct expenses	9,385			9,38	<u>85</u>
P	11 Net income summary. Su	. Add lines 4 through 9 in column (d <u>ibtract line 10 from line 3, column (d</u> plete if the organization answ	l)		31,63	
Revenue		rm 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming add col. (a) through co. (c))	
Rev	1 Gross revenue					
xbeuses	Cash prizes     Noncash prizes					
Direct Exp	4 Rent/facility costs					
	Other direct expenses     Volunteer labor	Yes %	Yes %	Yes %	%	
		Add lines 2 through 5 in column (d				
	Enter the state(s) in which the	e organization conducts gaming activities in each	ivities:			
	If "No," explain:	o conduct gaming activities in each				
					·	
	Were any of the organization of "Yes," explain:	's gaming licenses revoked, suspen	ded, or terminated during the	tax year?		No

Sche	edule G (Form 990) 2022 THREE VALLEY CONSERVATION TRUST 31-1418241				Pag	ge <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?			Yes	1 L	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		$\Box$		-	٦
	formed to administer charitable gaming?		Ш	Yes	1 -	No
13	Indicate the percentage of gaming activity conducted in:	13a				%
a b	The organization's facility An outside facility				-	<del>%</del>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and					
••	records:					
	Name					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			ĺ		_
	amount of gaming revenue retained by the third party \$					
С	If "Yes," enter name and address of the third party:				li	
				:		
	Name			. !		
					i	
	Address			. :		
16	Gaming manager information:			İ		
	Name				1	
	Name			Į		
	Gaming manager compensation \$				į	
	Description of services provided					
				:		
	Director/officer				ĺ	
17	Mandatory distributions:			1	!	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		П	Ye	_ ا	No
<b>b</b>	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or	· · · · · · ·	Ш	' 1	-	] 110
D	spent in the organization's own exempt activities during the tax year \$					
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v	); ar	nd		
******	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info	rmatio	n.	!	1	
	See instructions.			_	<u> </u>	
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SCHEDULE O (Form 990)

# 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.

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization THREE VALLEY CONSERVATION TRUST	31-1418241
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR	STOCKHOLDERS
THE ORGANIZATION HAS MEMBERS	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS A	ND THEIR RIGHTS
THE MEMBERS ELECT NEW TRUSTEES AT THEIR ANNUAL MEE	TING
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO	APPROVAL OF MEMBERS
THE MEMBERS VOTE TO ELECT THE TRUSTEE POSITIONS AT	THEIR ANNUAL MEETING.
THE MEMBERS ARE ALSO GRANTED ONE VOTE AT THE ANNUA	L MEETING OR ANY CALLED
MEETINGS FOR ANY ITEMS OF DISCUSSION THAT MAY BE P	RESENTED AT THESE
MEETINGS.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCE	SS TO REVIEW FORM 990
THE FINANCE COMMITTEE, INCLUDING THE CHAIR AND TRE	ASURER, REVIEW THE FORM
990 PRIOR TO FILING	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFL	ICTS POLICY
TRUSTEES ARE REQUIRED TO DISCLOSE CONFLICTS ANNUAL	LY ADN ON AN "AS NEEDED"
BASIS AS CONFLICTS ARISE. IF A TRUSTEE HAS A CONF	LICT OF INTEREST, THE
TRUSTEE IS REQUIRED TO ABSTAIN FROM BOARD DISCUSSI	ON RELATED TO THE
TRANSACTION AND TO ABSTAIN FROM VOTING ON THE MATT	ER.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFICIAL
TRUSTEES WOULD SICUS AND VOTE ON EXECUTIVE DIRECTO	R'S COMPENSATION DURING
BOARD MEETING	!

Schedule O (Form 990) 2022				
Name of the organization	Employer identification number			
THREE VALLEY CONSERVATION TRUST	31-1418241	1		
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENT	S DISCLOSURE EXPLANATION	<b>.</b>		
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU				
200000000000000000000000000000000000000				
	······································			
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NE	T ASSETS EXPLANATION			
BOOK / TAX DEPRECIATION DIFFERENCE	\$ 12	9		
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	PAGE 1 OF 1	P00/ 202		

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Go to www.irs.gov/Form4562 for instructions and the latest information. 179 Internal Revenue Service Identifying number Name(s) shown on return 31-1418241 THREE VALLEY CONSERVATION TRUST Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,700,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ..... 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 571 16 Other depreciation (including ACRS) ... MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,283 MACRS deductions for assets placed in service in tax years beginning before 2022 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (business/investment use (a) Classification of property placed in period only-see instructions) service 19a 3-year property h 5-year property 7-year property d 10-year property 15-year property е 20-year property 25 yrs. S/L 25-year property q MM S/L 27.5 yrs. Residential rental MM S/L 27.5 yrs. property MM S/L 39 yrs. Nonresidential real S/L MM property Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. 12-year b S/L MM 30 yrs. С 30-year S/L MM 40 yrs. 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 854 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .