

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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.

Department of the Treasury Internal Revenue Service

Open to Public

A F	or the	lpha 2021 calendar year, or tax year beginning $$ OCT $$ $$ 1 $$, $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ $$ and $$	ending ${\sf S}$	<u>EP 30, 2022</u>				
	Check if pplicabl	C Name of organization		D Employer identific	cation number			
Г	Addre chang	RAILS TO TRAILS CONSERVANCY						
F	Name chang			52-14370	06			
	Initial return	· ·	Room/suite	E Telephone numbe				
	Final	2121 WARD COURT, NW, 5TH FLOOR		202-331-9696				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,182,880.			
	Ameno return	WASHINGTON, DC 20037		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: KIAN CHAO		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c)($) \checkmark (insert no.) $\checkmark = 4947(a)(1) c$	or 527	If "No," attach a	list. See instructions			
		te: ► WWW.RAILSTOTRAILS.ORG		H(c) Group exemptio				
		organization: X Corporation	L Year	of formation: 1985 N	M State of legal domicile: DC			
P	art I	Summary	3.D.M. T	TT T T T T T T T T T T T T T T T T T T				
ě	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	PART I	II, LINE I.				
Governance				than 050/ of its not as				
/ern	2	Check this box if the organization discontinued its operations or dispos		1	21			
ģ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		<u>3</u> 4	21			
	I -	Total number of individuals employed in calendar year 2021 (Part V, line 1a)			66			
Activities &		Total number of volunteers (estimate if necessary)			25			
Ξ̈́		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		13,618,179.	13,343,592.			
nue	l	Program service revenue (Part VIII, line 2g)		795,348.	888,746.			
Revenue	I .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		117,539.	195,976.			
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		78,384.	91,158.			
	I .	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,609,450.	14,519,472.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		467,100.	437,356.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,380,449.	5,750,449.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		108,000.	115,800.			
x	b	Total fundraising expenses (Part IX, column (D), line 25) 2,295,25	<u> </u>					
Ĥ	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,062,601.	5,817,152.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,018,150.	12,120,757.			
	19	Revenue less expenses. Subtract line 18 from line 12		3,591,300.	2,398,715.			
Net Assets or				ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		15,330,123.	16,243,959.			
et A	21	Total liabilities (Part X, line 26)		1,564,223.	1,563,862.			
Z: D:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		13,765,900.	14,680,097.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatomo	inter and to the heet of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			kilowieuge allu bellei, it is			
truo	, 001100	t, and complete. Declaration of proparti (other than officer) is based on an information of wife	ion proparor	nas any knowledge.				
Sig	n	Signature of officer		Date				
Her		RYAN CHAO, PRESIDENT						
	·	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	ı	RICHARD J. LOCASTRO, CPA Record for holand	to	2/7/23 if self-employ	P00288314			
	arer	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN			52-1392008			
-	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N						
		BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE RAILS-TO-TRAILS CONSERVANCY IS THE NATIONS LARGEST TRAILS ORG.	
	WITH A GRASSROOTS COMMUNITY MORE THAN 1 MIL. STRONG DEDICATED TO	
	BUILDING A NATION CONNECTED BY TRAILS, REIMAGINING PUBLIC SPACES TO	
	CREATE SAFE WAYS FOR EVERYONE TO WALK, BIKE & BE ACTIVE OUTDOORS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	. No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	_ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	4
4a	(Code:) (Expenses \$ 4,105,617. including grants of \$ 430,556.) (Revenue \$ 68,39	<u>4.</u>)
	TRAIL DEVELOPMENT:	
	SINCE ITS INCEPTION, RAILS-TO-TRAILS CONSERVANCY (RTC) HAS WORKED TO	
	REIMAGINE PUBLIC CORRIDORS AND RIGHTS OF WAY TO CREATE SAFE WAYS FOR	
	PEOPLE TO WALK, BIKE AND BE ACTIVE OUTSIDE - CREATING EQUITABLE, VIBRANT PUBLIC SPACES THAT ENGAGE, INSPIRE AND EMPOWER COMMUNITIES FROM	.
	COAST TO COAST. THIS WORK EMBODIES BEST PRACTICES AND LEADING EDGE	M
	INITIATIVES TO GUIDE TRAIL DEVELOPMENT IN WAYS THAT PROMOTE COMMUNITY	
	ENGAGEMENT AND EQUITABLE DISTRIBUTION OF TRAILS, BRING INNOVATION TO TRAIL DEVELOPMENT AND PLANNING, AND SHIFT THE PHILOSOPHY OF TRAIL	
	DEVELOPMENT TO FOCUS ON THE CONNECTIVITY THAT TRAILS CAN DELIVER	
	BETWEEN PEOPLE AND PLACES.	
	DEIMEEN LEGLIE WAD LINCES.	
4b	(Code:) (Expenses \$ 2,671,065. including grants of \$) (Revenue \$ 855,10	<u> </u>
40	(Code:) (Expenses \$	<u>=•</u>)
	MOVEMENT, SPEAKING OUT ABOUT THE TRANSFORMATIVE POWER OF TRAILS,	
	ENCOURAGING THEIR USE AND GENERATING DEMAND FOR TRAILS NATIONWIDE.	
	RTC'S FLAGSHIP INITIATIVE, TRAILLINK.COM PROVIDES ACCESS TO MORE THAN	
	5,300 TRAILS REPRESENTING 41,000 MILES THROUGH ITS WEBSITE AND 5-STAR	
	RATED APPS.TRAILLINK.COM SERVED MORE THAN 7.5 MILLION VISITORS IN 2022	
	THIS TRAIL CONTENT IS ALSO OFFERED IN A SERIES OF PRINT GUIDEBOOKS.	
	THROUGH STORYTELLING AND DIRECT ENGAGEMENT, RTC SHARES INFORMATION	
	ABOUT TRAILS ACROSS A VARIETY OF PUBLIC CHANNELS THAT COLLECTIVELY	
	REACH MILLIONS OF PEOPLE, INCLUDING ITS MAGAZINE, MONTHLY ENEWS, SOCIA	L
4c	(Code:) (Expenses \$1,199,403. including grants of \$6,800.) (Revenue \$)
	TRAIL POLICY: AS THE NATION'S FOREMOST ADVOCACY ORGANIZATION FOR TRAIL	S
	AND ACTIVE TRANSPORTATION, RTC SEEKS TO GROW AND SAFEGUARD PUBLIC	
	FUNDING FOR TRAILS, WALKING AND BICYCLING AT EVERY LEVEL - FEDERAL,	
	STATE AND LOCAL - ENSURING THE INVESTMENTS NEEDED TO CREATE A	
	TRANSFORMATIVE 21ST-CENTURY ACTIVE TRANSPORTATION SYSTEM IN AMERICA AND	<u>D</u>
	PROMOTING POLICIES THAT MAKE TRAIL BUILDING POSSIBLE.	
	AT THE FEDERAL LEVEL, RTC LEADS EFFORTS TO GROW AND PROTECT THE LEGACY	
	TRANSPORTATION ALTERNATIVES PROGRAM (WHICH INCLUDES THE RECREATIONAL	
	TRAILS PROGRAM) - THE LARGEST SOURCE OF FUNDING FOR TRAIL DEVELOPMENT	
	AND MAINTENANCE - AND ADVOCATES FOR INNOVATIONS IN PUBLIC FUNDING	
	INCLUDING CHAMPIONING THE NEW ACTIVE TRANSPORTATION INFRASTRUCTURE	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 759,854 • including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 8,735,939.	

09440207 745960 27379

Form 990 (2021) RAILS TO TRAILS CONSERVANCY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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,	۰		
•	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>	- '-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a	Х	
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			\vdash
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_V
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

132003 12-09-21

Form 990 (2021) RAILS TO TRAILS CONSERVANCY
Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	No
	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			T
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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			3,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ### The contributor of the contrib	00-		X
L	"Yes," complete Schedule L, Part IV	28a 28b	Х	
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200	- 21	
·		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 73 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
b	Enter the number of Fernie W Za moladed of line 1a. Enter 6 in not applicable			
С		4.	Х	
10000	(gambling) winnings to prize winners?	1c Form		<u> </u> (2021)

RAILS TO TRAILS CONSERVANCY 52-1437006 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 66 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form **990** (2021)

132005 12-09-21 09440207 745960 27379

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 95	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or			
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
C	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		1	
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such characters are appropriately as a procedure of the procedu	apters	, aπiliates,	401-		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?		o filing the form?	10b	х	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi	e ming the forms	11a	-25	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120		
·	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	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 arrangements	nent w	ith a			
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
<u> </u>	exempt status with respect to such arrangements?	<u></u>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE		_,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ıd 990	-T (section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	CYNTHIA DICKERSON - 202-331-9696	27				

2121 WARD COURT, NW, 5TH FLOOR, WASHINGTON, DC 20037 132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				2)			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		Lei an	uau	recto	rrius	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (420)	and related
	below	idual	ution	er	Key employee	est co oyee	ler	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) RYAN CHAO	40.00									
PRESIDENT				Х				304,332.	0.	39,508
(2) CYNTHIA DICKERSON	40.00									
CHIEF OPERATING OFFICER				Х				191,224.	0.	35,413
(3) KEVIN MILLS	40.00									
SENIOR VP OF POLICY						Х		182,462.	0.	33,555
(4) BRANDI HORTON	40.00									
VP OF COMMUNICATIONS						Х		177,432.	0.	33,253
(5) ALISA BORLAND	40.00									
VP OF DEVELOPMENT						X		176,029.	0.	33,168
(6) ELIZABETH THORSTENSEN	40.00									
VP OF TRAIL DEVELOPMENT						X		181,655.	0.	20,164
(7) FREDERICK SCHAEDTLER	40.00									
CHIEF TECHNOLOGY OFFICER						X		146,978.	0.	29,807
(8) JON COFSKY	7.00									
CHAIR		Х		Х				0.	0.	0.
(9) ROSE GOWEN	7.00									
VICE CHAIR		Х		Х				0.	0.	0 .
(10) EDWARD CHANG	7.00									
SECRETARY		Х		Х				0.	0.	0 .
(11) DOUG MONIESON	7.00									
TREASURER		Х		Х				0.	0.	0 .
(12) JOE BARROW, JR	5.00									
BOARD MEMBER (END 02/2022)		Х						0.	0.	0 .
(13) BALAJI BONDILI	5.00									
BOARD MEMBER (FROM 06/2022)		Х						0.	0.	0 .
(14) JAMES BRAINARD	5.00									
BOARD MEMBER		Х						0.	0.	0 .
(15) MARK FILIPPELL	5.00									
BOARD MEMBER		Х						0.	0.	0 .
(16) JOHN FRIEDMANN	5.00									
BOARD MEMBER (FROM 06/2022)		Х						0.	0.	0.
(17) VANESSA GARRISON	5.00									
BOARD MEMBER		X						0.	0.	0.

FORM 990 (2021) KAILD TO									JZ 1437	000	Г	aye •
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	an	nount	of
	week		cer ar	ia a a	irecto	r/trus	tee)	from	from related	l	other	
	(list any	recto						the	organizations	ı	pensa	
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MISC/	l	om th	
	organizations	ustee	trustee		9	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		anizat d relat	
	below	ual tr	tional		ploye	t con	_	1		ı	u reiai anizati	
	line)	Individual trustee or director	Institutional t	Officer	ey employee	Highest compensated employee	Former			l	ai 112ati	0113
(18) CATHERINE SLOSS JONES	5.00		_		×	1 0						
BOARD MEMBER (FROM 06/2022)		Х						0.	0.			0.
(19) NOEL KEGEL	5.00											
BOARD MEMBER		Х						0.	0.			0.
(20) M. KATHERINE KRAFT	5.00											
BOARD MEMBER		Х						0.	0.			0.
(21) GAIL LIPSTEIN	5.00											
BOARD MEMBER		Х						0.	0.			0.
(22) AYESHA MCGOWAN	5.00											_
BOARD MEMBER		X						0.	0.			0.
(23) FRANK MULVEY	5.00											•
BOARD MEMBER		Х						0.	0.			0.
(24) TIM NOEL	5.00								_			^
BOARD MEMBER	F 00	Х						0.	0.			0.
(25) TIM PETRI	5.00	7.7							0			0
BOARD MEMBER (26) JOHN RATHBONE	5.00	Х						0.	0.			0.
BOARD MEMBER	3.00	Х						0.	0.			0.
1b Subtotal	1				<u> </u>		—	1,360,112.	0.	22	4.8	68.
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)							•	1,360,112.	0.	22	4,8	68.
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable			
compensation from the organization						•			•			15
											Yes	No
3 Did the organization list any former officer	, director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4 For any individual listed on line 1a, is the se	um of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$15	0,000? If "Yes.	" co	lam	ete S	Sche	dule	J f	for such individual		4	Х	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PROLIST INC, 8341 BEECHCRAFT AVENUE,		
GAITHERSBURG, MD 20879	FULFILLMENT SERVICES	614,338.
GENERAL SYSTEMS CORP	DATA MANAGEMENT AND	
8787 BRANCH AVENUE #183, CLINTON, MD 20735	PROGRAMMING	349,123.
THE SCOTT GROUP, INC, 348 THOMPSON CREEK		
SUITE 136, STEVENSVILLE, MD 21666	DIRECT MAIL SERVICES	266,900.
MKDM, 612 E JEFFERSON STREET 2ND FL,	F/R, DESIGN &	
CHARLOTTESVILLE, VA 22902	EDITING SERVICES	259,747.
ONE SOURCE PRODUCTION		
38590 BETTIS DRIVE, HAMILTON, VA 20158	DIRECT MAIL SERVICES	243,625.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 10		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 RAILS TO	TRAILS	CO	NS	ER	VA.	NC	Y		52-143	7006
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				yee		the	organizations	compensation
	(list any	recto				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	Suadr				and related
	organizations below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) REBECCA RILEY	5.00	_	=	0	~		_			
	3.00	х						0.	0.	0.
BOARD MEMBER (END 02/2022)	5.00	Λ						0.	0.	0.
(28) JULIETTE RIZZO	3.00	37							_	^
BOARD MEMBER	F 00	Х						0.	0.	0.
(29) DANIEL RODRIGUEZ	5.00								_	•
BOARD MEMBER (FROM 02/2022)		Х						0.	0.	0.
(30) JIM SALLIS	5.00									
BOARD MEMBER		Х						0.	0.	0.
-										
-										
-										
			\vdash							
	l			l			<u> </u>			
Tatal to Dark VIII. Continue A. Roy d										
Total to Part VII, Section A, line 1c										

Form 990 (2021) RAILS T
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lanction revenue	business revenue	sections 512 - 514
ठ ठ	1 a	Federated campaigns1a		169,195.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b		3,847,140.				
Ē,	c	Fundraising events 1c						
ifts ar A		Related organizations 1d						
a,e		Government grants (contributions)						
Sig		All other contributions, gifts, grants, and						
her		similar amounts not included above 1f		9,327,257.				
	c	Noncash contributions included in lines 1a-1f	\$	1,104,987.				
Sor	_	Total. Add lines 1a-1f	17	•	13,343,592.			
				Business Code				
a l	2 a	TRAILINK SUBSCRIPTION		900099	738,956.	738,956.		
ķ	- b	GOVERN A GENC		900099	108,394.	108,394.		
Program Service Revenue		EVENT REGISTRATION		900099	41,396.	41,396.		
E S	c	1			,	,		
Peg	6							
Pro		All other program service revenue						
		Total. Add lines 2a-2f			888,746.			
	3	Investment income (including dividends,			,			
	other similar amounts)				197,194.			197,194.
	4	Income from investment of tax-exempt b			,			·
	5	Royalties		•	23,294.			23,294.
		(i) Re	al	(ii) Personal				
	6 a	a Gross rents 6a 2	400.					
		Less: rental expenses 6b	0.					
			400.					
		Net rental income or (loss)		b	2,400.			2,400.
		Gross amount from sales of (i) Secur	rities	(ii) Other				
		assets other than inventory 7a 642	,133.					
	b	Less: cost or other basis						
ē		and sales expenses 7b 643	351.					
Ģ	c		218.					
ther Revenue		Net gain or (loss)			-1,218.			-1,218.
ē	8 a	Gross income from fundraising events (not						
₹		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
	b	Less: direct expenses						
	c	Net income or (loss) from fundraising even	ent <u>s</u>					
	9 a	Gross income from gaming activities. Se	e					
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activiti	es					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a	54,809.				
	b	Less: cost of goods sold	10b	20,057.				
	c	Net income or (loss) from sales of invent	ory		34,752.	34,752.		
ဖ				Business Code				
Miscellaneous Revenue		MISCELLANEOUS		900099	19,780.			19,780.
lank enu	b	REIMBURSEMENTS		900099	10,932.			10,932.
Sev Sev	C							
Mis E		d All other revenue			20 = 10			
		Total. Add lines 11a-11d		·····	30,712.	000 100		050 000
	12	Total revenue. See instructions			14,519,472.	923,498.	0.	252,382.

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Form 990 (2021) RAILS TO TRAILS CONSERVANCY Part IX Statement of Functional Expenses

2	504(1/4) (504(1/4) (504(1/4))				
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respor	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	437,356.	437,356.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	570,477.	328,921.	152,158.	89,398.
6	Compensation not included above to disqualified	,	,	,	<u>, </u>
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,066,864.	3,287,185.	242,060.	537,619.
8	Pension plan accruals and contributions (include	, ,	.,,	==, • • • •	,
3	section 401(k) and 403(b) employer contributions)	224,148.	182,533.	16,611.	25,004.
9	Other employee benefits	541,258.	435,523.	44,881.	60,854.
10	Payroll taxes	347,702.	272,760.	28,604.	46,338.
11	Fees for services (nonemployees):	31777021	27277000	20,0011	10,3301
	-				
	Management	33,481.	30,031.	3,450.	
	Legal	31,129.	30,031.	31,129.	
	Accounting	4,635.	4,635.	31,123.	
	Lobbying Professional fundraising services. See Part IV, line 17	115,800.	1,033.		115,800.
	- · · · · · · · · · · · · · · · · · · ·	42,132.		42,132.	113,000.
f	Investment management fees	42,152.		42,152.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,634,305.	1,311,879.	157,095.	165,331.
40	column (A), amount, list line 11g expenses on Sch O.)	331,621.	307,717.	7,926.	15,978.
12	Advertising and promotion	1,917,430.	903,715.	180,952.	832,763.
13	Office expenses	324,487.	222,495.	22,461.	79,531.
14	Information technology	324,407.	222,493.	22,401.	19,331.
15	Royalties	488,954.	381,636.	46,754.	60,564.
16	Occupancy	294,120.	232,446.	39,402.	22,272.
17	Travel	234,120.	232,440.	39,402.	22,212.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	E0 202	15 067	E 21E	0 171
22	Depreciation, depletion, and amortization	59,383. 38,437.	45,867. 32,195.	5,345. 3,424.	8,171.
23	Insurance	30,43/.	34,193.	3,424.	2,818.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) MERCHANDISE COSTS	501,676.	225,473.	46,435.	229,768.
a					
b	DUES AND SUBSCRIPTIONS PROF'L DEVELOPMENT	61,163. 30,820.	53,246. 27,756.	6,345. 2,605.	1,572. 459.
С		22,146.	12,361.	9,785.	439.
d	TAXES AND LICENSES		209.	9,785.	1 010
	All other expenses	1,233.	8,735,939.		1,019.
25	Total functional expenses. Add lines 1 through 24e	12,120,757.	0,135,939.	1,089,559.	2,295,259.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1 415 255	001 561	227 252	206 441
	Check here X if following SOP 98-2 (ASC 958-720)	1,415,355.	881,561.	237,353.	296,441.

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Form 990 (2021)
Part X | Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			255,879.	1	162,750.
	2	Savings and temporary cash investments			4,568,146.	2	2,110,038.
	3	Pledges and grants receivable, net			2,620,360.	3	1,609,422.
	4	Accounts receivable, net			178,148.	4	110,801.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	intial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			260,296.	8	142,728.
ä	9	Prepaid expenses and deferred charges			151,623.	9	216,751.
	10a	Land, buildings, and equipment: cost or other					
			10a 10b	1,091,889.			
	b		1,028,346.	79,972.	10c	63,543. 11,800,184.	
	11	Investments - publicly traded securities	7,183,662.	11	11,800,184.		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	20 025	14	05 540		
	15	Other assets. See Part IV, line 11		1	32,037.	15	27,742.
	16	Total assets. Add lines 1 through 15 (must equa			15,330,123.	16	16,243,959.
	17	Accounts payable and accrued expenses		1	751,097.	17	895,025.
	18	Grants payable	642 577	18	617 261		
	19	Deferred revenue		643,577.	19	617,361.	
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete P				21	
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substacontrolled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate	-	:		23	
	23 24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D	-	· ·	169,549.	25	51,476.
	26	Total liabilities. Add lines 17 through 25			1,564,223.	26	1,563,862.
		Organizations that follow FASB ASC 958, check					
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,316,141.	27	11,431,127.
Bala	28	Net assets with donor restrictions			5,449,759.	28	3,248,970.
nd l		Organizations that do not follow FASB ASC 95					
Fu		and complete lines 29 through 33.	•				
o.	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,765,900.	32	14,680,097.
_	33	Total liabilities and net assets/fund balances			15,330,123.	33	16,243,959.

Pai	t XI Reconciliation of Net Assets				,	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8	14, 12, 2, 13, -1,	120 398 765	7; 3,7; 5,9	57. 15. 00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	14,	680	٠ ٥	97
Pai	column (B)) rt XIII Financial Statements and Reporting	10	<u> </u>	000	, 0.	91.
-	Check if Schedule O contains a response or note to any line in this Part XII					
	Officer if Octobatic O Contains a response of flote to any line in this hart Air				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	- [
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	gle Audit		За		X
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				orm (990 ((2021)

132012 12-09-21

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

2021

Open to Public Inspection

Name of the organization

RAILS TO TRAILS CONSERVANCY

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental unit 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		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization 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 agrice	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma						
		activities related to its exem		· ·				-
		income and unrelated busing		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	\vdash	An organization organized a	•		•			
12		An organization organized a	•		-		•	
		more publicly supported or	-					neck the box on
_		lines 12a through 12d that	* *			-	•	-1
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	-		
		the supported organization			majority o	or the direc	ctors or trustees of the st	apporting
h		organization. You must o	- · · · · · · · · · · · · · · · · · · ·		ion with it	o oupporte	od organization(s), by bay	ina
D		Type II. A supporting org	•					-
		control or management o organization(s). You mus			arrie perso	iis iiiai co	Titroi or manage the supp	Jortea
_		Type III functionally inte	-		in connect	tion with	and functionally integrate	ad with
·		its supported organization	-				• •	ou with,
d		Type III non-functionally		-				zation(s)
-		that is not functionally int					• • • • •	* *
		requirement (see instructi	-	•	•			Vollege
е		Check this box if the orga	•	-				
_		functionally integrated, or					, , ,	
f	Ente	r the number of supported o	* *					
g		ide the following information						
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11912086.	9679993.	9589973.	13618179.	13343592.	58143823.
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	11912086.	9679993.	9589973.	13618179.	<u> 13343592.</u>	58143823.
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)						4179715.
	Public support. Subtract line 5 from line 4.						53964108.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	11912086.	9679993.	9589973.	13618179.	<u> 13343592.</u>	58143823.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	129,963.	199,273.	162,560.	148,744.	222,888.	863,428.
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.)	69,966.	42,081.	13,682.	19,816.		176,257.
11	Total support. Add lines 7 through 10						59183508.
12	Gross receipts from related activities,	•	,				,205,732.
13	First 5 years. If the Form 990 is for the						. —
800	organization, check this box and stop						>
	ction C. Computation of Public			. (5)			91.18 %
14	Public support percentage for 2021 (I					14	
15	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the						
L	stop here. The organization qualifies						
D	33 1/3% support test - 2020. If the						. \Box
17-	and stop here. The organization qual 10% -facts-and-circumstances test	•	• •				
17 a	and if the organization meets the fact	-					
	· ·		•	-		· ·	
J.	meets the facts-and-circumstances to	· ·	•				
O	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the organization meets the facts and circle				-		ightharpoonup
10	· ·						\
10	Private foundation. If the organization	ni did fiot check a i	JUX UITIIIIE 13, 162	a, 100, 17a, 01 1/t	, check this box a	na see instructions	·

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
L	7		
	8		
	9a		
	9b		
	0.		
	9с		
	10-		
	10a		
	10h		
	10b		

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

Sche	dule A (Form 990) 2021 RAILS TO TRAILS CONSER			52-1437006 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2021

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

5

5 Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continue)	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Section	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
	Underdistributions, if any, for years prior to 2021 (reason-			\neg	
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			\neg	
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years			\neg	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_					

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

RAILS TO TRAILS CONSERVANCY

52-1437006

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

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

RAILS TO TRAILS CONSERVANCY

52-1437006

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,976,454.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$880,000.	Person X Payroll
(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
		\$	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

RAILS TO TRAILS CONSERVANCY

52-1437006

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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			
	RESIDENTIAL REAL ESTATE					
		\$1,015,898.	09/30/22			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$	Cabadida D (Farm 000) (0004)			

Schedule B (Form 990) (2021) Name of organization **Employer identification number** RAILS TO TRAILS CONSERVANCY 52-1437006 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	RAILS T	O TRAILS CONSERV	ANCY		52-1437006
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	 			1(0)
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	<u> </u>	
	Enter the amount directly expended	, ,	·	***************************************	
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures				
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
J	made payments. For each organiza				
	contributions received that were pro	•			•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

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Pa	rt II-A		n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under			
		section 501(h)).						
A C	Check Fig. if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
		expenses, and share of exces	s lobbying expenditures).					
B C	heck 🕨	if the filing organization check	ed box A and "limited control" provisions apply.					
		Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lob	obying expenditures to influence publ	ic opinion (grassroots lobbying)	55,895.				
b	Total lob	obying expenditures to influence a leg	gislative body (direct lobbying)	131,873.				
С	Total lob	obying expenditures (add lines 1a and	I 1b)	187,768.				
d				11,932,989.				
е	Total ex	empt purpose expenditures (add lines	s 1c and 1d)	12,120,757.				
f			unt from the following table in both columns.	756,038.				
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not ove	r \$500,000	20% of the amount on line 1e.					
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
	Over \$1	7,000,000	\$1,000,000.					
g	Grassro	ots nontaxable amount (enter 25% of	line 1f)	189,010.				
h	Subtrac	t line 1g from line 1a. If zero or less, e	nter -0-	0.				
i	Subtrac	t line 1f from line 1c. If zero or less, er	nter -0-	0.				
j		s an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	Г	Yes No			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
2a Lobbying nontaxable amount	673,095.	695,240.	700,908.	756,038.	2,825,281.			
b Lobbying ceiling amount (150% of line 2a, column(e))					4,237,922.			
c Total lobbying expenditures	196,870.	309,582.	325,847.	187,768.	1,020,067.			
d Grassroots nontaxable amount	168,274.	173,810.	175,227.	189,010.	706,321.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,059,482.			
f Grassroots lobbying expenditures	98,384.	162,184.	167,187.	55,895.	483,650.			

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	orso	rtion	
Fai	501(c)(6).	11 30 1 (0)(3)	, 01 56	Juon	
	(-)(-)			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				J, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	aı			
_	expenses for which the section 527(f) tax was paid).		20		
	Current year				
	Carryover from last year				
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par				l	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	•	•	

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

RAILS TO TRAILS CONSERVANCY

Employer identification number 52-1437006

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	t funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, relyear	leased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
·	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	S And I lindayinal Transcrupe on Other	ou Ciucilou A o o do
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items: (i) Payanua included on Form 990, Part VIII, line 1		•
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X	asures or other similar assets for financial o	
~	the following amounts required to be reported under FASB A		gaiii, piovide
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) 2021

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

Sche	dule D (Form 990) 2021 RAILS TO	TRAILS CO	NSERVANCY			52-14	37006	Page 2		
Pai	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Oth	er Sin	nilar Assets	S (continue	ed)		
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's ex	empt p	urpose in Part	XIII.			
5										
	to be sold to raise funds rather than to be mai	ntained as part of th	ne organization's col	lection?			Yes	No		
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the organization	n answered "Yes"	on Form	990, Part IV,	line 9, or			
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other assets no	t includ	led				
	on Form 990, Part X?						Yes	No		
b	If "Yes," explain the arrangement in Part XIII a									
		·	· ·				Amount			
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo				bility?		Yes	No		
	If "Yes," explain the arrangement in Part XIII. (
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four ye	ars back		
1a	Beginning of year balance	1,874,832.	1,647,941.	1,616,710		1,637,162.	1,37	75,675.		
b	Contributions		5,000.				16	53,250.		
С	Net investment earnings, gains, and losses	-245,758.	304,010.	102,594	2,594. 47,39		9	98,236.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	89,228.	82,119.	71,363	.	67,847.				
f	Administrative expenses									
	End of year balance	1,539,846.	1,874,832.	1,647,941		1,616,710.	1,63	37,161.		
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•					
а	Board designated or quasi-endowment	46.5300	%							
b	Permanent endowment ► 53.4700	%	_							
	Term endowment ▶ .0000 %	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for	the org	anization				
	by:						Ye	es No		
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)	X		
b	If "Yes" on line 3a(ii), are the related organizati	ions listed as require	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the o									
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accum	ulated	(d) Book v	alue		
_		basis (investm	nent) basis (' '	deprecia					
1a	Land									
	Buildings									
	Leasehold improvements		60	3,832.	586	,926.	16,	906.		
d	Equipment			9,544.		,711.		833.		
е	Other	I		8,513.		,709.		804.		

Schedule D (Form 990) 2021

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

Part VII Investments - Other Securities.	ILS CONSERVA		-1437006 Page
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	<u>. </u>
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			35,503
(3) LEASE INCENTIVE LIABILITY			15,973
(4)			
(T)			

(9)

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

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

Schedule D (Form 990) 2021

(6) (7) (8)

D . W.	<u> </u>		<u> </u>		A 1:: 1 E:	nancial Ctatements W	
ochedule D	(FUIIII 990) ZUZ I	141110	10	TIMITED	COMPTITATIO	

rai	heconciliation of nevertide per Addited Financial Statem	GIIIO MIL	ii nevellue pei ne	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,933,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,484,518.		
b	Donated services and use of facilities	2b	920,168.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	20,057.		
е	Add lines 2a through 2d			2e	-544,293.
3	Subtract line 2e from line 1			3	14,477,340.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,132.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	42,132.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,519,472.		
Pai	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	13,018,850.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	920,168.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	20,057.		
е	Add lines 2a through 2d			2e	940,225.
3	Subtract line 2e from line 1			3	12,078,625.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,132.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	42,132.
5					12,120,757.

∣ Part XIII∣ Supplemental Information.

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

PART V, LINE 4:

THE CONSERVANCY'S ENDOWMENT CONSISTS OF MULTIPLE DONOR-RESTRICTED FUNDS TO GENERATE A PERMANENT SOURCE OF INCOME FOR RTC'S PROGRAMS.

DURING THE YEAR ENDED SEPTEMBER 30, 1997, RTC ESTABLISHED THE LANGDON GATES BURWELL ENDOWMENT FUND ("FUND 1"). THIS FUND WAS ESTABLISHED WITH A GIFT OF STOCK VALUED AT \$334,645 AT THE DATE OF THE GIFT PLUS AN ADDITIONAL \$44,433 IN ACCUMULATED INVESTMENT EARNINGS, WHICH ARE ALSO CONSIDERED PERMANENTLY RESTRICTED. THE DONOR STIPULATED THAT THE PRINCIPAL BE INVESTED IN PERPETUITY; HOWEVER, 30 YEARS FROM THE DATE OF THE GIFT, THE FUND WILL REVERT TO RTC'S GENERAL ENDOWMENT.

Schedule D (Form 990) 2021

AN ADDITIONAL \$31,000 OF PERMANENTLY RESTRICTED CONTRIBUTIONS WERE ADDED

TO FUND 1 IN THE FISCAL YEARS 2011, 2016, AND 2021. IN ACCORDANCE WITH THE

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

GENERAL OPERATIONS.

DURING THE YEAR ENDED SEPTEMBER 30, 1998, RTC ESTABLISHED THE WYSS

ENDOWMENT FUND ("FUND 2"). THIS FUND WAS ESTABLISHED WITH A GIFT OF CASH

OF \$250,000. FOR INVESTMENT EARNINGS ON FUND 2, THE DONOR RECOMMENDED THAT

HALF OF THE ANNUAL EARNINGS FROM THE ENDOWMENT BE USED FOR GENERAL

OPERATING EXPENSES AND THE OTHER HALF BE USED TO INCREASE THE ENDOWMENT,

WITH AN ALLOWANCE FOR THE BOARD OF DIRECTORS TO OVERRIDE THIS PROVISION.

IN PRIOR YEARS, RTC'S BOARD OF DIRECTORS RESOLVED THAT ALL THE INVESTMENT

EARNINGS ON FUND 2 BE CONSIDERED UNRESTRICTED AND AVAILABLE TO SUPPORT

GENERAL OPERATIONS.

DURING THE YEAR ENDED SEPTEMBER 30, 2018, RTC ESTABLISHED THE KEITH

LAUGHLIN LEGACY ENDOWMENT FUND. RTC'S BOARD OF DIRECTORS ESTABLISHED THIS

FUND TO HONOR THE 18 YEARS OF SERVICE OF ITS PRESIDENT KEITH LAUGHLIN. THE

BOARD MADE PERSONAL PLEDGES IN EXCESS OF \$500,000, OF WHICH \$163,250 WAS

PERMANENTLY RESTRICTED. IN ACCORDANCE WITH THE DONOR'S INSTRUCTIONS,

EARNINGS ON FUND 3 ARE AVAILABLE TO SUPPORT RTC'S GENERAL OPERATIONS.

PART X, LINE 2:

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021, THE CONSERVANCY HAS

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

RATIS TO TRATIS CONSERVANCY

Employer identification number 5.2 – 1.4.3.7.0.6

	O INMIED CONDERVAN	<u> </u>			JZ 1437	000		
Part I Fundraising Activities. required to complete this par	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization rais		a activ	itias (Check all that apply				
a X Mail solicitations e X Solicitation of non-government grants								
b X Internet and email solicitations f X Solicitation of government grants								
c X Phone solicitations g Special fundraising events								
d X In-person solicitations								
2 a Did the organization have a written of								
key employees listed in Form 990, P				ū	X Yes			
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be			
compensated at least \$5,000 by the	organization.							
		/:::\	Dist		(v) Amount paid	_		
(i) Name and address of individual	(ii) Activity	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(ii) Activity	have con	trol of	from activity	fundraiser	organization		
MKDM - 612 E JEFFERSON ST,	DIRECT MAIL & EMAIL	Yes	No.		listed in col. (i)			
ND FL, CHARLOTTESVILLE, VA	CONSULTING	163	X	2 201 602	115,800.	3,265,883.		
END FE, CHARDOTTESVILLE, VA	CONDUITING		Λ	3,381,683.	113,000.	3,203,003.		
Total			•	3,381,683.	115,800.	3,265,883.		
List all states in which the organization	on is registered or licensed to solicit (ontribi	ıtions		,			
or licensing.	in is registered of heariest to senior	011111101	4110110	or riae been rietinea	ic to exempt if our reg	giotration		
AL, AK, AZ, AR, CA, CO, CT, I	DE.DC.FL.GA.HI.ID.	[L.I	N.K	S.KY.LA.ME	.MD.MA.MI.	MN.MS.MO		
YN, MN, LN, HN, VN, AN, TM								
/ / / / / / /	,,,,,,,	/ -	- / -	,,	, , _ , , , _ , , , , , , , , , , , , ,	,,		
						_		
						_		
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						_		
						_		

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

Schedule G (Form 990) 2021

52-1437006 Page 2 RAILS TO TRAILS CONSERVANCY Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

b If "Yes," explain:

132082 10-21-21

Sch	nedule G (Form 990) 2021 RAILS TO TRAILS CONSERVANCY 52-	1437006	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└─ No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
		-	
<u>(I</u>) NAME OF FUNDRAISER: MKDM		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
61	2 E JEFFERSON ST, 2ND FL, CHARLOTTESVILLE, VA 22902		
_			

Schedule 6	G (Form 990)	RAILS TO	TRAILS	CONSERVANCY	52-1437006	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continue	ad)			
		COntinue	54)			
-						

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

RAILS TO TRAILS CONSERVANCY

Employer identification number
52-1437006

MAILD IO	TIMETED CO	TADDITATIO					J2 14J	7000
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on	
criteria used to award the grants or assis	tance?						X Yes	☐ No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I					anization answered "\	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$	55,000. Part II can	be duplicated if additi	ional space is neede	ed.		_	1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ant
30TH STREET INDUSTRIAL CORRIDOR								
CORPORATION - PO BOX 16498 -								
MILWAUKEE, WI 53216	39-1707616	501(C)(3)	60,000.	0.			TRAIL DEVELOPMENT	
BLACK WOMEN IN NATURE 3907 E. MOUNT ST. COLUMBUS, OH 43227	87-4053516	N/A	10,000.	0.			TRAIL DEVELOPMENT	
CITY OF SOLON 34200 BAINBRIDGE RD. SOLON, OH 44139	34-6002686	GOVERNMENT	24,556.	0.			TRAIL DEVELOPMENT	
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	20,000.	0.			TRAIL DEVELOPMENT	
DELAWARE RIVER WATERFRONT CORPORATION - 121 N. COLUMBUS BLVD - PHILADELPHIA, PA 19106	23-1734559	501(C)(3)	50,000.	0.			TRAIL DEVELOPMENT	
FRIENDS OF THE NORTHERN RAIL-TRAIL P.O. BOX 154								
ANDOVER, NH 03216	84-1665769	501(C)(3)	25,000.	0.			TRAIL DEVELOPMENT	
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	e line 1 table				>	18.
3 Enter total number of other organizations	s listed in the line	1 table					>	1.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEARIN' UP BICYCLES							
1811 RHODE ISLAND AVE NE							
	45-4857730	501/01/31	7,500.	0.			TRAIL DEVELOPMENT
WASHINGTON, DC 20018	43-4037730	501(0)(3)	7,300.	0.			TRAIL DEVELOPMENT
HACE							
167 W. ALLEGHANY AVE, SUITE 200							
PHILADELPHIA, PA 19140	23-2142317	501/01/31	20,000.	0.			TRAIL DEVELOPMENT
PRILADELPHIA, PA 19140	23-2142317	501(C)(3)	20,000.	٠.			TRAIL DEVELOPMENT
HBCUS OUTSIDE							
200 WEST MAIN STREET							
ELIZABETH CITY, NC 27909	85-2370960	501/01/31	30,000.	0.			TRAIL DEVELOPMENT
ELIZABETH CITT, NC 2/303	03-2370300	501(0)(3)	30,000.	0.			TRAIL DEVELOPMENT
IOWA NATURAL HERITAGE FOUNDATION							
505 5TH AVENUE, #444							
DES MOINES, IA 50309	42-1127544	501/01/31	10,000.	0.			TRAIL DEVELOPMENT
DES MOINES, IA 30303	42-112/344	501(0)(3)	10,000.	0.			TRAIL DEVELOPMENT
MIAMI RIVER FUND, INC.							
1801 SW 13 AVE							
	65-0867648	E01/G)/2)	0 000	0.			TRAIL DEVELOPMENT
MIAMI, FL 33145	05-000/040	501(C)(3)	8,000.	0.			TRAIL DEVELOPMENT
MISSOURI COALITION FOR THE							
ENVIRONMENT FOUNDATION - 725							
KINGSLAND AVE., STE. 100 - ST.	02 5165066	501/61/21	05.000	_			
LOUIS, MO 63130	23-7167066	501(C)(3)	25,000.	0.			TRAIL DEVELOPMENT
NEW KENSINGTON COMMUNITY							
DEVELOPMENT CORP - 2771 RUTH ST.		504 (5) (0)		_			
SUITE 1 - PHILADELPHIA, PA 19134	22-2610536	501(C)(3)	20,000.	0.			TRAIL DEVELOPMENT
NORTHWEST SIDE COMMUNITY							
DEVELOPMENT CORPORATION - 4201 N							
27TH ST, 7TH FL - MILWAUKEE, WI	1						
53216	39-1478014	501(C)(3)	10,000.	0.			TRAIL DEVELOPMENT
REMEMBER US URBAN SCOUTS							
1985 CEDAR WILLOW DRIVE							
COLUMBUS, OH 43229	84-1930874	501(C)(3)	10,000.	0.			TRAIL DEVELOPMENT

2812 CLIFTON AVE BALTIMORE, MD 21216 84-3768675 501(C)(3) 10,500. 0. TRAIL DEVELOPMENT UNIVERSITY OF MIAMI KIDZ NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
526 E CONCORDIA AVE MILWAUKEE, WI 53212 39-1731739 501(C)(3) 10,000. 0. TRAIL DEVELOPMENT URBAN OASIS INC 2812 CLIFTON AVE BALTIMORE, MD 21216 84-3768675 501(C)(3) 10,500. 0. TRAIL DEVELOPMENT UNIVERSITY OF MIAMI KIDZ NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.		(b) EIN		(d) Amount of cash grant	noncash	valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
526 E CONCORDIA AVE MILWAUKEE, WI 53212 39-1731739 501(C)(3) 10,000. 0. TRAIL DEVELOPMENT URBAN OASIS INC 2812 CLIFTON AVE BALTIMORE, MD 21216 84-3768675 501(C)(3) 10,500. 0. TRAIL DEVELOPMENT UNIVERSITY OF MIAMI KIDZ NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.	DIVERNORMS DEVELOPMENT CORD										
MILWAUKEE, WI 53212 39-1731739 501(C)(3) 10,000. 0. TRAIL DEVELOPMENT URBAN OASIS INC 2812 CLIFTON AVE BALTIMORE, MD 21216 84-3768675 501(C)(3) 10,500. 0. TRAIL DEVELOPMENT UNIVERSITY OF MIAMI KIDZ NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.											
URBAN OASIS INC 2812 CLIFTON AVE BALTIMORE, MD 21216		39-1731739	501(C)(3)	10 000	0			TRAIL DEVELOPMENT			
2812 CLIFTON AVE BALTIMORE, MD 21216 84-3768675 501(C)(3) 10,500. 0. TRAIL DEVELOPMENT UNIVERSITY OF MIAMI KIDZ NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.	,			20,000.	•						
BALTIMORE, MD 21216 84-3768675 501(C)(3) 10,500. 0. TRAIL DEVELOPMENT UNIVERSITY OF MIAMI KIDZ NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.	URBAN OASIS INC										
UNIVERSITY OF MIAMI KIDZ NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.	2812 CLIFTON AVE										
NEUROSCIENCE CENTER - 1095 N.W. 14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.	BALTIMORE, MD 21216	84-3768675	501(C)(3)	10,500.	0.			TRAIL DEVELOPMENT			
14TH TERRACE LOIS POPE LIFE CENTER - MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.	UNIVERSITY OF MIAMI KIDZ										
- MIAMI, FL 33136 59-0624458 501(C)(3) 8,000. 0. TRAIL DEVELOPMENT URBAN TILTH 323 BROOKSIDE DR.	NEUROSCIENCE CENTER - 1095 N.W.										
URBAN TILTH 323 BROOKSIDE DR.	14TH TERRACE LOIS POPE LIFE CENTER										
323 BROOKSIDE DR.	- MIAMI, FL 33136	59-0624458	501(C)(3)	8,000.	0.			TRAIL DEVELOPMENT			
323 BROOKSIDE DR.											
RICHMOND, CA 94801 20-4124161 501(C)(3) 9,000. 0. FRAIL DEVELOPMENT		00 4104161	E01/61/21								
	RICHMOND, CA 94801	20-4124161	501(C)(3)	9,000.	0.			TRAIL DEVELOPMENT			

Schedule I (Form 990) 2021 RAILS TO TRAILS	CONSERVA	ANCY			52-1437006	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
RTC PROVIDES GRANTS TO TRAIL AND C	OMMUNITY	ORGANIZATI	ONS FOR TH	E PURPOSE OF		
MAKING PERMANENT IMPROVEMENTS TO T	HEIR TRAI	LS, BOOSTI	ING SAFETY,	OR		
IMPROVING CONNECTION AND INCLUSION	. A FOCU	S THIS YEA	AR WAS ON G	RANTS THAT		
FUNDED PROJECTS TO BUILD LOCAL-LEV	EL CAPACI	TY AND BRI	ING MORE IN	CLUSIVE AND		
EQUITABLE PROGRAMMING TO TRAIL AND	ACTIVE T	RANSPORTAT	TION NETWOR	KS. GRANTEES		
ARE IDENTIFIED BY RTC AND RTC DETE	RMINES AW	ARD RECIPI	ENTS. A FI	NAL REPORT		
IS REQUIRED FROM EACH RECIPIENT OR	GANIZATIC)N.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

RAILS TO TRAILS CONSERVANCY

 $Employer\ identification\ number \\ 52-1437006$

Pa	art I Questions Regarding Compensation									
			Yes	No						
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,									
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel Housing allowance or residence for personal use									
	Travel for companions Payments for business use of personal residence									
	Tax indemnification and gross-up payments Health or social club dues or initiation fees									
	Discretionary spending account Personal services (such as maid, chauffeur, chef)									
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b								
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?									
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's									
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to									
	establish compensation of the CEO/Executive Director, but explain in Part III.									
	X Compensation committee Written employment contract									
	Independent compensation consultant Compensation survey or study									
	X Form 990 of other organizations X Approval by the board or compensation committee									
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
	organization or a related organization:									
а	Receive a severance payment or change-of-control payment?	4a		X						
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u> X</u>						
С		4c		Х						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
	0 1 11 504/ V0) 504/ V4) 1504/ V00) 1 11 11 15 5 0									
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
_	contingent on the revenues of:	En		y						
a	The organization?	5a		X						
D	Any related organization?	5b								
_	If "Yes" on line 5a or 5b, describe in Part III.									
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
_	contingent on the net earnings of:	6-		х						
	The organization?	6a		X						
D	Any related organization?	6b								
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments									
′		7	х							
8	not described on lines 5 and 6? If "Yes," describe in Part III		-22							
3		8		х						
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
3	Regulations section 53.4958-6(c)?	9								
	Regulations section 53.4958-6(c)?	9								

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RYAN CHAO	(i)	303,998.	334.	0.	18,223.	21,285.	343,840.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA DICKERSON	(i)	190,869.	355.	0.	11,452.	23,961.	226,637.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN MILLS	(i)	182,107.	355.	0.	10,927.	22,628.	216,017.	0.
SENIOR VP OF POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRANDI HORTON	(i)	177,077.	355.	0.	10,625.	22,628.	210,685.	0.
VP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALISA BORLAND	(i)	175,674.	355.	0.	10,540.	22,628.	209,197.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH THORSTENSEN	(i)	181,300.	355.	0.	10,878.	9,286.	201,819.	0.
VP OF TRAIL DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FREDERICK SCHAEDTLER	(i)	146,623.	355.	0.	8,797.	21,010.	176,785.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information	
Provide the information, explanation, or de	escriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:	
THE FOLLOWING INDIVID	UALS RECEIVED BONUS PAYMENTS DURING THE YEAR:
RYAN CHAO	\$334
CYNTHIA DICKERSON	\$355
KEVIN MILLS	\$355
BRANDI HORTON	\$355
ALISA BORLAND	\$355
ELIZABETH THORSTENSEN	\$355
FREDERICK SCHAEDTLER	\$355

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization		го	TRAILS C	ONS	ERV	ANCY				1	-	identi 370		on nu	mber
Part I Excess E	Benefit Trans						, and sec	ction	501(c)(29) orga						
Complete it	the organization					1	a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disquali	fied person	(b) F	Relationship bety person and or			lified	(c	:) De	escription of tran	sactio	n				cted?
			person and or	ryariiza	alion		•						Y	es	No
													+	_	
2 Enter the amount o	f tax incurred by	the o	rganization man	agers	or disc	qualified pers	ons duri	ng t	he year under						
3 Enter the amount o	f tax, if any, on li	ne 2,	above, reimburs	ed by	the or	ganization					> \$				
Part II Loans to	and/or Fron	ı İnt	arastad Pars	eone											
	the organization					Dart V. lina	282 or E	orm	QQQ Part IV line	o 26: /	or if th	o orga	oizotio	n	
•	amount on Forr					, rait v, iiile	Joa UI I	OIIII	990, Fait IV, IIII	e 20, t	יוו ווי	e organ	lizatio	""	
(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	oan to or	(e) Orig	inal	(f) Balance due	(g) In	(h) App	oroved	(i) V	Vritten
interested person	with organi		of loan		m the ization?	principal a		•			ault?	by boo	ittee?	agree	ement?
				То	From					Yes	No	Yes	No	Yes	No
				-											
Total	A: - +						▶ \$								
	r Assistance		_												
(a) Name of intere	the organization						ount of		(d) Type	of		(0)) Purp	000.0	f
(a) Name of interes	stea person		(b) Relationship interested pers			. ,	tance		assistan				assista		1
			the organiza	ation											
		_													
		_													
		-													
		+									_				

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

Schedule L (Form 990) 2021

(a) Name of interested person		o, or 28c.		1-10	
	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation's
TAGOD I AUGUS TA		F4 077	CAT ADV	Yes	No
JACOB LAUGHLIN	EMPLOYEE RELATED TO	54,077.	SALARY		Х
Part V Supplemental Information.					
Provide additional information for resp	ponses to questions on Schedule L (see in	structions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	TNTERESTE	D PERSONS.		
ben i, taki iv, bobinebb .	INAUDACTIONS INVOLVING	TINIEREDII	ID TERBOND.		
(A) NAME OF PERSON: JACOB	LAUGHLIN				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
EMPLOYEE RELATED TO FORMER	R PRESIDENT				
EMI HOTEE REDATED TO FORMER	X IKEDIDENI				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

RAILS TO TRAILS CONSERVANCY

Employer identification number 52-1437006

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		+ 0
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii contribut	.ioii aiiiouiii	19
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	22	89,089.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other			1 01 5 000			
15	Real estate - Residential	X	2	1,015,898.	FMV		
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26 27	Other () Other ()						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tay year for co	ontributions			
23	for which the organization completed Form 828	-	•				
	To which the organization completed from eze	,,, a,, ,, ,,	once hornowicag	<u>20</u>		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 throug	h 28. that it	100	110
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•		1	30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	Х
	Does the organization hire or use third parties of						
	contributions?			· ·		32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

132142 11-17-21 Schedule M (Form 990) 2021

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.

2021
Open to Public Inspection

Name of the organization

RAILS TO TRAILS CONSERVANCY

Employer identification number 52-1437006

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE CURRENT SCOPE OF TRAILNATION IS FOCUSED ON EIGHT PLACES ACROSS THE COUNTRY THAT ARE DIVERSE IN THEIR GEOGRAPHY, CULTURE, SIZE AND SCOPE -THE SAN FRANCISCO BAY AREA, THE INDUSTRIAL SOUTHEAST WISCONSIN, WEST VIRGINIA, OHIO AND NEW YORK HEARTLAND (WESTERN PENNSYLVANIA, WASHINGTON, D.C., PHILADELPHIA, BALTIMORE MIAMI AND SOUTH THE LESSONS FROM TRAILNATION ARE SHARED AMONG RTC'S LEARNING COMMUNITY OF TRAIL MANAGERS AND STAKEHOLDERS NATIONWIDE. RTC'S OTHER FLAGSHIP TRAIL DEVELOPMENT INITIATIVE IS THE GREAT AMERICAN

RAIL-TRAIL, WHICH SPANS 3,700 MILES BETWEEN WASHINGTON, D.C., AND

WASHINGTON STATE. RTC PROVIDES THE NATIONAL LEADERSHIP AND

ON-THE-GROUND SUPPORT - THE WORK TO ORGANIZE PEOPLE, PLANS AND IDEAS;

TRAIL PLANNING AND COMMUNITY ENGAGEMENT; THE ADVOCACY AND MARKETING

THAT IS NECESSARY TO COMPLETING THE GREAT AMERICAN RAIL-TRAIL.

IN ADDITION, RTC CONTINUES TO SUPPORT TRAIL BUILDERS NATIONWIDE IN

VARIOUS WAYS, INCLUDING MANAGING AN EARLY WARNING SYSTEM TO NOTIFY

STAKEHOLDER OF UPCOMING RAILWAY ABANDONMENTS; CREATING STATEWIDE TRAIL

INVENTORIES AND DEVELOPMENT PLANS; PROVIDING TECHNICAL ASSISTANCE AND

GRANTS FOR LOCAL TRAIL DEVELOPMENT AND MANAGEMENT PROJECTS; AND

PROVIDING BEST PRACTICES TRAINING AND EDUCATION.

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

MEDIA, RAILSTOTRAILS.ORG, NEWS MEDIA AND PUBLICATIONS. RTC ALSO

SPEARHEADS TRAIL USE CAMPAIGNS DESIGNED TO ENGAGE AND INSPIRE THE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization RAILS TO TRAILS CONSERVANCY Employer identification number 52-1437006

PUBLIC TO USE TRAILS, INCLUDING CELEBRATE TRAILS DAY, THAT ENGAGED OVER

200 PARTNERS WITH EVENTS IN ALL 50 STATES; TRAIL MOMENTS, WITH STORIES

OF HOW TRAILS MAKE A DIFFERENCE IN PEOPLE'S DAILY LIVES; AND SHARE THE

TRAIL, WHICH PROMOTES TRAIL ETIQUETTE AND SAFETY.

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

INVESTMENT PROGRAM, WHICH ESTABLISHES COMPETITIVE GRANTS THAT WILL

STRATEGICALLY INVEST IN PROJECTS THAT CONNECT TRAILS AND ACTIVE

TRANSPORTATION INFRASTRUCTURE.

AS THE COUNTRY'S ONLY NATIONAL ORGANIZATION SOLELY COMMITTED TO

DEFENDING THE PRESERVATION OF FORMER RAILROAD CORRIDORS FOR CONTINUED

PUBLIC USE, RTC HAS HELPED SHAPE THE LEGAL FRAMEWORK AROUND RAIL-TRAILS

AND CONTINUES TO DEFEND THE FEDERAL RAILBANKING STATUTE IN CONGRESS AND

THE COURTS AS AN ESSENTIAL TOOL TO PRESERVE UNUSED RAIL CORRIDORS. RTC

ALSO MONITORS LITIGATION ON CASES INVOLVING ENFORCEMENT OF FEDERAL LAWS

RELATED TO RAILBANKING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBER PROGRAMS: IN ADDITION TO THE PROGRAMS PROVIDED THROUGH PUBLIC

INFORMATION AND EDUCATION, RTC ALSO DIGITIZES MEMBER AND CONSTITUENT

INFORMATION IN ALIGNMENT WITH THE ORGANIZATIONS COMPREHENSIVE GIS

DATABASE OF MORE THAN 41,000 MILES OF TRAILS, CREATING A CENTRALIZED

RESOURCE THAT ASSISTS THE ORGANIZATION IN IDENTIFYING OPPORTUNITIES FOR

LINKING TRAIL SYSTEMS, AND MOBILIZING GRASSROOTS SUPPORT OF TRAIL

PROJECTS. OTHER ACTIVITIES INCLUDE DELIVERY OF MEMBER BENEFIT AND

SERVICE PROGRAMS.

EXPENSES \$ 541,121. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990) 2021 Page **2**

Name of the organization RAILS TO TRAILS CONSERVANCY

Employer identification number 52-1437006

RESEARCH - RTC'S RESEARCH PROGRAM FOCUSES ON CREATING INNOVATIVE TOOLS

THAT EMPOWER COMMUNITIES TO ADVANCE TRAIL SYSTEMS IN THEIR CITIES,

TOWNS AND REGIONS, WHILE ALSO MONITORING THE BENEFITS TRAILS BRING TO

COMMUNITIES, THE IMPACT TRAILS HAVE ON PEOPLE AND PLACES, AND THE

IMPLEMENTATION OF STATE AND FEDERAL PROGRAMS THAT PROVIDE THE FUNDING

AND RESOURCES TO BUILD AND MAINTAIN TRAILS.

EXPENSES \$ 218,733. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FINANCE COMMITTEE OF RTC REVIEWS THE DRAFT OF THE 990 BEFORE

PRESENTATION TO THE FULL BOARD. EACH MEMBER OF THE BOARD OF DIRECTORS

RECEIVES A COPY OF THE 990 PRIOR TO THE SUBMISSION OF THE FORM TO THE IRS.

FOR THE YEAR ENDED SEPTEMBER 30, 2022, THE AUDITORS PRESENTED THE DRAFT 990

AT A BOARD OF DIRECTORS MEETING IN FEBRUARY. RTC WILL NOT FILE THE FINAL

990 UNTIL THE BOARD FORMALLY APPROVES SUCH FILING AT A SUBSEQUENT MEETING.

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

REQUIRED TO COMPLETE ANNUALLY. TO IMPLEMENT THIS POLICY, BOARD MEMBERS

SUBMIT ANNUAL REPORTS ON THE CONLFICT OF INTEREST FORMS AT THE FEBRUARY

BOARD MEETING AND, IF NOT PREVIOUSLY DISCLOSED, WILL MAKE DISCLOSURE BEFORE

ANY RELEVANT BOARD OR COMMITTEE ACTION. THESE REPORTS WILL BE REVIEWED BY

THE BOARD OR AN APPOINTED COMMITTEE OF THE BOARD, WHICH WILL ATTEMPT TO

RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT(S) AND, IN THE ABSENCE OF

RESOLUTION, REFER THE MATTER TO THE BOARD OF DIRECTORS. RTC FOLLOWS A

SIMILAR PROCEDURE FOR ITS EMPLOYEES. EACH EMPLOYEE IS REQUIRED TO READ,

ACKNOWLEDGE RECEIPT, AND DISCLOSE ON AN ANNUAL BASIS. NEW EMPLOYEES ARE

Schedule O (Form 990) 2021 Page 2

Name of the organization RAILS TO TRAILS CONSERVANCY

Employer identification number 52-1437006

REQUIRED TO ACKNOWLEDGE AND DISCLOSE AS PART OF THEIR ONBOARDING PROCESS.

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

COMPENSATION FOR THE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF RTC'S

BOARD OF DIRECTORS BASED ON AN ANNUAL PERFORMANCE REVIEW, COMPARISON TO

OTHER ENVIRONMENTAL NONPROFIT CEO COMPENSATION AS REPORTED IN THEIR 990'S,

AND IN THE CONTEXT OF RTC'S OVERALL OPERATING BUDGET. DOCUMENTATION OF

THESE PROCEDURES AND RESULTING CHANGES IN COMPENSATION ARE PREPARED BY THE

BOARD CHAIR AND FORWARDED TO HUMAN RESOURCES FOR INCLUSION IN THE

PRESIDENT'S PERSONNEL FILE. THE LAST COMPENSATION REVIEW TOOK PLACE IN

JANUARY 2022.

COMPENSATION FOR KEY EMPLOYEES IS SET BY THE PRESIDENT. NEW HIRES'

COMPENSATION IS DETERMINED BY BENCHMARKING SIMILAR POSITIONS IN OTHER

ENVIRONMENTAL NONPROFIT ORGANIZATIONS OF SIMILAR SCOPE AND SIZE. DEPENDING

ON THE RECRUITING TECHNIQUE, THIS ANALYSIS MAY BE PREPARED BY A PERSONNEL

RECRUITING AGENCY OR COLLECTED BY RTC'S HUMAN RESOURCES DEPARTMENT.

COMPENSATION IS ADJUSTED ANNUALLY BASED ON AN ANNUAL PERFORMANCE REVIEW

CONDUCTED BY THE PRESIDENT AND IN CONTEXT WITH THE SALARY POOL AVAILABLE IN

RTC'S OVERALL OPERATING BUDGET FOR THE UPCOMING FISCAL YEAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

VA, WV, WI, MO

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

RTC'S GOVERNING DOCUMENTS, INCLUDING THE ANNUAL REPORT, FORM 990, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND FORM 1023, ARE

Schedule O (Form 990) 2021	Page 2
Name of the organization RAILS TO TRAILS CONSERVANCY	Employer identification number 52-1437006
AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES WILL BE PROVI	DED IMMEDIATELY
IN THE CASE OF IN-PERSON REQUESTS. REQUESTS RECEIVED IN WR	RITING, BY PHONE,
FAX OR EMAIL WILL BE HONORED BY DIRECTING REQUESTORS TO RT	C'S WEBSITE.
THREE YEARS OF 990S, AUDITED FINANCIAL STATEMENTS, AND ANN	UAL REPORTS CAN
BE FOUND ON RTC'S WEBSITE IN ADOBE FORMAT. RTC RESERVES TH	IE RIGHT TO CHARGE
A REASONABLE COPYING FEE PLUS ACTUAL POSTAGE FOR MULTIPLE	COPIES REQUESTED
FROM THE SAME INDIVIDUAL OR RELATED GROUP OF INDIVIDUALS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CAGING FEES:	
PROGRAM SERVICE EXPENSES	47,545.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,545.
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	725,165.
MANAGEMENT AND GENERAL EXPENSES	87,912.
FUNDRAISING EXPENSES	19,856.
TOTAL EXPENSES	832,933.
LIST MANAGEMENT SERVICES:	
PROGRAM SERVICE EXPENSES	79,056.
MANAGEMENT AND GENERAL EXPENSES	13,403.
FUNDRAISING EXPENSES	132,877.
TOTAL EXPENSES	225,336.
DATA MANAGMENT:	

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization RAILS TO TRAILS CONSERVANCY	Employer identification number 52-1437006
PROGRAM SERVICE EXPENSES	192,963.
MANAGEMENT AND GENERAL EXPENSES	23,393.
FUNDRAISING EXPENSES	5,283.
TOTAL EXPENSES	221,639.
RESEARCH:	
PROGRAM SERVICE EXPENSES	65,166.
MANAGEMENT AND GENERAL EXPENSES	7,900.
FUNDRAISING EXPENSES	1,784.
TOTAL EXPENSES	74,850.
ECONOMICS:	
PROGRAM SERVICE EXPENSES	54,414.
MANAGEMENT AND GENERAL EXPENSES	6,597.
FUNDRAISING EXPENSES	1,490.
TOTAL EXPENSES	62,501.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	56,155.
MANAGEMENT AND GENERAL EXPENSES	6,808.
FUNDRAISING EXPENSES	1,538.
TOTAL EXPENSES	64,501.
DESIGN:	
PROGRAM SERVICE EXPENSES	91,415.
MANAGEMENT AND GENERAL EXPENSES	11,082.
FUNDRAISING EXPENSES	2,503.
TOTAL EXPENSES 132212 11-11-21	105,000. Schedule O (Form 990) 2021

	O (Form 990												Page
Name of the organization RAILS TO TRAILS CONSERVANCY											Employer identification number 52-1437006		
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	<u>.</u>	1,634,305.