

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0257548 | Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

B Gross, Properties.    Properties.   Conservancy For The Range Of The Condors   Properties.   Conservancy For The Range Of The Condors   Properties.   Conservancy For The Range Of The Condors   Properties.   Properties.   Received to street address.   Received to Street addr	ΑI	For the	e 2023 calendar year, or tax year beginning and	ending		
Consider Variety   Consider Variety   For the Name of the property   Consider Variety	B	Check if applicable	C Name of organization		D Employer identific	cation number
Doing business as   Number and street (or P.O. box it mail is not delivered to street address)   PO BOX 190		chang	CONSERVANCY FOR THE RANGE OF THE CONDO	R		
Number and street (of P.U. to not mail is not deleted to street aboriess)   E telephone number   E telephone num		chang	Doing business as		82-37806	19
City or town, state or province, country, and ziP or foreign postal code  MONTEREY CA 93942    Conservables   Finame and address of principal officer: DON GRUBER   High is this a group return for subcordinates?   Yes   Xi No Montered   Yes   No Montered   Yes   Xi No Montere		return _Final	DO BOY 190	Room/suite		
MONTEREY, CA 93942   H(g) Is this a group return for subcordinates?   Yes   X No Power		termin ated			G Gross receipts \$	691,038.
Tax-exempt status: X   901(c)(3)   501(c)   (inset no.)   4947(a)(1) or   227   (if No.)   4947(a)(1) or   277   (if No.)   4947(a)(1) or   4947(a)(1)		Ameno			H(a) Is this a group re	eturn
SAME AS C ABOVE   (Insert no.)   4947(a)(1) or   527		tion	F Name and address of principal officer. DON GRODER		for subordinates	? Yes X No
J Webster WWW - CONDORRANGE - ORG K Form of organization: X Corporation		pendir	SAME AS C ABOVE			
	<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) of	or 527	If "No," attach a	list. See instructions
Part   Summary					H(c) Group exemptio	n number
Briefly describe the organization's mission or most significant activities: TO ACQUIRE, CREATE, MANAGE, AND PROTECT WILDLIFF HABITAT.  2 Check this box	K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2017 N	State of legal domicile: CA
PROTECT WILDLIFE HABITAT.	Pa					
Total number of individuals employed in calendar year 2023 (Part V, line 2a)   5	)Ce	1		CQUIRE	, CREATE, MA	ANAGE, AND
Total number of individuals employed in calendar year 2023 (Part V, line 2a)   5	nai	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
Total number of individuals employed in calendar year 2023 (Part V, line 2a)   5	Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)  8 Total number of volunteers (estimate if necessary)  9 Program service revenue (Part VIII, column (P.), line 12 70 Total revenue (Part VIII, line 1th)  9 Program service revenue (Part VIII, line 1th)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 5, 6d, 6e, 9e, 10e, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11e) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 510) 16 Ba Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 18 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 26) 24 Total assets or fund balances. Subtract line 21 from line 20 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Proparer 23 Firm's name 24 Expense Part Balance Part Bal						5
Solution	ø Ø	5				0
Solution	iŧ.	6				8
Solution	ξį	7 a				0.
Prior Year   Current Year   62, 138, 672, 969   672, 969   0.   0.   0.   0.   0.   0.   0.   0	<	b				0.
9						Current Year
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   62,138   691,038     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0   200     14 Benefits paid to or for members (Part IX, column (A), lines 4)   0   0   0     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0   0   0     16 Professional fundraising fees (Part IX, column (A), line 25)   0     17 Other expenses (Part IX, column (D), line 25)   0     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70,536   34,709     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70,536   34,909     19 Revenue less expenses. Subtract line 18 from line 12   -8,398   656,129     20 Total assets (Part X, line 16)   1,970,202   2,617,191     21 Total liabilities (Part X, line 26)   9,140   0     22 Net assets or fund balances. Subtract line 21 from line 20   1,961,062   2,617,191     29 Part II   Signature Block   Signature Block   Signature Block   Don GRUBER, PRESIDENT     Type or print name and title   Print/Type preparer's name   Preparer's signature   Preparer's signature   Don GRUBER, PRESIDENT   Firm's address 1188 PADRE DRIVE, STE 101   SALINAS, CA 93901   Phone no. (831) 759-6300	Ф	8	Contributions and grants (Part VIII, line 1h)		62,138.	672,969.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   62,138   691,038     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0   200     14 Benefits paid to or for members (Part IX, column (A), lines 4)   0   0   0     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0   0   0     16 Professional fundraising fees (Part IX, column (A), line 25)   0     17 Other expenses (Part IX, column (D), line 25)   0     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70,536   34,709     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70,536   34,909     19 Revenue less expenses. Subtract line 18 from line 12   -8,398   656,129     20 Total assets (Part X, line 16)   1,970,202   2,617,191     21 Total liabilities (Part X, line 26)   9,140   0     22 Net assets or fund balances. Subtract line 21 from line 20   1,961,062   2,617,191     29 Part II   Signature Block   Signature Block   Signature Block   Don GRUBER, PRESIDENT     Type or print name and title   Print/Type preparer's name   Preparer's signature   Preparer's signature   Don GRUBER, PRESIDENT   Firm's address 1188 PADRE DRIVE, STE 101   SALINAS, CA 93901   Phone no. (831) 759-6300	Š	9	Program service revenue (Part VIII, line 2g)			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   62,138   691,038     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0   200     14 Benefits paid to or for members (Part IX, column (A), lines 4)   0   0   0     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0   0   0     16 Professional fundraising fees (Part IX, column (A), line 25)   0     17 Other expenses (Part IX, column (D), line 25)   0     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70,536   34,709     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70,536   34,909     19 Revenue less expenses. Subtract line 18 from line 12   -8,398   656,129     20 Total assets (Part X, line 16)   1,970,202   2,617,191     21 Total liabilities (Part X, line 26)   9,140   0     22 Net assets or fund balances. Subtract line 21 from line 20   1,961,062   2,617,191     29 Part II   Signature Block   Signature Block   Signature Block   Don GRUBER, PRESIDENT     Type or print name and title   Print/Type preparer's name   Preparer's signature   Preparer's signature   Don GRUBER, PRESIDENT   Firm's address 1188 PADRE DRIVE, STE 101   SALINAS, CA 93901   Phone no. (831) 759-6300	eve	10				
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 .   200 .     14   Benefits paid to or for members (Part IX, column (A), line 4)   0 .   0 .     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 .   0 .     16   Professional fundraising fees (Part IX, column (A), line 11e)   0 .   0 .     17   Other expenses (Part IX, column (A), line 25)   0 .     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70 , 536 .   34 , 709 .     19   Revenue less expenses. Subtract line 18 from line 12   -8 , 398 .   656 , 129 .     19   Revenue less expenses. Subtract line 18 from line 12   -8 , 398 .   656 , 129 .     20   Total assets (Part X, line 16)   -8 , 398 .   656 , 129 .     21   Total liabilities (Part X, line 26)   -9 , 140 .   0 .     22   Net assets or fund balances. Subtract line 21 from line 20   -1 , 961 , 062 .   2 , 617 , 191 .     Part II   Signature Block   Signature Block   Signature of officer     DON GRUBER, PRESIDENT   Type or print name and title   Print/Type preparer's name   Preparer's signature   DON GRUBER, PRESIDENT   Type or print name and title   Print/Type preparer's name   Preparer's signature   AUTUMN ROSSI   04/23/24   self-employed   P01404602   Firm's address   1188 PADRE DRIVE, STE 101   SALINAS, CA 93901   Phone no. (831) 759-6300	8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14   Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			691,038.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			200.
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 .     b Total fundraising expenses (Part IX, column (D), line 25)   0 .     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   70,536 . 34,709 .     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   70,536 . 34,909 .     19 Revenue less expenses. Subtract line 18 from line 12   -8,398 . 656,129 .     20 Total assets (Part X, line 16)   1,970,202 . 2,617,191 .     21 Total liabilities (Part X, line 26)   9,140 . 0 .     22 Net assets or fund balances. Subtract line 21 from line 20   1,961,062 . 2,617,191 .     Part II   Signature Block     Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		14	Benefits paid to or for members (Part IX, column (A), line 4)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  34,909.  34,909.  48 Beginning of Current Year End of Year In 1,970, 202.  2,617,191.  21 Total liabilities (Part X, line 26)  39,140.  0.  22 Net assets or fund balances. Subtract line 21 from line 20  31,961,062.  2,617,191.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  DON GRUBER, PRESIDENT  Type or print name and title  Print/Type preparer's name  AUTUMN ROSSI  AUTUMN ROSSI  Preparer's signature  AUTUMN ROSSI  AUTUMN ROSSI  Firm's name CLIFTONLARSONALLEN LLP  Firm's name CLIFTONLARSONALLEN LLP  Firm's self-employed P01404602  Preparer Firm's name CLIFTONLARSONALLEN LLP  Firm's EIN 41-0746749  Phone no. (831) 759-6300	Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  34,909.  34,909.  48 Beginning of Current Year End of Year In 1,970, 202.  2,617,191.  21 Total liabilities (Part X, line 26)  39,140.  0.  22 Net assets or fund balances. Subtract line 21 from line 20  31,961,062.  2,617,191.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  DON GRUBER, PRESIDENT  Type or print name and title  Print/Type preparer's name  AUTUMN ROSSI  AUTUMN ROSSI  Preparer's signature  AUTUMN ROSSI  AUTUMN ROSSI  Firm's name CLIFTONLARSONALLEN LLP  Firm's name CLIFTONLARSONALLEN LLP  Firm's self-employed P01404602  Preparer Firm's name CLIFTONLARSONALLEN LLP  Firm's EIN 41-0746749  Phone no. (831) 759-6300	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  34,909.  34,909.  48 Beginning of Current Year End of Year In 1,970, 202.  2,617,191.  21 Total liabilities (Part X, line 26)  39,140.  0.  22 Net assets or fund balances. Subtract line 21 from line 20  31,961,062.  2,617,191.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  DON GRUBER, PRESIDENT  Type or print name and title  Print/Type preparer's name  AUTUMN ROSSI  AUTUMN ROSSI  Preparer's signature  AUTUMN ROSSI  AUTUMN ROSSI  Firm's name CLIFTONLARSONALLEN LLP  Firm's name CLIFTONLARSONALLEN LLP  Firm's self-employed P01404602  Preparer Firm's name CLIFTONLARSONALLEN LLP  Firm's EIN 41-0746749  Phone no. (831) 759-6300	ž Š	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
19   Revenue less expenses. Subtract line 18 from line 12   -8,398.   656,129.	Ш	''				
Beginning of Current Year   End of Year   1,970,202		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Net assets or fund balances. Subtract line 21 from line 20			Revenue less expenses. Subtract line 18 from line 12			
Net assets or fund balances. Subtract line 21 from line 20	S OF	3		Ве		
Net assets or fund balances. Subtract line 21 from line 20	sets	20	Total assets (Part X, line 16)			<del></del>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer Date  DON GRUBER, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature AUTUMN ROSSI AUTUMN ROSSI Firm's name CLIFTONLARSONALLEN LLP Firm's name Firm's address 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901 Phone no. (831) 759-6300	TAS		, , , , , , , , , , , , , , , , , , , ,			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  DON GRUBER, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature AUTUMN ROSSI AUTUMN ROSSI O4/23/24  Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749  Firm's address 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901  Phone no. (831) 759-6300					1,961,062.	2,617,191.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer Date  DON GRUBER, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Date  AUTUMN ROSSI AUTUMN ROSSI 04/23/24 officent played P01404602  Preparer Use Only Firm's address 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901 Phone no. (831) 759-6300						Donated and another that the
Sign Signature of officer  DON GRUBER, PRESIDENT Type or print name and title  Print/Type preparer's name AUTUMN ROSSI Preparer  Birm's name CLIFTONLARSONALLEN LLP Firm's address 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901  Date Date Od/23/24 Firm's EIN 41-0746749 Phone no. (831) 759-6300						knowledge and belief, it is
Here DON GRUBER, PRESIDENT Type or print name and title  Print/Type preparer's name AUTUMN ROSSI AUTUMN ROSSI Preparer Use Only Firm's address 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901  Preparer Date Preparer's signature 04/23/24 self-employed P01404602 Firm's EIN 41-0746749 Phone no. (831) 759-6300	true	, correc	i, and complete. Declaration of preparer (other than officer) is based on all illiornation of wh	licii preparer	lias any knowledge.	
Here DON GRUBER, PRESIDENT Type or print name and title  Print/Type preparer's name AUTUMN ROSSI AUTUMN ROSSI Preparer Use Only Firm's address 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901  Preparer Date Preparer's signature 04/23/24 self-employed P01404602 Firm's EIN 41-0746749 Phone no. (831) 759-6300	C:	_	Signature of officer		I Date	
Type or print name and title  Print/Type preparer's name  AUTUMN ROSSI  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  1188 PADRE DRIVE, STE 101  SALINAS, CA 93901  Preparer's signature  04/23/24   fift self-employed print   PTIN   POI   POI						
Print/Type preparer's name	пег	е				
Paid         AUTUMN ROSSI         AUTUMN ROSSI         04/23/24   if self-employed         P01404602           Preparer Use Only Salinas, CA 93901         Firm's name Phone no. (831) 759-6300         Phone no. (831) 759-6300				T	Date Check	PTIN
Preparer Use Only Salinas, CA 93901         Firm's name Firm's eln 41-0746749           Phone no. (831) 759-6300	Pair	d			l if	<b> </b>
Use Only         Firm's address         1188 PADRE DRIVE, STE 101         STE 101         Phone no. (831) 759-6300						
SALINAS, CA 93901 Phone no. (831) 759-6300			1100 101		THIN SERVE	
		,			Phone no. (8	31) 759-6300
	Ma	y the IF	-			

Page 2

Par	t III	Statement of Program Service Acc	complishments		
		Check if Schedule O contains a response or r	note to any line in this Part III		
1		y describe the organization's mission:			
		ORGANIZATION MISSION I			
		ER TO CREATE, PROTECT,			FOR USE
	<u>BY</u>	WILDLIFE, TO INCLUDE PL	ANTS AND ANIMALS	3.	
2	Did th	ne organization undertake any significant progr	ram services during the year wh	ich were not listed on the	
	prior	Form 990 or 990-EZ?			Yes X No
	If "Ye	s," describe these new services on Schedule (	Э.		
3	Did th	ne organization cease conducting, or make sig	nificant changes in how it cond	ucts, any program services?	Yes X No
	If "Ye	s," describe these changes on Schedule O.			
4		ribe the organization's program service accom			
	Secti	on 501(c)(3) and 501(c)(4) organizations are red	quired to report the amount of g	rants and allocations to others, the total e	expenses, and
	rever	ue, if any, for each program service reported.			
4a	(Code:	) (Expenses \$14,79	96 • including grants of \$	200. ) (Revenue \$	0.)
		VICE SPECIFICALLY PROVI			
		PRESERVING LAND IN THOS			EOPLE,
	BUI	' INDIRECTLY TO THE WHOL	E COUNTY, 400,00	00 PEOPLE.	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Cada	) (Expenses \$	including groups of th	\ (Davanua ft	
70	(Code.	) (Expenses \$	including grants of \$		,
4d	Othe	program services (Describe on Schedule O.)			
	(Expen		nts of \$	) (Revenue \$	)
4e		program service expenses	14,796.		,
		<u> </u>			Form <b>990</b> (2023)

## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	, , ,	8		x
9	Schedule D, Part III	_		
Ŭ	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	<u> </u>		
10		10		X
11	or in quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1110	21	
ь		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·		11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated limit clarification the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		
ıza	, ,	12a		x
h	Schedule D, Parts XI and XII	IZa		
b		12h		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
_		140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>-</b> ''-		
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19		х
20-	complete Schedule G, Part III	20a		X
20a	reme and an arrange of the control o	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	aomostio government on l'artin, column (n), inte i : Il res. complete schedule I. Parts I and Il	41	1	47

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Page 4

Pa	t IV Checklist of Required Schedules (continued)			age -
	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

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Form 990 (2023) CONSERVANCY FOR THE RANGE OF THE CONDOR Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			7,7
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			۱.,		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	viooo i	arouided to the never?	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		. ,	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	7b		
C		is req	uireu	7c		x
ч		7d		10		
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	anapparing averaging house everage business heldings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b	1			
_	Enter the amount of reserves on hand	13c	i	1		
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivitie	5			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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CONSERVANCY FOR THE RANGE OF THE CONDOR 82-3780619 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 with a

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

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 organization's

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the year?

20 State the name, address, and telephone number of the person who possesses the organization's books and records

DON GRUBER - (831)238-2787 PO BOX 190, MONTEREY, CA 93942

exempt status with respect to such arrangements?

Form **990** (2023)

Х

16a

16h

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DON GRUBER PRESIDENT	30.00	Х		х				0.	0.	0
(2) JOHN HAIN	9.00	Λ		^		$\vdash$		0.	0.	0.
TREASURER	9.00	Х		х				0.	0.	0.
(3) ROB SOMERS	8.00							•	•	
SECRETARY		х		x				0.	0.	0.
(4) GAIL BOWER	2.00	T-							0.1	
DIRECTOR		х						0.	0.	0.
(5) PETER FONKEN	2.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(6) VIRGINIA HANSON	2.00									
DIRECTOR		Х						0.	0.	0.

Part VII   Section A. Officers, Directors, 7 (A)	(B)	J.0y	<i></i> 3,			9.103		(D)	(E)	П		(F)	
` '	Average	(C) Position						· · /					<b>ا</b>
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			mated ount c	
	week		cer an					from	from related			ther	"
	(list any	tor						the	organizations		comp		ion
	hours for	direc				- - - - -		organization	(W-2/1099-MISC	;/	•	m the	
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orgar	nizatio	on
	organizations	trus	nal trı		oyee	om of		1099-NEC)			and	relate	:d
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizatio		ns	
	line)	lu di	Inst	Officer	Key	E High	윤			_			
		-											
		$\vdash$								$\dashv$			
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		_											
		$\vdash$											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Pa	rt VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>						0.		0.			0.
2 Total number of individuals (including b	out not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				0
compensation from the organization											1	/es	No
3 Did the organization list any former off	icer, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J	for such individual									[	3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than										[	4		Х
5 Did any person listed on line 1a receive													
rendered to the organization? <i>If</i> "Yes."  Section B. Independent Contractors	complete Schedul	e J f	or su	ıch <u>ı</u>	oers	on .					5		X
Complete this table for your five highes	st compensated inc	 depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsati	ion fron	n	
the organization. Report compensation	' <del>-</del>	-											
<b>(A)</b> Name and busir		NΩ	ONE	7				<b>(B)</b> Description of s	ervices	C	(C) ompens		ı
			7141					2 22214					
							_						
Total number of independent contractor	ors (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the or					(								
											Form 9	<b>90</b> (2	023

CONSERVANCY FOR THE RANGE OF THE CONDOR 82-3780619 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 672,969. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 672,969. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 18,069. assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 18,069. c Gain or (loss) 7c 18,069. 18,069. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

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18,069. Form **990** (2023)

691,038.

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 200. 200. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 6,224. 6,224. Legal 2,920. 2,920. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 8,000. 8,000. column (A), amount, list line 11g expenses on Sch O.) 6,093. 6,093. Advertising and promotion 12 1,016. 752. 264. Office expenses 13 Information technology 14 Royalties 15 2,749. 5,111. 2,362. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 1,642. 821. 821. 23 Other expenses. Itemize expenses not covered 24 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.) 2,762. 2,762. PROGRAM EXPENSES TAXES & LICENSES 941. 941. С d All other expenses 34,909. 14,796. 20,113. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Pa	IL A	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X		······	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			40,202.	1	57,191.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,560,000.			
	b	Less: accumulated depreciation	10b		1,930,000.	10c	2,560,000.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal to the control of	ual line 3	3)	1,970,202.	16	2,617,191.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
S	22	Loans and other payables to any current or for	mer office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
iabi		controlled entity or family member of any of the	ese perso	ns		22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X	0.110		•
		of Schedule D			9,140.		0.
	26	Total liabilities. Add lines 17 through 25			9,140.	26	0.
m		Organizations that follow FASB ASC 958, ch	eck here	X			
ĕ		and complete lines 27, 28, 32, and 33.			1 061 060		0 615 101
<u>la</u>	27	Net assets without donor restrictions			1,961,062.	27	2,617,191.
Ã	28	Net assets with donor restrictions				28	
ű,		Organizations that do not follow FASB ASC					
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 061 060	31	0 (17 101
Š	32	Total net assets or fund balances			1,961,062.	32	2,617,191.
	33	Total liabilities and net assets/fund balances			1,970,202.	33	2,617,191.

Form **990** (2023)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>38.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				09.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	<u>96:</u>	L,0	62.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,	61	7,1	91.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	_				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CONSERVANCY FOR THE RANGE OF THE CONDOR

Employer identification number

				R THE RANGE (					2-3780619				
Pá	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	nization is not a private found											
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	າ 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (C	complete Part II.)										
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11	Щ	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	-						Check the box on				
		lines 12a through 12d that						-					
â	a L_		•		•	-							
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	upporting				
		organization. You must o											
k	) <u> </u>		•				-	•	-				
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported				
		organization(s). You mus											
(	; <u> </u>		-					ly integrate	ed with,				
	. —	its supported organization		·									
(	t							_	* *				
		that is not functionally int		• ,	•		•	an attentiv	/eness				
		requirement (see instructi	•	•	•			U <b>T</b>					
•	•	☐ Check this box if the orga					Type I, Type	ıı, туре ііі					
		functionally integrated, or			ng organiz	ation.							
'		er the number of supported on vide the following information	•	d organization(s)									
		(i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi <b>Yes</b>	No No	support (see in	structions)	support (see instructions)				
_				above (see instructions))	103	140							
Tot	al												

332021 12-21-23

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22,288.	1937334.	43,221.	62,138.	672,969.	2737950.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	22,288.	1937334.	43,221.	62,138.	672,969.	2737950.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1323314.
6	Public support. Subtract line 5 from line 4.						1414636.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	22,288.	1937334.	43,221.	62,138.	672,969.	2737950.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			9,227.			9,227.
11	<b>Total support.</b> Add lines 7 through 10						2747177.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	51.49 <u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	66.86 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- <b>2023.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
_						Schedule A	(Form 990) 2023

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

Se	etion A. Public Support	siow, picase comp	sioto i are ii.,				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
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						
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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether 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, and 12.)   First 5 years. If the Form 990 is for th	o organization's f	irst socond third	fourth or fifth to:	voor as a section	501(0)(2) 02005==+	ion
14	check this box and stop here	-			•		
Se	ction C. Computation of Publi	c Support Per	rcentage				·····
	Public support percentage for 2023 (li			column (f))		15	%
16			· · · · · · · · · · · · · · · · · ·			16	62.62 %
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by I	ne 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	· ·		•		ŕ	17 is not
	more than 33 1/3%, check this box an	=	-				
k	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec <b>Private foundation.</b> If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	_		
	2		
	За		
	3b		
	3c		
	40		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	401-		
مارر	10b	n 990)	2022

ec	tion E.	rype iii run	ctionally integ	grated Support	ing Organiz	zations		
4	01				1		1 11	100

h

С

2

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	2a		
	2b		
	3a		
	3b		
ماام	Λ /Γονν	~ 000	2022

Schedule A (Form 990) 2023

2

3

<u>4</u> 5

6

Schedule A (Form 990) 2023

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

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3

5

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continue	ed)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2 Amounts paid to perform activity that directly furthers exen	npt purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organizations	;	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - ,	orovide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which	the organization is responsive			
(provide details in Part VI). See instructions.			8	
9 Distributable amount for 2023 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
<u> </u>	(i)	(ii)		(iii)

Section E - Distribution Allocations (see instr	uctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section	on C, line 6			
2 Underdistributions, if any, for years prior t	o 2023 (reason-			
able cause required - explain in Part VI). S	See instructions.			
3 Excess distributions carryover, if any, to 2	.023			
<b>a</b> From 2018				
<b>b</b> From 2019				
<b>c</b> From 2020				
<b>d</b> From 2021				
e From 2022				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior year	rs			
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see inst	ructions)			
j Remainder. Subtract lines 3g, 3h, and 3i f	rom line 3f.			
4 Distributions for 2023 from Section D,				
line 7: \$				
a Applied to underdistributions of prior year	rs			
<b>b</b> Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from	line 4.			
5 Remaining underdistributions for years pr	ior to 2023, if			
any. Subtract lines 3g and 4a from line 2.	For result greater			
than zero, explain in Part VI. See instructi	ions.			
6 Remaining underdistributions for 2023. So	ubtract lines 3h			
and 4b from line 1. For result greater than	zero, <i>explain in</i>			
Part VI. See instructions.				
7 Excess distributions carryover to 2024.	Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
<b>b</b> Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

CONSERVANCY FOR THE RANGE OF THE CONDOR

82-3780619

CO	NOTIVE TOR THE REMOTE OF THE CONDOR   02 3700015
Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
For an organization	ifiling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

## CONSERVANCY FOR THE RANGE OF THE CONDOR

82-3780619

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$650,000 <b>.</b>	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
			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
	Hamo, address, and En 1 1	\$	Person Payroll 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.)

Name of organization Employer identification number

### CONSERVANCY FOR THE RANGE OF THE CONDOR

82-3780619

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26		  \$	Schedule R (Form 990) (2023)

Name of organization **Employer identification number** CONSERVANCY FOR THE RANGE OF THE CONDOR 82-3780619 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CONSERVANCY FOR THE RANGE OF THE CONDOR

**Employer identification number** 82-3780619

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9
	impermissible private benefit?	······		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ig of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy 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			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS		- · ·	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

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

Part IX	Other	Assets

Schedule D (Form 990) 2023

(1) Financial derivatives (2) Closely held equity interests

(3) Other (A) (B) (C) (D) (E) (F) (G) (H)

> (1) (2) (3) (4) (5) (6)(7) (8) (9)

> > Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

#### Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	) Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(0.1 (1) 1.5 (10.0 P. 1.7 (1.0 P. 1.7 (1.0 P.)	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

#### **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

CONSERVANCY FOR THE RANGE OF THE CONDOR

Employer identification number 82-3780619

CONSERVANCY FOR THE RANGE OF THE CONDOR	82-3780619			
FORM 990, PART VI, SECTION A, LINE 8B:				
THE ORGANIZATION DOES NOT MAINTAIN SUBCOMMITTEES.				
FORM 990, PART VI, SECTION B, LINE 11B:				
A DRAFT COPY OF THE 990 RETURN IS PROVIDED TO BOARD MEMBERS FOR REVIEW				
BEFORE FILING THE FINAL RETURN.				
FORM 990, PART VI, SECTION B, LINE 12C:				
AS A SMALL ORGANIZATION, THE BOARD WILL DISCUSS ANY TRANSACTION THAT HAVE				
POTENTIAL CONFLICT AND NOTE OUTCOME IN BOARD MINUTES.				
FORM 990, PART VI, SECTION C, LINE 18:				
THE ORGANIZATION WILL MAKE THE PUBLIC DOCUMENTS AVAILABLE BY WRITTEN				
REQUEST.				
FORM 990, PART VI, SECTION C, LINE 19:				
ALL DOCUMENTS ARE AVAILABLE TO ANY MEMBER OF THE PUBLIC UPON REQUEST				
	_			
FORM 990, PART IX, LINE 11G, OTHER FEES:				
LANDSCAPING SERVICES:	_			
PROGRAM SERVICE EXPENSES	8,000.			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES				
TOTAL EXPENSES	8,000.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,000.			

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

Schedule O (Form 990) 2023