Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u>A</u> F	or the	2022 calenda	ar year, or tax year beginning	01/01/2022	and e	ending	12	/31/2022			
B Check if applicable:			C Name of organization				D Empl	oyer ide	entification number		
Address change				URCE CONSERVATION & DEVELOPMENT FOUNDAT							
	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite					E Telephone number			
=	Initial retur	rn n/terminated	PO Box 1156					27	0-832-2557		
=	Amended		City or town, state or province, country, an	d ZIP or foreign postal code			F Grou	ıp Exer	mption		
=		n pending	Benton, KY 42025			Number					
G A	Account	ting Method:	✓ Cash	cify):		Н	Check [if the	organization is not		
I V	Vebsite	:					required	l to atta	ach Schedule B		
J T	J Tax-exempt status (check only one) — ✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Form 99)										
K	orm of	organization:	: 🗹 Corporation 🗌 Trust	Association	Other:	•					
			7b to line 9 to determine gross receipts								
(Pa	rt II, colu	umn (B)) are \$	\$500,000 or more, file Form 990 instead	d of Form 990-EZ				. \$	93,636		
Р	art I	Revenu	e, Expenses, and Changes in	Net Assets or Fund	d Balance	s (see the	instruc	ctions	for Part I)		
		Check if	the organization used Schedule	O to respond to any	question in	this Part I			🗆		
	1	Contributio	ons, gifts, grants, and similar amou	nts received				1	91,876		
	2	Program se	ervice revenue including governme	nt fees and contracts				2	0		
	3	Membersh	ip dues and assessments					3	1,625		
	4	Investment	t income					4	135		
	5a	Gross amo	ount from sale of assets other than	inventory	. 5a		0				
	b	Less: cost	or other basis and sales expenses		. 5b		0				
	С	Gain or (los	ss) from sale of assets other than in	nventory (subtract line	5b from line	e 5a)		5с	0		
	6	Gaming an									
	а	Gross inc									
ne		\$15,000) .			6a		0				
Revenue	b	Gross inco	ome from fundraising events (not in-	cluding \$	0 of	contributio	ns				
Re			raising events reported on line 1) (
_		sum of suc	ch gross income and contributions	exceeds \$15,000) .	6b		0				
	С	Less: direc	ct expenses from gaming and fundr	raising events	. 6c		0				
	d	Net incom	e or (loss) from gaming and fundi	raising events (add lin	es 6a and	6b and su	btract				
		line 6c) .						6d	0		
	7a	Gross sale	s of inventory, less returns and allo	wances	. 7a		0				
	b	Less: cost	of goods sold		. 7b		0				
	С	Gross prof	fit or (loss) from sales of inventory (subtract line 7b from li	ne 7a) .			7c	0		
	8	Other rever	nue (describe in Schedule O)					8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d					9	93,636		
	10	Grants and	d similar amounts paid (list in Sche	dule 0)				10	0		
	11	Benefits pa	aid to or for members					11	0		
es	12	Salaries, of	ther compensation, and employee	benefits				12	35,960		
ů.	13	Profession	al fees and other payments to inde	other payments to independent contractors				13	11,013		
Expenses	14	Occupancy	upancy, rent, utilities, and maintenance					14	180		
ш	15	Printing, publications, postage, and shipping						15	480		
	16	Other expe	enses (describe in Schedule O)					16	0		
	17	Total expe	enses. Add lines 10 through 16 .					17	47,633		
S	18		(deficit) for the year (subtract line 1					18	46,003		
Net Assets	19		s or fund balances at beginning of								
As		end-of-yea	ar figure reported on prior year's re	turn)				19	41,735		
et	20	Other char	nges in net assets or fund balances	(explain in Schedule	O)			20	0		
Z	21		or fund balances at end of year. C		. ==			21	87,738		
_											

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Pai	till Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			41,735	22	87,738
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			41,735	25	87,738
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			41,735	27	87,738
Par	,	` '				,
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 1	,		uired for section
	ribe the organization's program service accomplis			rogram convices		c)(3) and 501(c)(4) unizations; optional for
as m	easured by expenses. In a clear and concise m	anner, describe the			othe	
•	ons benefited, and other relevant information for ea	<u> </u>				
28	Four Rivers Basin Team, Coordinates and integrates					
	maintain and restore the ecological composition, str	ucture and function of	of the watersheds in t	he Four Rivers		
	Region of Kentucky					
	(Grants \$ 80,036) If this amount				28a	16,472
29	Four River Watershed Watch Program coordinates a					
	to protect, maintain and restore the ecological comp	osition, structure and	function of the water	rsheds in the		
	four rivers region of Kentucky					
	(Grants \$ 1,936) If this amount	includes foreign gra	nts, check here .	🗆	29a	2,836
30	The Clarks River Interpretive Nature Trail has been e	stablished by JPF to	allow the community	the		
	opportunity to canoe, kayak and fish along this beau	tiful stream system.	This trail provides the	e public the		
	(Continued on Schedule O, Statement 2)					
	(Grants \$ 10,775) If this amount				30a	2,183
31	Other program services (describe in Schedule O)			<u> </u>		
	(Grants \$ 0) If this amount	includes foreign gra	nts. check here .		31a	0
			-,	<u> </u>		
32	Total program service expenses (add lines 28a t	hrough 31a)			32	21,491
32 Pari	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	one even if not comp	ensated—see the in		
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not comp	ensated—see the in	nstruc	ctions for Part IV)
	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/	pensated—see the interpretation of the pensated of the pensate	nstruc 	ctions for Part IV)
	Total program service expenses (add lines 28a to the control of th	hrough 31a) Employees (list each O to respond to ar (b) Average	one even if not comp ny question in this I (c) Reportable compensation	pensated—see the in Part IV	nstruc 	etions for Part IV) Estimated amount of
Part	Total program service expenses (add lines 28a to the control of th	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the interpretation of the pensated of the pensate	nstruc 	etions for Part IV) Estimated amount of
Part	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated of the pensate	ee (e)	Estimated amount of other compensation
Kevii Pres	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated of the pensate	ee (e)	Estimated amount of other compensation
Kevii Pres Mark	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated of the pensate	ee (e)	Estimated amount of ther compensation
Kevii Pres Mark Vice-	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated of the pensate	ee (e)	Estimated amount of ther compensation
Kevii Pres Mark Vice- Paul	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated of the pensate	(e) (o) 0	Estimated amount of ther compensation
Kevii Pres Mark Vice- Paul Secr	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated of the pensate	(e) (o) 0	Estimated amount of ther compensation
Kevin Pres Mark Vice- Paul Secre	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00	one even if not compay question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the pensated of the pensate	nstruc 	Estimated amount of other compensation 0
Kevii Pres Mark Vice- Paul Secri Forre	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00	one even if not compay question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the pensated of the pensate	nstruc 	Estimated amount of other compensation 0
Kevin Pres Mark Vice- Paul Secri Mem Ray	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the pensated of the pensate	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0
Kevin Press Mark Vice- Paul Secri Forra Mem Ray	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the pensated of the pensate	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0
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Kevin Pres Mark Vice- Paul Secre Forre Mem Ray Mem Briar Mem Mark	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pensated of the pensate	(e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0
Kevin Pres Mark Vice- Paul Secre Forre Mem Ray Mem Briar Mem Mark	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pensated of the pensate	(e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0
Kevin Pres Mark Vice- Paul Secre Forre Mem Ray Mem Briar Mem Mark	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pensated of the pensate	(e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0
Kevin Pres Mark Vice- Paul Secre Forre Mem Ray Mem Briar Mem Mark	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pensated of the pensate	(e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0
Kevin Pres Mark Vice- Paul Secre Forre Mem Ray Mem Briar Mem Mark	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pensated of the pensate	(e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0
Kevin Pres Mark Vice- Paul Secre Forre Mem Ray Mem Briar Mem Mark	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pensated of the pensate	(e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0
Kevin Pres Mark Vice- Paul Secre Forre Mem Ray Mem Briar Mem Mark	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 2.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pensated of the pensate	(e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation 0 0 0

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		'
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: KY			_
42a	The organization's books are in care of: Rhonda Lamb Telephone no.	270-83	2-2557	7
	Located at: PO Boy 1156 Benton KV 42025 7IP + 4	420)25	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
	The same and an area of the confirmation of the confirmation and the con		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		.,

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

-orm 99	U-EZ (20	J22)								P	age 🖣
										Yes	No
46		ne organization engage, directly or in									
Dout		ndidates for public office? If "Yes," c		, Part I		<u>· · · </u>		•	46		<u> </u>
Part '		Section 501(c)(3) Organizations All section 501(c)(3) organizations		etione 47_49h ar	nd 52 and	d com	nlete th	a tahl	as fo	or line	26
		50 and 51.	s must answer que	3110115 41 –430 ai	iu 52, and	ı COIII	ibiere iii	5 labi	65 10	אווו וכ	53
		Check if the organization used Sch	nedule O to respond	to any question i	n thic Dar	÷ \/I					
		Check if the organization used Sci	ledule O to respond	to arry question i	II IIIS Fai	. V I		• •	• •	Yes	No
47	Did tl	ne organization engage in lobbying	activities or have a	section 501(h) elec	ction in eff	ect di	ırina the	tax 🏻		163	140
		If "Yes," complete Schedule C, Part					_		47		/
48	•	organization a school as described in							48		~
49a		ne organization make any transfers to		•					49a		~
b		s," was the related organization a se	=	_					49b		
50		plete this table for the organization's								s, and	d key
		oyees) who each received more than									,
			(b) Average	(c) Reportable	(d) ⊦	lealth be	enefits,				
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS			employee nd deferred			d amou pensati	
			devoted to position	1099-NEC)		mpensa		Othe	er COIII	pensan	IOII
None											
f		number of other employees paid over				_					
51	Comp	olete this table for the organization's	s five highest compe	ensated independe	ent contrac	ctors v	who each	ı rece	ived	more	than
	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."							
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Compe	ensatio	n	
						-					
None											
						+					
				_							
						-+					
						+					
				1							
						+					
				1							
d	Total	number of other independent contra	ctors each receiving	over \$100,000							
52		the organization complete Schedu	=		nanization	s mu	st attack	—— ъа			
-		1 - 41 O -11- 1 - A			_				Yes		No.
Jnder p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ving schedules and stat	ements, and	to the b	est of mv kr	nowledo	e and	belief.	it is
		d complete. Declaration of preparer (other than							,o aa	20,	
Sign		Signature of officer				Date					
Here		Kevin Murphy, President									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if P	TIN		
Paid Prepa	arer						self-emplo				
Use (Firm's name	•			Firm's EIN					
	Jiny	Firm's address				Phone					
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions				. П	Yes		lo ol

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **JACKSON PURCHASE RESOURCE CONSERVATION & DEVELOPMENT FOUNDAT** 61-1272962 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 268,441 120,418 59,234 47,419 91,876 587,388 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 268,441 120,418 47,419 91,876 59,234 587,388 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) **Public support.** Subtract line 5 from line 4 587,388 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 268,441 120,418 59,234 47,419 91,876 587,388 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 305 348 280 167 135 1,235 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.) **Total support.** Add lines 7 through 10 11 588,623 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 99.79 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

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Schedule A (Form 990) 2022 Page **3**

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	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	() 0040	(1.) 0040	() 0000	/ I) 0004	() 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		o first	thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	p F01/c\/0\
14	organization, check this box and stop he	-			-	ar as a secuo 	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		-			16	%
	on D. Computation of Investment In				<u> </u>	1 1	
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere . The organ	ization qualifies	s as a publicly s	upported organ	ization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19b	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>			
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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 c 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 Section 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 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 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C				
Part								
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ							
Sect	Section A—Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1		(optional)				
_ <u>.</u>	Recoveries of prior-year distributions	2						
_ _ _	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
.	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C-Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	ting organization				

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

JACKSON PURCHASE RESOURCE CONSERVATION & DEVELOPMENT FOUNDAT

Form: **Form 990-EZ (2022)** EIN: **61-1272962**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Sustainable Development in Harmony with our Environment. We are dedicated to the wise use of our natural and human resources, joining with others to strengthen our community through measurable and sustainable means for the benefit of all.

JACKSON PURCHASE RESOURCE CONSERVATION & DEVELOPMENT FOUNDAT

Form: Form 990-EZ (2022) EIN: 61-1272962

Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

Description

unique opportunity to view this stream in its natural state with the unique flora and fauna that call this stream home, including swamp rabbits, alligator gar, alligator snapping turtles and the western mud snake. The Clarks River is unique in that it is one of the last unchannelized rivers in Western Kentucky, and the only tributary of the Tennessee River outside the Tennessee Lock and Dam system.