*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2024, or tax year beginning 07/01/2024 and ending 06/30/2025 Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

internal Rev	enue Service Go to ww	w.irs.gov/Form84531E for the latest informa	luon.							
Name of file			EIN or SSN							
CONSER'	VATION CONFLUENCE Type of Return and Return Info	rmation		99-46	604483					
Check the and Form 6a, 7a, 8a 6b, 7b, 8k	e box for the type of return being filed wi 5330 filers may enter dollars and cents. F a, 9a, or 10a below, and the amount on the	th Form 8453-TE and enter the applicable after all other forms, enter whole dollars only. at line of the return being filed with this formink (do not enter -0-). If you entered -0- on the first support of the return being filed with this formink (do not enter -0-).	If you check the n was blank, the	e box on line 1 a en leave line 1b	a, 2a, 3a, 4a, 5a, b, 2b, 3b, 4b, 5b,					
1a Fo	Form 990 check here									
2a Fo	orm 990-EZ check here . 🗹 b Tota		2 b	102,859						
			rm 1120-POL, line 22)							
		based on investment income (Form 990-F		· — —						
		ance due (Form 8868, line 3c)								
		al tax (Form 990-T, Part III, line 4)								
		of assets at end of tax year (Form 5227, I								
		due (Form 5330, Part II, line 19)								
		ount of credit payment requested (Form 803								
Part II	Declaration of Officer or Perso		,	, , , , ,						
11a L	authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.									
b Under per (name of e	executed the electronic disclosure cons 990-PF (as specifically identified in Part nalties of perjury, I declare that	a state agency(ies) regulating charities as posent contained within this return allowing displayed to the selected state agency(ies). an officer of the above named entity or	sclosure by the	e IRS of this Fo	orm 990/990-EZ/					
knowledg of the elector to the IRS delay in p	e and belief, they are true, correct, and co ctronic return. I consent to allow my intern		Part I above is tronic return origition of the trans	the amount sh ginator (ERO) to smission, (b) th	own on the copy o send the return e reason for any					
~ .	Signature of officer or person subject to tax	September 11, 2025 Rita F Date Title, i	enwick, Chief C f applicable	Operating Officer						
Part III	• • • • • • • • • • • • • • • • • • • •	rn Originator (ERO) and Paid Prepai		uctions)						
I declare to the control of the cont	that I have reviewed the above return and a collector, I am not responsible for revier officer or person subject to tax will have with the IRS to the officer or person subject no for Authorized IRS e-file Providers for I mined the above return and accompanying	that the entries on Form 8453-TE are complewing the return and only declare that this fisigned this form before I submit the return. Ict to tax, and have followed all other requir. Business Returns. If I am also the Paid Prepay schedules and statements, and, to the bon is based on all information of which I have	ete and correct orm accurately will give a cop- ements in Pub. parer, under per est of my know	to the best of reflects the day of all forms an 4163, Modern halties of perjur/ledge and beli	nta on the return. and information to ized e-File (MeF) by I declare that I					
Use	ERO's signature	Date Check if also paid preparer	Check if self- employed	ERO's SSN or PT	IN					
	Firm's name (or yours if self-employed),	EIN								
Office	address, and ZIP code	Phone no.								
	edge and belief, they are true, correct, ar	umined the above return and accompanying and complete. Declaration of preparer is base		•	•					
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN					
Use On	l Firm's name	Firm's name								
OSE OU	Firm's address	Phone no.								