

**DOCKETED**

|                         |                                                                                                  |
|-------------------------|--------------------------------------------------------------------------------------------------|
| <b>Docket Number:</b>   | 09-AFC-05C                                                                                       |
| <b>Project Title:</b>   | Abengoa Mojave Compliance                                                                        |
| <b>TN #:</b>            | 268957                                                                                           |
| <b>Document Title:</b>  | Segment 005 of COMPLIANCE7-09-00 Mojave Solar Project 2025 Annual Compliance Report (09-AFC-05C) |
| <b>Description:</b>     | N/A                                                                                              |
| <b>Filer:</b>           | Mahnaz Ghamati                                                                                   |
| <b>Organization:</b>    | Abengoa Solar                                                                                    |
| <b>Submitter Role:</b>  | Applicant                                                                                        |
| <b>Submission Date:</b> | 3/5/2026 2:01:55 PM                                                                              |
| <b>Docketed Date:</b>   | 3/5/2026                                                                                         |

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

|                                                                                                                                                                                                                                                                                                            |                                                                                                          |            |                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>TRANSITION HABITAT CONSERVANCY</b>                                   |            | <b>D</b> Employer identification number<br><b>74-3146328</b>                                                                                    |
|                                                                                                                                                                                                                                                                                                            | Doing business as                                                                                        |            | <b>E</b> Telephone number<br><b>(760) 868-1400</b>                                                                                              |
|                                                                                                                                                                                                                                                                                                            | Number and street (or P.O. box if mail is not delivered to street address)                               | Room/suite | <b>G</b> Gross receipts \$ <b>3,703,272.</b>                                                                                                    |
|                                                                                                                                                                                                                                                                                                            | City or town, state or province, country, and ZIP or foreign postal code<br><b>PINON HILLS, CA 92372</b> |            | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  |
|                                                                                                                                                                                                                                                                                                            | <b>F</b> Name and address of principal officer: <b>JILL BAYS</b><br><b>SAME AS C ABOVE</b>               |            | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'No,' attach a list. See instructions |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **TRANSITIONHABITAT.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2005** **M** State of legal domicile: **CA**

| <b>Part I Summary</b>                                                               |                                                                                                                                                                                                         | Prior Year                                             | Current Year                             |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------|
| <b>Activities &amp; Governance</b>                                                  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>WILDLIFE CORRIDOR ECOSYSTEMS &amp; THEIR SCENIC, AGRICULTURAL &amp; CULTURAL RESOURCE VALUES IN WEST MOJAVE</b> |                                                        |                                          |
|                                                                                     | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                        |                                                        |                                          |
|                                                                                     | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                              | <b>3</b>                                               | <b>10</b>                                |
|                                                                                     | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                  | <b>4</b>                                               | <b>8</b>                                 |
|                                                                                     | <b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)                                                                                                                   | <b>5</b>                                               | <b>8</b>                                 |
|                                                                                     | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                             | <b>6</b>                                               | <b>160</b>                               |
|                                                                                     | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                         | <b>7a</b>                                              | <b>0.</b>                                |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>                                                                                                                                                                                               | <b>0.</b>                                              |                                          |
| <b>Revenue</b>                                                                      | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                                  | <b>9,562,810.</b>                                      | <b>3,198,078.</b>                        |
|                                                                                     | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                                   | <b>254,381.</b>                                        | <b>242,874.</b>                          |
|                                                                                     | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                 | <b>193,378.</b>                                        | <b>233,603.</b>                          |
|                                                                                     | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                      | <b>440,836.</b>                                        | <b>19,902.</b>                           |
|                                                                                     | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                            | <b>10,451,405.</b>                                     | <b>3,694,457.</b>                        |
| <b>Expenses</b>                                                                     | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                              | <b>0.</b>                                              | <b>0.</b>                                |
|                                                                                     | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                 | <b>0.</b>                                              | <b>0.</b>                                |
|                                                                                     | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                             | <b>390,188.</b>                                        | <b>526,866.</b>                          |
|                                                                                     | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                | <b>0.</b>                                              | <b>0.</b>                                |
|                                                                                     | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                                      | <b>0.</b>                                              |                                          |
|                                                                                     | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                  | <b>871,775.</b>                                        | <b>1,185,093.</b>                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>1,261,963.</b>                                                                                                                                                                                       | <b>1,711,959.</b>                                      |                                          |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>9,189,442.</b>                                                                                                                                                                                       | <b>1,982,498.</b>                                      |                                          |
| <b>Net Assets or Fund Balances</b>                                                  | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                                | <b>Beginning of Current Year</b><br><b>33,670,665.</b> | <b>End of Year</b><br><b>35,871,814.</b> |
|                                                                                     | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                           | <b>549,687.</b>                                        | <b>326,985.</b>                          |
|                                                                                     | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                    | <b>33,120,978.</b>                                     | <b>35,544,829.</b>                       |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |                                                                                  |                                                                          |
|-------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Sign Here</b>              | <i>Jill Bays</i><br>Signature of officer                                         | <b>09/24/2025</b><br>Date                                                |
| <b>Paid Preparer Use Only</b> | Preparer's name<br><b>CARLOS CARAZO</b>                                          | Preparer's signature<br><b>CARLOS CARAZO</b>                             |
|                               | Firm's name<br><b>SMITH MARION &amp; CO.</b>                                     | Date<br><b>09/22/25</b>                                                  |
|                               | Firm's address<br><b>1940 ORANGE TREE LANE, SUITE 100<br/>REDLANDS, CA 92374</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P02046597</b> |
|                               |                                                                                  | Firm's EIN <b>83-1445511</b>                                             |
|                               |                                                                                  | Phone no. <b>909-307-2323</b>                                            |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: WILDLIFE CORRIDOR ECOSYSTEMS & THEIR SCENIC, AGRICULTURAL & CULTURAL RESOURCE VALUES IN WEST MOJAVE DESERT. WE PROVIDE EDUCATION ABOUT THE FRAGILE & INSPIRATIONAL NATURE OF OUR DESERT ECOSYSTEMS TO RECONNECT PEOPLE TO NATURE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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.

4a (Code: ) (Expenses \$ 1,392,782. including grants of \$ ) (Revenue \$ 242,874. ) TO PROTECT THE TRANSITION ZONE & WILDLIFE CORRIDOR ECOSYSTEMS & THEIR SCENIC, AGRICULTURAL & CULTURAL RESOURCE VALUES IN WEST MOJAVE DESERT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,392,782.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, schedules, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and noncash contributions.

Part 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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (8), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CAROL HILL - 760-964-5521
PO BOX 721300, PINON HILLS, CA 92372

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A)<br>Name and title                  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|---------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                        |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |                                                                               |                                                                                    |                                                                                               |
| (1) SAMUEL EASLY<br>EXECUTIVE DIRECTOR | 40.00                                                                               |                                                                                                           |                       | X       |              |                              | 92,980. | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (2) CAROL HILL<br>DEPUTY DIRECTOR      | 32.00                                                                               |                                                                                                           |                       | X       |              |                              | 74,764. | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (3) JILL BAYS<br>PRESIDENT             | 40.00                                                                               | X                                                                                                         |                       | X       |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (4) GEARY HUND<br>VICE PRESIDENT       | 12.00                                                                               | X                                                                                                         |                       | X       |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (5) GINA CHARPENTIER<br>TREASURER      | 15.00                                                                               | X                                                                                                         |                       | X       |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (6) STEVE OLNEY<br>SECRETARY           | 15.00                                                                               | X                                                                                                         |                       | X       |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (7) DAN POTTER<br>DIRECTOR             | 20.00                                                                               | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (8) BERTRAND BAYS<br>DIRECTOR          | 20.00                                                                               | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (9) AMY KIER WHITE<br>DIRECTOR         | 20.00                                                                               | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (10) RYAN WHITE<br>DIRECTOR            | 2.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (11) CHRISTIAN GOMEZ<br>DIRECTOR       | 2.00                                                                                | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (12) ARMAND GONZALES<br>DIRECTOR       | 4.00                                                                                |                                                                                                           |                       | X       |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
|                                        |                                                                                     |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                           |                       |         |              |                              |          |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b> .....                                             |                                                                                     |                                                                                                           |                       |         |              |                              | 167,744. | 0.                                                                            | 0.                                                                                 |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                     |                                                                                                           |                       |         |              |                              | 0.       | 0.                                                                            | 0.                                                                                 |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                     |                                                                                                           |                       |         |              |                              | 167,744. | 0.                                                                            | 0.                                                                                 |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

|                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                          |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** 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)<br>Name and business address                                 | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------|--------------------------------|---------------------|
| FENCING BY GEORGE, 8132 JACARANDA AVE, CALIFORNIA CITY, CA 93505 | FENCING                        | 279,410.            |
|                                                                  |                                |                     |
|                                                                  |                                |                     |
|                                                                  |                                |                     |
|                                                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

**Part VIII Statement of Revenue**

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

|                                                        |                                                                                                                            |                                                                                | (A)                         | (B)                                | (C)                        | (D)                                                |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------|------------------------------------|----------------------------|----------------------------------------------------|
|                                                        |                                                                                                                            |                                                                                | Total revenue               | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a                                                                                                                        | Federated campaigns                                                            | 1a                          |                                    |                            |                                                    |
|                                                        | b                                                                                                                          | Membership dues                                                                | 1b                          | 220.                               |                            |                                                    |
|                                                        | c                                                                                                                          | Fundraising events                                                             | 1c                          | 23,464.                            |                            |                                                    |
|                                                        | d                                                                                                                          | Related organizations                                                          | 1d                          |                                    |                            |                                                    |
|                                                        | e                                                                                                                          | Government grants (contributions)                                              | 1e                          | 1,105,754.                         |                            |                                                    |
|                                                        | f                                                                                                                          | All other contributions, gifts, grants, and similar amounts not included above | 1f                          | 2,068,640.                         |                            |                                                    |
|                                                        | g                                                                                                                          | Noncash contributions included in lines 1a-1f                                  | 1g                          | \$1,277,239.                       |                            |                                                    |
|                                                        | <b>h Total. Add lines 1a-1f</b>                                                                                            |                                                                                |                             | <b>3,198,078.</b>                  |                            |                                                    |
|                                                        | Program Service Revenue                                                                                                    | 2 a <b>LAND MANAGEMENT</b>                                                     |                             | Business Code                      |                            |                                                    |
|                                                        |                                                                                                                            | 900099                                                                         | 242,874.                    | 242,874.                           |                            |                                                    |
| b                                                      |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
| c                                                      |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
| d                                                      |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
| e                                                      |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
| <b>g Total. Add lines 2a-2f</b>                        |                                                                                                                            |                                                                                | <b>242,874.</b>             |                                    |                            |                                                    |
| Other Revenue                                          | 3                                                                                                                          |                                                                                |                             | 233,603.                           |                            | 233,603.                                           |
|                                                        | 4                                                                                                                          |                                                                                |                             |                                    |                            |                                                    |
|                                                        | 5                                                                                                                          |                                                                                |                             |                                    |                            |                                                    |
|                                                        | 6 a                                                                                                                        | Gross rents                                                                    | (i) Real                    |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                | (ii) Personal               |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
|                                                        | b                                                                                                                          | Less: rental expenses                                                          |                             |                                    |                            |                                                    |
|                                                        | c                                                                                                                          | Rental income or (loss)                                                        |                             |                                    |                            |                                                    |
|                                                        | d                                                                                                                          |                                                                                | Net rental income or (loss) |                                    |                            |                                                    |
|                                                        | 7 a                                                                                                                        | Gross amount from sales of assets other than inventory                         | (i) Securities              |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                | (ii) Other                  |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
|                                                        | b                                                                                                                          | Less: cost or other basis and sales expenses                                   |                             |                                    |                            |                                                    |
|                                                        | c                                                                                                                          | Gain or (loss)                                                                 |                             |                                    |                            |                                                    |
|                                                        | d                                                                                                                          |                                                                                | Net gain or (loss)          |                                    |                            |                                                    |
| 8 a                                                    | Gross income from fundraising events (not including \$ 23,464. of contributions reported on line 1c). See Part IV, line 18 |                                                                                | 8,815.                      |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                | 8,815.                      |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
| b                                                      | Less: direct expenses                                                                                                      |                                                                                |                             |                                    |                            |                                                    |
| c                                                      |                                                                                                                            | Net income or (loss) from fundraising events                                   |                             | 0.                                 |                            |                                                    |
| 9 a                                                    | Gross income from gaming activities. See Part IV, line 19                                                                  |                                                                                |                             |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
| b                                                      | Less: direct expenses                                                                                                      |                                                                                |                             |                                    |                            |                                                    |
| c                                                      |                                                                                                                            | Net income or (loss) from gaming activities                                    |                             |                                    |                            |                                                    |
| 10 a                                                   | Gross sales of inventory, less returns and allowances                                                                      |                                                                                |                             |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                |                             |                                    |                            |                                                    |
| b                                                      | Less: cost of goods sold                                                                                                   |                                                                                |                             |                                    |                            |                                                    |
| c                                                      |                                                                                                                            | Net income or (loss) from sales of inventory                                   |                             |                                    |                            |                                                    |
| Miscellaneous Revenue                                  | 11 a <b>OTHER INCOME</b>                                                                                                   |                                                                                | Business Code               |                                    |                            |                                                    |
|                                                        |                                                                                                                            |                                                                                | 900099                      | 19,902.                            | 19,902.                    |                                                    |
|                                                        | b                                                                                                                          |                                                                                |                             |                                    |                            |                                                    |
|                                                        | c                                                                                                                          |                                                                                |                             |                                    |                            |                                                    |
|                                                        | <b>e Total. Add lines 11a-11d</b>                                                                                          |                                                                                |                             | <b>19,902.</b>                     |                            |                                                    |
| <b>12 Total revenue. See instructions</b>              |                                                                                                                            |                                                                                | <b>3,694,457.</b>           | <b>262,776.</b>                    | <b>0.</b>                  | <b>233,603.</b>                                    |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                                                                       |                       |                                 |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                                                                |                       |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....                                                                                                         |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members .....                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....                                                                                                                                                                 | 167,744.              | 135,034.                        | 32,710.                                |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....                                                                                             |                       |                                 |                                        |                             |
| 7 Other salaries and wages .....                                                                                                                                                                                                                 | 319,478.              | 257,180.                        | 62,298.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                             |                       |                                 |                                        |                             |
| 9 Other employee benefits .....                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 10 Payroll taxes .....                                                                                                                                                                                                                           | 39,644.               | 31,913.                         | 7,731.                                 |                             |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a Management .....                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| b Legal .....                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| c Accounting .....                                                                                                                                                                                                                               | 35,555.               | 34,736.                         | 819.                                   |                             |
| d Lobbying .....                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                        |                       |                                 |                                        |                             |
| f Investment management fees .....                                                                                                                                                                                                               | 47,817.               | 46,715.                         | 1,102.                                 |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                       | 1,847.                | 1,804.                          | 43.                                    |                             |
| 12 Advertising and promotion .....                                                                                                                                                                                                               | 2,310.                | 1,860.                          | 450.                                   |                             |
| 13 Office expenses .....                                                                                                                                                                                                                         | 63,686.               | 51,268.                         | 12,418.                                |                             |
| 14 Information technology .....                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 15 Royalties .....                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 16 Occupancy .....                                                                                                                                                                                                                               | 17,333.               | 13,953.                         | 3,380.                                 |                             |
| 17 Travel .....                                                                                                                                                                                                                                  | 528.                  | 425.                            | 103.                                   |                             |
| 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 .....                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization .....                                                                                                                                                                                               | 27,380.               | 22,041.                         | 5,339.                                 |                             |
| 23 Insurance .....                                                                                                                                                                                                                               | 17,559.               | 14,135.                         | 3,424.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                           |                       |                                 |                                        |                             |
| a <b>STEWARDSHIP AND ACQUISITION</b>                                                                                                                                                                                                             | 967,698.              | 778,997.                        | 188,701.                               |                             |
| b <b>TRAINING</b>                                                                                                                                                                                                                                | 3,380.                | 2,721.                          | 659.                                   |                             |
| c _____                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| d _____                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| e All other expenses _____                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 1,711,959.            | 1,392,782.                      | 319,177.                               | 0.                          |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

**Part X Balance Sheet**

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

|                                                                                  |                                                                                                                                                                                                                                | (A)<br>Beginning of year |             | (B)<br>End of year  |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|---------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 1,267,252.               | <b>1</b>    | 821,605.            |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          | 174,798.                 | <b>2</b>    | 21,140.             |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>    |                     |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 48,960.                  | <b>4</b>    | 3,412.              |
|                                                                                  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                     |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>    |                     |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                          | <b>7</b>    |                     |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     |                          | <b>8</b>    |                     |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           |                          | <b>9</b>    | 25,472.             |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 504,603.      |             |                     |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 154,137.      | 281,145.    | <b>10c</b> 350,466. |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b>   |                     |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           | 8,562,063.               | <b>12</b>   | 10,036,034.         |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>   |                     |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>14</b>   |                     |
|                                                                                  | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             | 23,336,447.              | <b>15</b>   | 24,613,685.         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 33,670,665.                                                                                                                                                                                                                    | <b>16</b>                | 35,871,814. |                     |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 314,782.                 | <b>17</b>   | 113,512.            |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>   |                     |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                               | 68,072.                  | <b>19</b>   | 46,640.             |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>   |                     |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          | 166,833.                 | <b>21</b>   | 166,833.            |
|                                                                                  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                     |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 |                          | <b>23</b>   |                     |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>   |                     |
|                                                                                  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                          |                          | <b>25</b>   |                     |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                              | 549,687.                 | <b>26</b>   | 326,985.            |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |             |                     |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 1,213,165.               | <b>27</b>   | 3,637,016.          |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             | 31,907,813.              | <b>28</b>   | 31,907,813.         |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |             |                     |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b>   |                     |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b>   |                     |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b>   |                     |
|                                                                                  | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 33,120,978.              | <b>32</b>   | 35,544,829.         |
|                                                                                  | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | 33,670,665.              | <b>33</b>   | 35,871,814.         |

**Part XI Reconciliation of Net Assets**

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

|    |                                                                                                                |    |             |
|----|----------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 3,694,457.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 1,711,959.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 1,982,498.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 33,120,978. |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 561,371.    |
| 6  | Donated services and use of facilities                                                                         | 6  |             |
| 7  | Investment expenses                                                                                            | 7  |             |
| 8  | Prior period adjustments                                                                                       | 8  | -120,018.   |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                           | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 35,544,829. |

**Part XII Financial Statements and Reporting**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                       |     |    |

Form 990 (2024)



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 2361255. | 657,726. | 836,920. | 9562810. | 3198078. | 16616789. |
| 2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 2361255. | 657,726. | 836,920. | 9562810. | 3198078. | 16616789. |
| 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) |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                 |          |          |          |          |          | 16616789. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2020 | (b) 2021 | (c) 2022  | (d) 2023 | (e) 2024 | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|----------|----------|--------------------------|
| 7 Amounts from line 4                                                                                                                                                                       | 2361255. | 657,726. | 836,920.  | 9562810. | 3198078. | 16616789.                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                                                           | 105,901. | 162,949. | -399,439. | 193,378. | 233,603. | 296,392.                 |
| 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.)                                                                                          | 41,154.  | 1,199.   | 9,828.    | 440,836. | 19,902.  | 512,919.                 |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                             |          |          |           |          |          | 17426100.                |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                          |          |          |           |          | 12       | 667,487.                 |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> |          |          |           |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                | 14                                  | 95.36 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                       | 15                                  | 95.93 % |
| 16a <b>33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                        | <input checked="" type="checkbox"/> |         |
| b <b>33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                     | <input type="checkbox"/>            |         |
| 17a <b>10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |         |
| b <b>10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                              | <input type="checkbox"/>            |         |

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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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, and 12.)

14 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) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

| Section 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): |                |                             |
| a                                | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| Section 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |                                                                                                                                            | Current Year |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                         | 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                                                      | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)                                                     | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2024 from Section C, line 6                                                                                       | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                     | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions                                                                                                                                             | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1                                                       | Distributable amount for 2024 from Section C, line 6                                                                                                                    |                                        |                                           |
| 2                                                       | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.                                                 |                                        |                                           |
| 3                                                       | Excess distributions carryover, if any, to 2024                                                                                                                         |                                        |                                           |
| a                                                       | From 2019                                                                                                                                                               |                                        |                                           |
| b                                                       | From 2020                                                                                                                                                               |                                        |                                           |
| c                                                       | From 2021                                                                                                                                                               |                                        |                                           |
| d                                                       | From 2022                                                                                                                                                               |                                        |                                           |
| e                                                       | From 2023                                                                                                                                                               |                                        |                                           |
| f                                                       | <b>Total</b> of lines 3a through 3e                                                                                                                                     |                                        |                                           |
| g                                                       | Applied to under distributions of prior years                                                                                                                           |                                        |                                           |
| h                                                       | Applied to 2024 distributable amount                                                                                                                                    |                                        |                                           |
| i                                                       | Carryover from 2019 not applied (see instructions)                                                                                                                      |                                        |                                           |
| j                                                       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                  |                                        |                                           |
| 4                                                       | Distributions for 2024 from Section D, line 7: \$                                                                                                                       |                                        |                                           |
| a                                                       | Applied to underdistributions of prior years                                                                                                                            |                                        |                                           |
| b                                                       | Applied to 2024 distributable amount                                                                                                                                    |                                        |                                           |
| c                                                       | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                        |                                        |                                           |
| 5                                                       | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                                        |                                           |
| 7                                                       | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.                                                                                                     |                                        |                                           |
| 8                                                       | Breakdown of line 7:                                                                                                                                                    |                                        |                                           |
| a                                                       | Excess from 2020                                                                                                                                                        |                                        |                                           |
| b                                                       | Excess from 2021                                                                                                                                                        |                                        |                                           |
| c                                                       | Excess from 2022                                                                                                                                                        |                                        |                                           |
| d                                                       | Excess from 2023                                                                                                                                                        |                                        |                                           |
| e                                                       | Excess from 2024                                                                                                                                                        |                                        |                                           |

Schedule A (Form 990) 2024

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)

Lined area for supplemental information.

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

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

TRANSITION HABITAT CONSERVANCY

Employer identification number

74-3146328

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_
- 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- (i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 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).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                        | Amount    |
|----------------------------------------|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 6,354,232.       | 4,073,160.     | 5,634,737.         | 5,880,527.           | 5,227,387.          |
| <b>b</b> Contributions                                  | 422,634.         | 1,754,212.     |                    |                      | 688,989.            |
| <b>c</b> Net investment earnings, gains, and losses     | 515,767.         | 695,101.       | -922,583.          | 374,710.             | -35,849.            |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  | 168,241.       | 638,994.           | 620,500.             |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 7,292,633.       | 6,354,232.     | 4,073,160.         | 5,634,737.           | 5,880,527.          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
  - b** Permanent endowment \_\_\_\_\_%
  - c** Term endowment 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                   | Yes                                 | No                                  |
|---------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations?                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>(ii)</b> Related organizations?                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/>            | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** 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 other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                                                                                        |                                      | 55,000.                         |                              | 55,000.        |
| <b>b</b> Buildings                                                                                    |                                      | 222,136.                        | 17,876.                      | 204,260.       |
| <b>c</b> Leasehold improvements                                                                       |                                      |                                 |                              |                |
| <b>d</b> Equipment                                                                                    |                                      | 50,306.                         | 34,010.                      | 16,296.        |
| <b>e</b> Other                                                                                        |                                      | 177,161.                        | 102,251.                     | 74,910.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 350,466.       |