

**DOCKETED**

<b>Docket Number:</b>	09-AFC-05C
<b>Project Title:</b>	Abengoa Mojave Compliance
<b>TN #:</b>	232297
<b>Document Title:</b>	COMPLIANCE7-03-00, Mojave Solar Project 2019 Annual Compliance Report (09-AFC-5C) 4
<b>Description:</b>	COMPLIANCE7-03-00, Mojave Solar Project 2019 Annual Compliance Report (09-AFC-5C) part 4
<b>Filer:</b>	Jose Manuel Bravo Romero
<b>Organization:</b>	Mojave Solar Project
<b>Submitter Role:</b>	Applicant
<b>Submission Date:</b>	3/4/2020 7:46:58 AM
<b>Docketed Date:</b>	3/4/2020

# Mojave Solar LLC

42134 Harper Lake Road  
Hinkley, California 92347

Phone: 760 308 0400

## SUBMITTED ELECTRONICALLY

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**Subject:** 09-AFC-5C  
**Condition Number:** Compliance 7  
**Description:** Mojave Solar Project 2019 Annual Compliance Report  
**Submittal Number:** COMPLIANCE7-03-00  
**Distribution:** Keith Winstead, CEC; Kara Harris, US DOE; Dr. Sharma Shankar CDFW; Ray Bransfield, USFWS; Thomas Dietsch, USFWS

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February 27, 2020

Keith Winstead  
Compliance Project Manager  
California Energy Commission  
1516 Ninth Street, MS-2000  
Sacramento, CA 95814  
[keith.winstead@energy.ca.gov](mailto:keith.winstead@energy.ca.gov)

Dear Mr. Winstead,

The attached Mojave Solar Project 2019 Annual Compliance Report (09-AFC-5C) is submitted for your review as part of the ongoing reporting required by the California Energy Commission's Conditions of Certification for the Mojave Solar Project.

Sincerely,

Jose Manuel Bravo Romero  
Manager  
Compliance, Permitting, Quality and Environment Department  
ASI Operations LLC  
**Mojave Solar Project**  
42134 Harper Lake Rd  
Hinkley, CA 92347  
(303) 378-7302  
[jmanuel.bravo@atlanticayield.com](mailto:jmanuel.bravo@atlanticayield.com)

Attachment: 09-AFC-5C Mojave Solar Project 2019 Annual Compliance Report.

**09-AFC-5C Mojave Solar Project  
Annual Compliance Report  
2019 reporting period**



Prepared by:

**AS Industrial Operations LLC.**

for

**Mojave Solar LLC**

42134 Harper Lake Road  
Hinkley, California 92347

# INTEROFFICE MEMO

.....DATE→ January 7, 2020¶

PHONE→ 760-256-4838¶

.....FROM→ Darren Gilmore, Sergeant¶

→ → Barstow Station¶

.....TO→ Kevin Ferber, Lieutenant¶

→ → Barstow Station¶



The Barstow Sheriff's OHV team conducted an off-highway vehicle enforcement detail on November 2 and November 3, 2019, for Transition Habitat Conservancy (THC) on land located northeast of Kramer's Junction. This event was financed via a Special Event Contract with the Sheriff's Department. The following is a summary of the event:

## **EMPLOYEES AND HOURS**

Corporal Michael Battisti	#F3805 (16 hrs.)
Deputy Cody Dare	#G8588 (08 hrs.)
Deputy John Gregory	#G7667 (08 hrs.)

Total Event hours: 32

## **EQUIPMENT UTILIZED IN OPERATION:**

On November 2<sup>nd</sup> and November 3<sup>rd</sup>, the OHV Tahoe was used for this patrol. Both days had one vehicle operating as a two-man patrol vehicle. There were no equipment or vehicle issues either day.

## **OVERVIEW OF OPERATION:**

During the operation, deputies provided off-road enforcement of State and Federal laws and ordinances within the THC polygons as well as private non-recreational areas.

## **DEPUTY CONTACTS, ARRESTS AND CITATIONS:**

Deputies contacted about 110 people during this event. The deputies encountered numerous OHV enthusiasts in the Cuddeback Dry Lake, Fremont Peak and the Red Mountain areas. Deputies contacted OHV enthusiasts using RZR's, Quads, and two-wheel motorcycles.

Deputies inspected privately owned off-road vehicles for California DMV Green Stickers, which would indicate current registration. Patrol and enforcement activities were focused around the polygons owned by Transition Habitat

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Conservancy (THC). There were no negative contacts. Deputies provided each contact with verbal information regarding authorized OHV areas and provided a paper pamphlet which was authored by THC for distribution. All citizen contacts were found to be polite and appreciative to see law enforcement in the area providing patrol functions.

## **MEDICAL AID, COLLISIONS AND EMERGENCY EVENTS:**

There were no medical aids or collisions.

<sup>1</sup> A public contact is defined as any contact between the public and a member of the Sheriff's Office during this event. The contact can either be initiated by either a citizen or department member. These contacts include, but are not limited to enforcement stops, flag downs by citizens, public assistance issues or informational exchanges.

# INTEROFFICE MEMO

.....DATE→ January 7, 2020¶

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.....FROM→ Darren Gilmore, Sergeant¶

→ → Barstow Station¶

.....TO→ Kevin Ferber, Lieutenant¶

→ → Barstow Station¶



The Barstow Sheriff's OHV team conducted an off-highway vehicle enforcement detail on November 16 and November 17, 2019, for Transition Habitat Conservancy (THC) on land located northeast of Kramer's Junction. This event was financed via a Special Event Contract with the Sheriff's Department. The following is a summary of the event:

## **EMPLOYEES AND HOURS**

Corporal John Parks	#P1947 (16 hrs.)
Corporal Brian Grimm	#E3906 (08 hrs.)
Deputy Stacey Spurlock	#G3840 (08 hrs.)

Total Event hours: 32

## **EQUIPMENT UTILIZED IN OPERATION:**

On November 16<sup>th</sup> and November 17<sup>th</sup>, the OHV Tahoe was used for this patrol. Both days had one vehicle operating as a two-man patrol vehicle. There were no equipment or vehicle issues either day.

## **OVERVIEW OF OPERATION:**

During the operation, deputies provided off-road enforcement of State and Federal laws and ordinances within the THC polygons as well as private non-recreational areas.

## **DEPUTY CONTACTS, ARRESTS AND CITATIONS:**

Deputies contacted about 60 people during this event. The deputies encountered numerous OHV enthusiasts in the Cuddeback Dry Lake, Fremont Peak and the Red Mountain areas. Deputies contacted OHV enthusiasts using RZR's, Quads, and two-wheel motorcycles.

Deputies inspected privately owned off-road vehicles for California DMV Green Stickers, which would indicate current registration. Patrol and enforcement

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.....FROM → Darren Gilmore, Sergeant

→ → Barstow Station

.....TO → Kevin Ferber, Lieutenant

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activities were focused around the polygons owned by Transition Habitat Conservancy (THC). There were no negative contacts. Deputies provided each contact with verbal information regarding authorized OHV areas and provided a paper pamphlet which was authored by THC for distribution. All citizen contacts were found to be polite and appreciative to see law enforcement in the area providing patrol functions.

## **MEDICAL AID, COLLISIONS AND EMERGENCY EVENTS:**

There were no medical aids or collisions.

<sup>1</sup> A public contact is defined as any contact between the public and a member of the Sheriff's Office during this event. The contact can either be initiated by either a citizen or department member. These contacts include, but are not limited to enforcement stops, flag downs by citizens, public assistance issues or informational exchanges.

# INTEROFFICE MEMO

.....DATE→ January 7, 2020¶

PHONE→ 760-256-4838¶

.....FROM→ Darren Gilmore, Sergeant¶

→ → Barstow Station¶

.....TO→ Kevin Ferber, Lieutenant¶

→ → Barstow Station¶



The Barstow Sheriff's OHV team conducted an off-highway vehicle enforcement detail on December 6, December 7, and December 8, 2019, for Transition Habitat Conservancy (THC) on land located northeast of Kramer's Junction. This event was financed via a Special Event Contract with the Sheriff's Department. The following is a summary of the event:

## **EMPLOYEES AND HOURS**

Corporal John Parks	#P1947 (14 hrs.)
Corporal Brian Grimm	#E3906 (16 hrs.)
Deputy Jay Ko	#G9465 (08 hrs.)

Total Event hours: 38

## **EQUIPMENT UTILIZED IN OPERATION:**

On December 6<sup>th</sup> and December 7<sup>th</sup>, the OHV Tahoe was used for this patrol. Both days had one vehicle operating as a two-man patrol vehicle. There were no equipment or vehicle issues either day. On December 8<sup>th</sup>, the OHV Tahoe was used for this patrol. The patrol was conducted as a single-man unit. There were not equipment or vehicle issued identified during this patrol period.

## **OVERVIEW OF OPERATION:**

During the operation, deputies provided off-road enforcement of State and Federal laws and ordinances within the THC polygons as well as private non-recreational areas.

## **DEPUTY CONTACTS, ARRESTS AND CITATIONS:**

Deputies contacted about 45 people during this event. The deputies encountered numerous OHV enthusiasts in the Cuddeback Dry Lake, Fremont Peak and the Red Mountain areas. Deputies contacted OHV enthusiasts using RZR's, Quads, and two-wheel motorcycles.



# INTEROFFICE MEMO

.....DATE → January 7, 2020¶

PHONE → 760-256-4838¶ ..... End of P

.....FROM → Darren Gilmore, Sergeant¶

→ → Barstow Station¶

.....TO → Kevin Ferber, Lieutenant¶

→ → Barstow Station¶



Deputies inspected privately owned off-road vehicles for California DMV Green Stickers, which would indicate current registration. Patrol and enforcement activities were focused around the polygons owned by Transition Habitat Conservancy (THC). Deputies located a fence cut on BLM trail FP5385 north of BLM trail FP5388. There were no negative contacts. Deputies provided each contact with verbal information regarding authorized OHV areas and provided a paper pamphlet which was authored by THC for distribution. All citizen contacts were found to be polite and appreciative to see law enforcement in the area providing patrol functions.

## **MEDICAL AID, COLLISIONS AND EMERGENCY EVENTS:**

There were no medical aids or collisions.

<sup>1</sup> A public contact is defined as any contact between the public and a member of the Sheriff's Office during this event. The contact can either be initiated by either a citizen or department member. These contacts include, but are not limited to enforcement stops, flag downs by citizens, public assistance issues or informational exchanges.

# INTEROFFICE MEMO

.....DATE→ January 7, 2020

PHONE→ 760-256-4838

.....FROM→ Darren Gilmore, Sergeant

→ → Barstow Station

.....TO→ Kevin Ferber, Lieutenant

→ → Barstow Station



The Barstow Sheriff's OHV team conducted an off-highway vehicle enforcement detail on December 21 and December 22, 2019, for Transition Habitat Conservancy (THC) on land located northeast of Kramer's Junction. This event was financed via a Special Event Contract with the Sheriff's Department. The following is a summary of the event:

## **EMPLOYEES AND HOURS**

Deputy Dave Johnson	#F9721 (16 hrs.)
Deputy Jay Ko	#G9465 (16 hrs.)

Total Event hours: 32

## **EQUIPMENT UTILIZED IN OPERATION:**

On December 21<sup>st</sup> and December 22<sup>nd</sup>, the OHV Tahoe was used for this patrol. Both days had one vehicle operating as a two-man patrol vehicle. There were no equipment or vehicle issues either day

## **OVERVIEW OF OPERATION:**

During the operation, deputies provided off-road enforcement of State and Federal laws and ordinances within the THC polygons as well as private non-recreational areas.

## **DEPUTY CONTACTS, ARRESTS AND CITATIONS:**

Deputies contacted about 90 people during this event. The deputies encountered numerous OHV enthusiasts in the Cuddeback Dry Lake, Fremont Peak and the Red Mountain areas. Deputies contacted OHV enthusiasts using RZR's, Quads, and two-wheel motorcycles.

Deputies inspected privately owned off-road vehicles for California DMV Green Stickers, which would indicate current registration. Patrol and enforcement activities were focused around the polygons owned by Transition Habitat

# INTEROFFICE MEMO

.....DATE → January 7, 2020¶

PHONE → 760-256-4838¶ ..... End of P

.....FROM → Darren Gilmore, Sergeant¶

→ → Barstow Station¶

.....TO → Kevin Ferber, Lieutenant¶

→ → Barstow Station¶



Conservancy (THC). There were no negative contacts. Deputies provided each contact with verbal information regarding authorized OHV areas and provided a paper pamphlet which was authored by THC for distribution. All citizen contacts were found to be polite and appreciative to see law enforcement in the area providing patrol functions.

## **MEDICAL AID, COLLISIONS AND EMERGENCY EVENTS:**

There were no medical aids or collisions.

<sup>1</sup> A public contact is defined as any contact between the public and a member of the Sheriff's Office during this event. The contact can either be initiated by either a citizen or department member. These contacts include, but are not limited to enforcement stops, flag downs by citizens, public assistance issues or informational exchanges.



Accounting & Tax Services

November 6, 2019

TRANSITION HABITAT CONSERVANCY
PO BOX 721300
Pinon Hills, CA 92372

Dear TRANSITION HABITAT CONSERVANCY,

Thank you for choosing our firm to prepare your income tax returns for tax year 2018. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2018 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2018, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2018 tax return. We appreciate your business.

Sincerely,

Daija M. Fragille (handwritten signature)

DAIJA MARIE
16057 KAMANA RD STE A
APPLE VALLEY, CA 92307
(760) 242-9222

Accepted by:

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2018

Name of exempt organization: **TRANSITION HABITAT CONSERVANCY**  
Employer identification number: **74-3146328**

Name and title of officer: **JILL BAYS** **PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	707,291
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize DAIJA MARIE to enter my PIN 46328 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date **11/6/2019**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**30194444904**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DAIJA M TRUJILLO Date \_\_\_\_\_

**ERO Must Retain This Form—See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2018

8453-EO

Exempt Organization name TRANSITION HABITAT CONSERVANCY	Identifying number 74-3146328
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### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	716,188
2 Total gross income (Form 199, line 8)	2	716,188
3 Total expenses and disbursements (Form 199, Line 9)	3	602,091

### Part II Settle Your Account Electronically for Taxable Year 2018

4  Electronic funds withdrawal      4a Amount 0      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_      7 Type of account:  Checking       Savings

### Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **PRESIDENT**

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature DAIJA M TRUJILLO	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P01041892
Firm's name (or yours if self-employed) and address DAIJA M TRUJILLO 16057 KAMANA RD STE A APPLE VALLEY CA	FEIN 81-4246498	ZIP code 92307		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature DAIJA M TRUJILLO	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN P01041892
Firm's name (or yours if self-employed) and address DAIJA M TRUJILLO 16057 KAMANA RD STE A APPLE VALLEY CA	FEIN 81-4246498	ZIP code 92307	

**Tax Return**

**TRANSITION HABITAT CONSERVANCY**

**2018**

**DAIJA MARIE  
16057 KAMANA RD STE A  
APPLE VALLEY, CA 92307**

DAIJA MARIE  
16057 KAMANA RD STE A  
APPLE VALLEY, CA 92307  
Phone: (760) 242-9222



November 6, 2019  
TRANSITION HABITAT CONSERVANCY

Dear TRANSITION HABITAT CONSERVANCY,

I have prepared your 2018 Form 990 based on the information you provided. Please review the enclosed copy for TRANSITION HABITAT CONSERVANCY, then sign the IRS e-file Signature Authorization Form 8879-EO and return it to me. When I receive the signed authorization, I will e-file your return.

There are no taxes or fees due with the return.

I have also prepared the 2018 California 199 tax return based on the information you provided. The 2018 return for TRANSITION HABITAT CONSERVANCY will be e-filed and a copy is enclosed for TRANSITION HABITAT CONSERVANCY's records and review.

The return shows a balance due. Enclose in the envelope, but do not staple or otherwise attach, the payment voucher and a check made payable to the 'FRANCHISE TAX BOARD' in the amount of \$10. Write '2018 California 199', the voucher form number and the employer identification number on the check.

California Form RRF-1 should be mailed as soon as possible along with a copy of the 990 to:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check or money order for \$75.00, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

I recommend that you mail the California 199 payment voucher as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Franchise Tax Board  
P.O. Box 942857  
Sacramento, CA 94257-0531

If you have any questions about the return(s) or about TRANSITION HABITAT CONSERVANCY's tax situation during the year, please do not hesitate to call me at (760) 242-9222. I appreciate this opportunity to serve you.

Sincerely,

*Daija M. Fragille*



**DAIJA MARIE  
16057 KAMANA RD STE A  
APPLE VALLEY, CA 92307  
(760) 242-9222**

## **Privacy Notice**

As a tax preparer, I have always protected your right to privacy. Like all providers of personal financial services, I am now required by law to inform my clients of my policies regarding privacy of client information.

### **Types of Nonpublic Personal Information I Collect**

I collect nonpublic personal information about you that is provided to me by you or obtained by me with your authorization.

### **Parties to Whom I Disclose Information**

For current and former clients, I do not disclose any nonpublic personal information obtained in the course of my practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to my employees, and in limited situations, to unrelated third parties who need to know that information to assist me in providing services to you. In all such situations, I stress the confidential nature of information being shared.

### **Protecting the Confidentiality and Security of Current and Former Clients' Information**

I retain records relating to professional services that I provide so that I am better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, I maintain physical, electronic, and procedural safeguards that comply with my professional standards.

Please call if you have any questions, because your privacy, my professional ethics, and the ability to provide you with quality financial services are very important to me.

# Return of Organization Exempt From Income Tax

**2018**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **TRANSITION HABITAT CONSERVANCY**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 721300**  
 City or town State ZIP code  
**Pinon Hills CA 92372**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number: **74-3146328**

**E** Telephone number: **(760) 868-1400**

**G** Gross receipts \$: **716,188**

**F** Name and address of principal officer:  
**JILL BAYS 1681 HILLVIEW RD, PINON HILLS, CA 92372**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 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: **WWW.TRANSITIONHABITAT.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2005** **M** State of legal domicile: **CA**

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROTECT THE TRANSITION ZONE &amp; WILDLIFE CORRIDOR ECOSYSTEMS &amp; THEIR SCENIC, AGRICULTURAL, &amp; CULTURAL RESOURCE VALUES IN WEST MOJAVE DESERT.</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>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	6
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	45
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	452,260	842,820
	<b>9</b> Program service revenue (Part VIII, line 2g)	137,173	136,537
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	332,436	-318,007
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,315,000	45,941
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,236,869	707,291
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	252,092	235,792
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<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)	501,934	388,809	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	754,026	624,601	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,482,843	82,690	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 19,286,067	End of Year 19,357,214
	<b>21</b> Total liabilities (Part X, line 26)	28,403	16,860
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,257,664	19,340,354

**Part II Signature Block**

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

**Sign Here** **CLIENT COPY**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name <b>DAIJA M TRUJILLO</b>	Preparer's signature <b>DAIJA M TRUJILLO</b>	Date <b>11/6/2019</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01041892</b>
Firm's name <b>DAIJA MARIE</b>	Firm's EIN <b>81-4246498</b>			
Firm's address <b>16057 KAMANA RD STE A, APPLE VALLEY, CA 92307</b>	Phone no. <b>(760) 242-9222</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 [X]

1 Briefly describe the organization's mission: TO PROTECT THE TRANSITION ZONE & 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.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 207,021 including grants of \$ 0 ) (Revenue \$ 196,000 ) PORTAL RIDGE WILDLIFE PRESERVE: WE ACQUIRED AN 80-ACRE CONSERVATION EASEMENT IN THE WEST PORTION OF THIS PROJECT AREA. WE EFFECTIVELY MONITORED AND PATROLLED ALL 2,380 ACRES WITHIN THE PRESERVE AREA AND ENSURED THAT NO ILLEGAL POACHING OCCURRED. NEW TRAILS FOR PUBLIC ACCESS WERE OPENED FOR HIKERS AND EQUESTRIANS. WE ALSO CONDUCTED EXTENSIVE RESTORATION EFFORTS INCLUDING VOLUNTEER EVENTS TO PLANT OVER 150 NATIVE TREES AND SHRUBS, INSTALL EROSION CONTROL BARS ON CLOSED ROADS, AND REMOVE HUNDREDS OF FEET OF DOWNED BARBED WIRE FENCING.

4b (Code: ) (Expenses \$ 268,378 including grants of \$ 147,450 ) (Revenue \$ 250,762 ) FREMONT-KRAMER CONSERVATION AREA: WE ACQUIRED 180 ACRES OF IMPORTANT HABITAT LANDS TO ADD TO OUR 4,220 ACRE PROJECT AREA FOR DESERT TORTOISE AND MOJAVE GROUND SQUIRREL CONSERVATION. 2018 IS THE 2nd YEAR OF OUR THREE-YEAR, \$345,000 RESTORATION GRANT WITH THE CALIFORNIA STATE PARKS OHMVR DIVISION. AS PART OF THIS EFFORT, WE CONTRACTED WITH THE SAN BERNARDINO COUNTY SHERIFFS DEPT, HIRED A RESTORATION CREW FROM THE SOUTHWEST CONSERVATION CORPS, AND SPONSORED A TEAM FROM THE NATIONAL CIVILIAN CONSERVATION CORPS (AMERICORPS). WE CONTINUED TO WORK ON COMPREHENSIVE DESERT TORTOISE RECOVERY EFFORTS WHILE PARTNERING WITH STATE AND FEDERAL AGENCIES AND EXPERT TORTOISE BIOLOGISTS. WE HOSTED A CITIZEN SCIENCE EVENT TO HELP COLLECT TORTOISE DATA ON TWO BIOLOGICAL HOT SPOTS WITHIN THIS REGION. WE ALSO MONITORED ALL 115 OF OUR PROPERTIES BY FOOT OR BY AERIAL DRONE.

4c (Code: ) (Expenses \$ 72,800 including grants of \$ 37,500 ) (Revenue \$ 41,782 ) PUMA CANYON ECOLOGICAL RESERVE: WE HOSTED SEVERAL EVENTS INCLUDING MONARCH BUTTERFLY AND POLINATO GARDEN ACTIVITIES. ADDITIONAL HIKING TRAILS WERE CREATED AND MAINTAINED, AND WE HOSTED QUARTERLY SCIENCE PRESENTATIONS FOR AGENCY PARTNERS AND THE GENERAL PUBLIC. WE HAVE CULTIVATED A CORE GROUP OF LOCAL VOLUNTEERS WHO REGULARLY PATROL AND STEWARD THIS 355-ACRE RESERVE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 548,199

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	X	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**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.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



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

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

**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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O.</i> . . . . .		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i> . . . . .	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done.</i> . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official. . . . .		X
<b>15b</b>	b Other officers or key employees of the organization . . . . .	X	
	<i>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</i>		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in 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: ▶  
 -----  
 TRANSITION HABITAT CONSERVANCY (760) 868-1400  
 -----  
 1681 HILLVIEW RD, 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) JILL BAYS PRESIDENT	40.00 0.00	X		X						
(2) WENDIE MARRIOT VICE PRESIDENT	15.00 0.00	X		X						
(3) STEVE OLNEY TREASURER	15.00 0.00	X		X						
(4) CAROL HILL SECRETARY	20.00 0.00	X		X						
(5) BERTRAND BAYS BOARD MEMBER	20.00 0.00	X								
(6) GINA CHARPENTIER BOARD MEMBER	15.00 0.00	X								
(7) JUSTINE CURCIO BOARD MEMBER	10.00 0.00	X								
(8) JEFF OLESH BOARD MEMBER	20.00 0.00	X								
(9) CURLY MORAN BOARD MEMBER	10.00 0.00	X								
(10)										
(11)										
(12)										
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....							0	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> .....							0	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, or 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) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

**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 **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 3,647				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 9,696				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 430,989				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 398,488				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ 240,311					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		842,820			
	Program Service Revenue	<b>2a</b>	MITIGATION SERVICES	Business Code 541900	136,537		136,537
<b>b</b>		-----		0			
<b>c</b>		-----		0			
<b>d</b>		-----		0			
<b>e</b>		-----		0			
<b>f</b>		All other program service revenue . . . . .		0			
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		136,537			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-318,007		-318,007	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	<b>5</b>	Royalties . . . . . ▶		0			
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
					0	0	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	0	0			
<b>c</b>	Gain or (loss) . . . . .	0	0				
<b>d</b>	Net gain or (loss) . . . . . ▶		0				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 11,673					
<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 8,897					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		2,776				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>		0			
		<b>b</b>		0			
		<b>c</b>		0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 1,465					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b> 0					
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		1,465				
Miscellaneous Revenue			Business Code				
<b>11a</b>	LITIGATION	525920	41,700		41,700		
<b>b</b>	-----		0				
<b>c</b>	-----		0				
<b>d</b>	All other revenue . . . . .		0				
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		41,700				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		707,291	0	0	-139,770	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0		0	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	200,192	160,154	40,038	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	11,086	8,869	2,217	
10 Payroll taxes . . . . .	24,514	19,611	4,903	
11 Fees for services (non-employees):				
a Management . . . . .	169,342	169,342		
b Legal . . . . .	11,677	9,342	2,335	
c Accounting . . . . .	42,684	34,147	8,537	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12 Advertising and promotion . . . . .	385	385	0	
13 Office expenses . . . . .	15,735	12,403	3,332	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	27,084	23,321	3,763	
17 Travel . . . . .	14,895	12,661	2,234	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	3,536	2,829	707	
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	31,407	25,472	5,935	0
23 Insurance . . . . .	12,005	9,604	2,401	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACQUISITION COSTS	17,116	17,116		
b ENVIRONMENTAL MITIGATION	3,419	3,419		
c IN-KIND LABOR	37,264	37,264		
d OUTREACH	1,060	1,060		
e All other expenses DONATIONS	1,200	1,200		
25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	624,601	548,199	76,402	0
26 <b>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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	324,616	<b>1</b>	420,538
	<b>2</b> Savings and temporary cash investments . . . . .	260,485	<b>2</b>	20,488
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	43,664	<b>4</b>	29,981
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,767,163		
	<b>b</b> Less: accumulated depreciation . . . . .	115,519		
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	4,101,034	<b>12</b>	4,170,049
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	1,136	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	867,914	<b>15</b>	1,064,514
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19,286,067	<b>16</b>	19,357,214	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,040	<b>17</b>	770
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<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 . . . . .	23,363	<b>25</b>	16,090
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	28,403	<b>26</b>	16,860
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,219,170	<b>27</b>	1,234,532
	<b>28</b> Temporarily restricted net assets . . . . .	625,558	<b>28</b>	577,300
	<b>29</b> Permanently restricted net assets . . . . .	17,412,936	<b>29</b>	17,528,522
	<b>Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	19,257,664	<b>33</b>	19,340,354	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	19,286,067	<b>34</b>	19,357,214	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	707,291
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	624,601
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	82,690
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	19,257,664
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	19,340,354

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</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 in Schedule O and describe any steps taken to undergo such audits . . . . .		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization TRANSITION HABITAT CONSERVANCY	Employer identification number 74-3146328
--	--

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations 0
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>						0	0

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,095,787	2,135,477	544,868	452,260	979,357	6,207,749
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	2,095,787	2,135,477	544,868	452,260	979,357	6,207,749
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						6,207,749

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,095,787	2,135,477	544,868	452,260	979,357	6,207,749
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	67,047		248,319	137,173	68,505	521,044
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	165,981	104,645	19,762	3,453,110	45,941	3,789,439
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						10,518,232
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five 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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	59.02%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	74.97%
<b>16a 33 1/3% support test—2018.</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—2017.</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"/>		
<b>17a 10%-facts-and-circumstances test—2018.</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—2017.</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"/>		
<b>18 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>	
<b>2</b>	<b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>			
<b>b</b>		Yes	No
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>			
<b>3</b>	<b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b>		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>			
<b>b</b>		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>	0	0
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>	0	0
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	0	0
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>	0	0
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	0	0
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	0	0
<b>6</b> Multiply line 5 by .035.	<b>6</b>	0	0
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	0	0
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	0	0
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		0
<b>2</b> Enter 85% of line 1	<b>2</b>		0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		0
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		0
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		0
<b>7</b> <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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . . 0			
b From 2014 . . . . . 0			
c From 2015 . . . . . 0			
d From 2016 . . . . . 0			
e From 2017 . . . . . 0			
f <b>Total</b> of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2018 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2014 . . . . . 0			
b Excess from 2015 . . . . . 0			
c Excess from 2016 . . . . . 0			
d Excess from 2017 . . . . . 0			
e Excess from 2018 . . . . . 0			



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization TRANSITION HABITAT CONSERVANCY	Employer identification number 74-3146328
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>TRANSITION HABITAT CONSERVANCY</b>	Employer identification number <b>74-3146328</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KATHERINE J ALLEN 32515 121ST E PEARBLOSSOM CA 93553 Foreign State or Province: _____ Foreign Country: _____	\$ 15,518	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KAREN KITELEY 9091 PINE TREE RD PINION HILLS CA 92372 Foreign State or Province: _____ Foreign Country: _____	\$ 28,225	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOI NGUYEN 1203 BOUQUET CR THOUSAND OAKS CA 91362 Foreign State or Province: _____ Foreign Country: _____	\$ 6,308	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CAROLYN THERRIO PO BOX 1343 WRIGHTWOOD CA 92397 Foreign State or Province: _____ Foreign Country: _____	\$ 62,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate value. Rows 5-6 for donor advisement questions.

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

Form for conservation easements including checkboxes for purposes (land, habitat, open space), a table for tax year data (2a-2d), and monitoring questions.

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.

Form for art and historical treasures including questions 1a, 1b, and 2 regarding reporting requirements and revenue/assets.



**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 are a 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 programs
  - 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             | 0      |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                | 0      |
- 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 on 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	4,546,085	4,186,780	3,923,382	2,861,948	1,644,164
<b>b</b> Contributions	120,280	44,632	104,032	1,144,582	1,172,208
<b>c</b> Net investment earnings, gains, and losses	-318,312	351,908	244,061	-46,666	67,047
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs			47,709		
<b>f</b> Administrative expenses		37,235	36,986	36,482	21,471
<b>g</b> End of year balance	4,348,053	4,546,085	4,186,780	3,923,382	2,861,948

- 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  100%
  - c** Temporarily restricted endowment  %
- 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 | X   |    |
| <b>(ii)</b> related organizations  |     | X  |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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	0	13,403,650		13,403,650
<b>b</b> Buildings	0	222,133	9,968	212,165
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	24,078	15,408	8,670
<b>e</b> Other	0	117,302	90,143	27,159
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,651,644

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other RESTRICTED INVESTMENTS	4,170,049	
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,170,049	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONSERVATION EASEMENTS	1,064,514
(2) SECURITY DEPOSIT	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,064,514

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) CREDIT CARDS	2,616
(3) RETAINERS	4,344
(4) TAXES PAYABLE	9,130
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,090

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

TRANSITION HABITAT CONSERVANCY

74-3146328

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art . . . . .			
2	Art—Historical treasures . . . . .			
3	Art—Fractional interests . . . . .			
4	Books and publications . . . . .			
5	Clothing and household goods . . . . .			
6	Cars and other vehicles . . . . .			
7	Boats and planes . . . . .			
8	Intellectual property . . . . .			
9	Securities—Publicly traded . . . . .			
10	Securities—Closely held stock . . . . .			
11	Securities—Partnership, LLC, or trust interests . . . . .			
12	Securities—Miscellaneous . . . . .			
13	Qualified conservation contribution—Historic structures . . . . .			
14	Qualified conservation contribution—Other . . . . .			
15	Real estate—Residential . . . . .			
16	Real estate—Commercial . . . . .			
17	Real estate—Other . . . . .	X	1	196,000 FMV
18	Collectibles . . . . .			
19	Food inventory . . . . .	X		5,387 FMV
20	Drugs and medical supplies . . . . .			
21	Taxidermy . . . . .			
22	Historical artifacts . . . . .			
23	Scientific specimens . . . . .			
24	Archeological artifacts . . . . .			
25	Other ▶ ( IN-KIND LABOR ) . . . . .	X		38,924 STANDARD LABOR RATES
26	Other ▶ ( ) . . . . .			
27	Other ▶ ( ) . . . . .			
28	Other ▶ ( ) . . . . .			
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRANSITION HABITAT CONSERVANCY

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

74-3146328

Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:

0 ACCREDITATION: WE BECAME AN ACCREDITED LAND TRUST BY THE LAND TRUST ALLIANCES ACCREDITATION

COMMISSION. THE MARK OF DISTINCTION IS GIVEN TO ORGANIZATIONS THAT DEMONSTRATE SOUND FINANCES

, ETHICAL CONDUCT, RESPONSIBLE GOVERNANCE, AND LASTING STEWARDSHIP. THEY PROUDLY JOINED A

NATIONAL NETWORK OF ONLY 389 SUCH ORGANIZATIONS, OUT OF A TOTAL OF 1,363 LAND TRUSTS, ACCROSS

THE UNITED STATES.

Form 990, Part VI, Line 2: FAMILY RELATIONSHIP: BERTRAND BAYS AND JILL BAYS

Form 990, Part VI, Line 11B: DRAFT COPIES OF THE 990, 199 AND RRF-1 WERE PROVIDED TO MEMBERS

OF THE BOARD FOR REVIEW AND COMMENT BEFORE THE RETURN IS FILED.

Form 990, Part VI, Line 12C: BOARD MEMBERS ARE REQUIRED TO WRITE A LETTER ADVISING THE BOARD

OF A POTENTIAL CONFLICT AND THEY ARE REQUIRED TO LEAVE DURING DISCUSSION ON THAT SUBJECT.

CONFLICTS OF INTEREST RECUSALS ARE REFLECTED IN OUR BOARD MEETING MINUTES AND WE KEEP A COPY

OF EACH ACTION IN A BOOK CALLED "POLICY IMPLEMENTATION." ALL BOARD MEMBERS AND STAFF MEMBERS

SIGN A CONFLICT OF INTEREST POLICY DOCUMENT ANNUALLY.

Form 990, Part VI, Line 15B: EMPLOYMENT CONTRACTS ARE NOT OFFERED TO KEY EMPLOYEES BEFORE A

BOARD REVIEW OF THE AVAILABLE CANDIDATES AND RESEARCHING COMPARABLE SALARIES FOR THE DUTIES

REQUIRED.

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

		Cash	Noncash
1	Federated Campaigns . . . . .	1	
2	Membership dues . . . . .	2	3,647
3	Fundraising events . . . . .	3	5,387
4	Related organizations . . . . .	4	
5	Government grants (contributions) . . . . .	5	430,989
6	All other contributions, gifts, grants, and similar amounts not included above:		
	LAND DONATION		196,000
	DONATED SERVICES		38,924
	OTHER CONTRIBUTIONS	163,564	
	Other contributions total . . . . .	6	234,924
7	Total . . . . .	7	240,311

**Part VIII, Line 10 (990) - Gross Sales of Inventory**

		Total:	1,465	0	1,465
Category		Gross Sales	Cost of Goods Sold	Net	
1	T-SHIRT SALES	1,465			1,465

**Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization**

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation . . . . .	1	29,676	23,741	5,935
2	Depletion . . . . .	2	0		
3	Amortization . . . . .	3	1,731	1,731	
4	Total . . . . .	4	31,407	25,472	5,935

**Part X, Line 4 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	ACCOUNTS RECEIVABLE	43,664	29,981	0	
2		0		0	
3		0		0	
4		0		0	
5		0		0	
6		0		0	
7		0		0	
8		0		0	
9		0		0	
10		0		0	
11	Total accounts receivable . . . . .	43,664	29,981	0	0

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

		Before Disposition:		13,767,163	87,639	13,679,524			
		Less Disposed:		0					
		* Asset disposed during tax year		13,767,163			0	115,519	13,651,644
		After Disposition:							
		Asset Description and Classification		Beginning of Year			End of Year		
Check (X) if Investment Asset		Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance
<b>1</b>		CONSERVATION LAND	Land	13,348,650	0	13,348,650		0	13,348,650
<b>2</b>		BUILDINGS	Buildings	222,133	4,272	217,861		9,968	212,165
<b>3</b>		LEASEHOLD IMPROVEMENTS	Improvements	0	0	0		0	0
<b>4</b>		EQUIPMENT	Equipment	24,078	11,928	12,150		15,408	8,670
<b>5</b>		VEHICLES	Other	105,302	59,439	45,863		78,143	27,159
<b>6</b>		RANCH LAND	Land	55,000	0	55,000		0	55,000
<b>7</b>		SOFTWARE	Other	12,000	12,000	0		12,000	0



**Part X, Lines 11 and 12 (990) - Investments - Securities**

						<b>Total:</b>	0	4,101,034	4,170,049
Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value	Ending Balance Book Value		
<b>1</b> RESTRICTED INVESTMENTS						4,101,034	4,170,049		

**Part X, Line 15 (990) - Other Assets**

		<b>Total:</b>	867,914	1,064,514
			Beginning	End
	Description			
<b>1</b>	CONSERVATION EASEMENTS		867,914	1,064,514
<b>2</b>	SECURITY DEPOSIT		0	

**Part X, Line 25 (990) - Other Liabilities**

		<b>Total:</b>	23,363	16,090
			Beginning	End
	Description			
<b>1</b>	Federal income taxes		0	0
<b>2</b>	CREDIT CARDS		10,995	2,616
<b>3</b>	RETAINERS		11,327	4,344
<b>4</b>	TAXES PAYABLE		1,041	9,130

# California Exempt Organization 2018 Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name  
**TRANSITION HABITAT CONSERVANCY**

California corporation number  
**2745620**

Additional information. See instructions.

FEIN  
**74-3146328**

Street address (suite or room)  
**PO BOX 721300**

PMB no.

City  
**PINON HILLS**

State  
**CA**

Zip code  
**92372**

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First Return  Yes  No
- B** Amended Return  Yes  No
- C** IRC Section 4947(a)(1) trust  Yes  No
- D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)  \_\_\_\_\_
- E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990)  
(4)  Other 990 series
- G** Is this a group filing? See instructions  Yes  No
- H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_
- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions  Yes  No
- K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources . . . \$ \_\_\_\_\_
- L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
No filing fee is required.
- M** Is the organization a Limited Liability Company?  Yes  No
- N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	-126,632	00
	2	Gross dues and assessments from members and affiliates	2	3,647	00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	839,173	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B . . .	4	716,188	00
	5	Cost of goods sold	5	0	00
	6	Cost or other basis, and sales expenses of assets sold	6	0	00
	7	Total costs. Add line 5 and line 6	7	0	00
	8	Total gross income. Subtract line 7 from line 4	8	716,188	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	602,091	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	114,097	00
Filing Fee	11	Total payments	11	0	00
	12	Use tax. See General Information K	12	0	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	0	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	0	00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16	0	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

**Sign Here**  
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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **CLIENT COPY** Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

**Paid Preparer's Use Only**  
Preparer's signature **DAIJA M TRUJILLO** Date **11/06/2019** Check if self-employed  PTIN **P01041892**  
Firm's name (or yours, if self-employed) and address **DAIJA MARIE**  
**81-4246498**  
**16057 KAMANA RD STE A, APPLE VALLEY, CA 92307** Telephone **(760) 242-9222**

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

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	149,675	00
	2	Interest	●	2	-318,007	00
	3	Dividends	●	3	0	00
	4	Gross rents	●	4	0	00
	5	Gross royalties	●	5	0	00
	6	Gross amount received from sale of assets (See Instructions)	●	6	0	00
	7	Other income. Attach schedule	●	7	41,700	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	-126,632	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	0	00
	10	Disbursements to or for members.	●	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0	00
	12	Other salaries and wages	●	12	200,192	00
	13	Interest	●	13	0	00
	14	Taxes	●	14	24,514	00
	15	Rents	●	15	27,084	00
	16	Depreciation and depletion (See instructions)	●	16	0	00
	17	Other Expenses and Disbursements. Attach schedule	●	17	350,301	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	602,091	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		585,101.	●	441,026.
2	Net accounts receivable		43,664.	●	29,981.
3	Net notes receivable		0.	●	0.
4	Inventories		0.	●	0.
5	Federal and state government obligations		0.	●	0.
6	Investments in other bonds		0.	●	0.
7	Investments in stock		0.	●	0.
8	Mortgage loans		0.	●	0.
9	Other investments. Attach schedule		0.	●	0.
10	<b>a</b> Depreciable assets	371,207.		363,513.	
	<b>b</b> Less accumulated depreciation	( 87,639. )	283,568.	( 115,519. )	247,994.
11	Land		13,403,650.	●	13,403,650.
12	Other assets. Attach schedule		0.	●	0.
13	<b>Total assets</b>		14,315,983.		14,122,651.
<b>Liabilities and net worth</b>					
14	Accounts payable		5,040.	●	770.
15	Contributions, gifts, or grants payable		0.	●	0.
16	Bonds and notes payable		0.	●	0.
17	Mortgages payable		0.	●	0.
18	Other liabilities. Attach schedule		0.		0.
19	Capital stock or principal fund		0.	●	0.
20	Paid-in or capital surplus. Attach reconciliation		0.	●	0.
21	Retained earnings or income fund		19,257,664.	●	19,340,354.
22	<b>Total liabilities and net worth</b>		19,262,704.		19,341,124.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	●	82,690.
2	Federal income tax	●	0.
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	0.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	0.
6	<b>Total.</b> Add line 1 through line 5		82,690.
7	Income recorded on books this year not included in this return. Attach schedule	●	0.
8	Deductions in this return not charged against book income this year. Attach schedule	●	0.
9	<b>Total.</b> Add line 7 and line 8		0.
10	<b>Net income per return.</b> Subtract line 9 from line 6		82,690.

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>CT0170539</u> <hr/> <b>TRANSITION HABITAT CONSERVANCY</b> Name of Organization <u>PO BOX 721300</u> Address (Number and Street) <u>Pinon Hills, CA 92372</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>2745620</u> <hr/> Federal Employer I.D. No. <u>74-3146328</u>
--	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 1/1/2018 ending 12/31/2018) list:  
 Gross annual revenue \$ 716,188 Total assets \$ 19,357,214

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (760) 868-1400  
 Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.**

\_\_\_\_\_  
 Signature of authorized officer

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**Line 3, Part I (CA 199) - Contributor Detail Schedule**

								112,521	
	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
1	KATHERINE J ALLEN	32515 121ST E	PEARBLOSSOM	CA	93553				15,518
2	KAREN KITELEY	9091 PINE TREE RD	PINION HILLS	CA	92372				28,225
3	LOI NGUYEN	1203 BOUQUET CR	THOUSAND OAKS	CA	91362				6,308
4	CAROLYN THERRIO	PO BOX 1343	WRIGHTWOOD	CA	92397				62,470
5									

**Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees**

0

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	JILL BAYS					PRESIDENT	40	
2	WENDIE MARRIOT					VICE PRESIDENT	15	
3	STEVE OLNEY					TREASURER	15	
4	CAROL HILL					SECRETARY	20	
5	BERTRAND BAYS					BOARD MEMBER	20	
6	GINA CHARPENTIER					BOARD MEMBER	15	
7	JUSTINE CURCIO					BOARD MEMBER	10	
8	JEFF OLESH					BOARD MEMBER	20	
9	CURLY MORAN					BOARD MEMBER	10	



**Line 17, Part II (CA 199) - Other Deductions**

1	Pension plans, employee benefits . . . . .	1	11,086
2	Legal fees . . . . .	2	11,677
3	Accounting fees . . . . .	3	42,684
4	Other professional fees . . . . .	4	169,342
5	Travel, conferences, and meetings . . . . .	5	18,431
6	Printing and publications . . . . .	6	0
7	Special events direct expenses . . . . .	7	8,897
8	Office expenses . . . . .	8	15,735
9	Other expenses . . . . .	9	72,449
10		10	
11		11	
12	Total . . . . .	12	350,301

**TRANSITION HABITAT CONSERVANCY**

**Financial Statements**

**With Independent Auditors' Report**

**December 31, 2018**

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
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**December 31, 2018**

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Statement of Functional Expenses	6
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## **Independent Auditors' Report**

To the Board of Directors  
Transition Habitat Conservancy

We have audited the accompanying financial statements of Transition Habitat Conservancy (a nonprofit organization), which are comprised of the statement of financial position as of December 31, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Transition Habitat Conservancy as of December 31, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Effect of Adopting New Accounting Standards**

As discussed in Note 1, Transition Habitat Conservancy adopted the provisions of Financial Accounting Standards Board Accounting Standards Update (ASU) 2016-14, *Non-For-Profit Entities (Topic 958): Presentation of Financial Statements of Non-for-Profit Entities* as of and for the year ended December 31, 2018. The requirements of ASU 2016-14 have been applied to the period presented. Our opinion is not modified with respect to this matter.



Richard J. Ardito, CPA  
Apple Valley, California  
November 12, 2019

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Statement of Net Assets**  
**December 31, 2018**

<b>ASSETS</b>	
<b>Current Assets</b>	
Cash and equivalents	\$ 441,020
Accounts receivable	29,981
	<hr/>
Total Current Assets	471,001
	<hr/>
<b>Property and Equipment, net</b>	<b>303,000</b>
	<hr/>
<b>Other Assets</b>	
Restricted cash and equivalents	246,855
Restricted investments	3,923,194
Conservation lands	13,348,650
Conservation easements	1,064,514
	<hr/>
Total Other Assets	18,583,213
	<hr/>
Total Assets	\$ <u>19,357,214</u>

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Statement of Net Assets**  
**December 31, 2018**

**LIABILITIES AND NET ASSETS**

**Liabilities**

**Current Liabilities**

Accounts payable and accrued expenses	\$	3,386
Taxes payable		9,130
Deferred revenues		<u>4,344</u>

Total Current Liabilities		<u>16,860</u>
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Total Liabilities		<u>16,860</u>
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**Net Assets**

Without donor restrictions	1,234,532
With donor restrictions (Temporarily)	577,300
With donor restrictions (Permanently)	<u>17,528,522</u>

Total Net Assets	<u>19,340,354</u>
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Total Liabilities and Net Assets	<u>\$ 19,357,214</u>
----------------------------------	----------------------



**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Statement of Activities**  
**For the Year Ended December 31, 2018**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions (TR)</u>	<u>With Donor Restrictions (PR)</u>	<u>Total</u>
<b>Support, Revenues, Gains and Losses</b>				
Grants and contributions	\$ 329,314	\$ 386,739	\$ 74,500	\$ 790,553
Memberships	3,647	-	-	3,647
Fundraising income	8,163	-	-	8,163
In-kind services	38,924	-	-	38,924
Service fees	90,757	-	45,780	136,537
Interest	305	-	-	305
Return on investments	-	(318,312)	-	(318,312)
Other	5,774	-	-	5,774
Net assets released				
Purpose satisfied	158,385	(158,385)	-	-
Total Support, Revenues, Gains and Losses	<u>635,269</u>	<u>(89,958)</u>	<u>120,280</u>	<u>665,591</u>
<b>Expenses</b>				
Program expenses	548,199	-	-	548,199
Supporting expenses	<u>76,402</u>	<u>-</u>	<u>-</u>	<u>76,402</u>
Total Expenses	<u>624,601</u>	<u>-</u>	<u>-</u>	<u>624,601</u>
Change in Net Assets	10,668	(89,958)	120,280	40,990
Extraordinary event -				
Insurance proceeds	-	41,700	-	41,700
Transfers	4,694	-	(4,694)	-
Net assets – beginning of year	<u>1,219,170</u>	<u>625,558</u>	<u>17,412,936</u>	<u>19,257,664</u>
Net assets – end of year	<u>\$ 1,234,532</u>	<u>\$ 577,300</u>	<u>\$ 17,528,522</u>	<u>\$ 19,340,354</u>

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Statement of Functional Expenses**  
**For the Year Ended December 31, 2018**

	Program Expenses	Supporting Expenses General & Administrative	Total Expenses
Accounting services	34,147	8,537	42,684
Advertising	385	-	385
Amortization	1,731	-	1,731
Acquisition costs	17,116	-	17,116
Bank and merchant fees	4,557	649	5,206
Depreciation	23,741	5,935	29,676
Donations	1,200	-	1,200
Employee benefits	8,869	2,217	11,086
Environmental mitigation	3,419	-	3,419
Filing fees	-	175	175
In-kind labor	37,264	-	37,264
Insurance	7,136	1,784	8,920
Land mgmt. services	169,342	-	169,342
Legal fees	9,342	2,335	11,677
Meals	1,701	425	2,126
Membership dues	1,128	282	1,410
Occupancy	15,054	3,763	18,817
Office expense	6,348	1,587	7,935
Outreach	1,060	-	1,060
Payroll taxes	19,611	4,903	24,514
Printing	1,499	375	1,874
Property taxes	8,267	-	8,267
Salaries and wages	160,154	40,038	200,192
Training	-	545	545
Travel	12,661	2,234	14,895
Workers' compensation	2,468	617	3,085
<b>Total Expenses</b>	<b>548,199</b>	<b>76,402</b>	<b>624,601</b>

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Statement of Cash Flows**  
**For the Year Ended December 31, 2018**

<b>Cash Flows from Operating Activities</b>	
Change in net assets	\$ 40,990
Non-cash adjustments:	
Extraordinary event	41,700
In-kind services	(38,924)
Depreciation and amortization	31,407
Non-cash donation	1,200
(Gains) and losses - investments	383,173
(Increase) decrease in operating assets	
Accounts receivable	13,683
Increase (decrease) in operating liabilities	
Accounts payable	(12,648)
Taxes payable	8,088
Deferred revenue	(6,983)
Cash provided by (used in) land activities	
Acquisitions of land and easements	<u>(191,907)</u>
Net Cash Provided by (Used for) Operating Activities	<u>269,779</u>
<b>Cash Flows from Investing Activities</b>	
Purchase of property and equipment	-
Purchase of amortized contracts	(596)
Sales and redemptions of securities	2,307,828
Purchases and reinvestments of securities	<u>(2,474,237)</u>
Net Cash Provided by (Used for) Investing Activities	<u>(167,005)</u>
Net Change in Cash and Cash Equivalents	102,774
Cash and Cash Equivalents at Beginning of Year	<u>585,101</u>
Cash and Cash Equivalents at End of Year	<u>\$ 687,875</u>
<b>Supplemental Disclosures</b>	
Cash paid for interest	\$ -
Cash paid for income taxes	\$ -

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Notes to Financial Statements**  
**December 31, 2018**

**Note 1: Nature of Organization and Summary of Significant Accounting Policies**

**Nature of Organization**

Transition Habitat Conservancy (the Organization) is a nonprofit corporation operating in San Bernardino and Los Angeles Counties, California. The Organization's mission is to manage and restore lands and to enforce any prohibitions of use.

The Organization's primary sources of revenue are government grants, contributions from the public, and fees from businesses requiring environmental mitigation services. These resources are spent restoring and managing land and acquiring conservation land and easements.

**Summary of Significant Accounting Policies**

**Cash and Equivalents**

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

**Accounts Receivable and Deferred Revenue**

The Organization charges fees for mitigation and other land management services. Generally, a retainer is received in advance of the performance of services, and charges are billed against the retainer. From time to time, services are performed before a new retainer is received. When the charges for services exceed the retainer, the Organization reports a receivable. When the balance of the retainer exceeds the charges for services, deferred revenue is reported. The Organization does not believe any of the receivables at December 31, 2018 are uncollectible.

**Restricted Cash and Investments**

Cash and investments restricted by grantors or donors for mitigation or acquisition of property is not available for operating or administrative purposes.

**Investments**

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of net assets. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Notes to Financial Statements**  
**December 31, 2018**

**Note 1: Nature of Organization and Summary of Significant Accounting Policies**  
**(continued)**

**Basis of Accounting**

The financial statements of the Organization have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) “Audit and Accounting Guide for Not-for-Profit Organizations” (the “Guide”). (ASC) 958-205 was effective January 1, 2018.

Under the provisions of the Guide, net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified as follows:

*Net assets without donor restrictions:* Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. The Organization’s board may designate assets without restrictions for specific operational purposes from time to time.

*Net assets with donor restrictions:* Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Non-Profit Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

**Property and Equipment**

The Organization capitalizes property and equipment over \$1,000. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time. Property and equipment are depreciated using the straight-line method over estimated useful lives as follows:

Furniture	7 years
Equipment and vehicles	5 years

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Notes to Financial Statements**  
**December 31, 2018**

**Note 1: Nature of Organization and Summary of Significant Accounting Policies**  
**(continued)**

**Adoption of New Accounting Standard**

Commencing on January 1, 2018, the organization adopted the provisions of FASB issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, which became effective. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has implemented ASU 2016-14 and has adjusted the presentation in these financial statements accordingly.

**Expense Allocation**

The costs of providing program and administrative have been summarized on a functional basis in the Statement of Activities and the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**Conservation Lands and Easements**

The Organization records land and land interests at cost if purchased or at fair value at the date of acquisition, if all or part of the land was received as a donation. Fair value is generally determined by appraisal at the time of acquisition and is not subsequently adjusted. Costs related to the acquisition of land and land interests, such as appraisals, surveys, and initial restoration, are included in the total cost of the land or land interest.

Conservation land is real property with significant ecological value. The Organization's portfolio of conservation land includes land it intends to own and maintain in perpetuity and land it intends to transfer to other organizations who will manage the lands in a similar fashion.

Conservation easements are comprised of listed rights and/or restrictions over the owned property that grant the Organization the right to protect and or mitigate the property.

**Acquisition Expenses**

Costs associated with unsuccessful attempts to acquire land or land interests are expensed as program expenses as soon as the Organization is notified that the acquisition will not be completed.

**Contributed Services**

The Organization records in-kind revenue when it receives donated services in the form of labor requiring specialized skill and knowledge. For the year ended December 31, 2018, the Organization recognized \$110,816 in revenue from land management services provided by volunteers. In addition, individuals volunteer their time and perform a variety of tasks that assist the Organization with its mailing and filing tasks, but these services do not meet the criteria for recognition as contributed services.

**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Notes to Financial Statements**  
**December 31, 2018**

**Note 1: Nature of Organization and Summary of Significant Accounting Policies**  
**(continued)**

**Income Taxes**

The Organization is a not-for-profit organization that is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation. The Organization is also exempt from state taxation under similar California Revenue and Taxation code.

The Organization's federal and state returns for the years ending 2015, 2016, 2017 and 2018 are subject to examination by the IRS and Franchise Tax Board, generally for three and four years, respectively, after they were filed.

**Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Fair Value Measurements**

The Organization measures financial instruments at fair value using valuation techniques that are ranked in three levels depending on the degree of objectivity of the inputs used with each level:

Level 1 inputs – quoted prices in active markets for identical assets

Level 2 inputs – significant other observable inputs

Level 3 inputs – significant unobservable inputs

Cash and cash equivalents are valued at their carrying amount due to their short maturities. Investments in available for sale securities are measured on a recurring basis using quoted market prices.

**Subsequent Events**

Transition Habitat Conservancy has evaluated events subsequent to December 31, 2018 to assess the need for potential recognition or disclosure in the financial statements. Such events were evaluated through November 12, 2019 the date these financial statements were available to be issued.



**TRANSITION HABITAT CONSERVANCY**  
**(A Nonprofit Organization)**  
**Notes to Financial Statements**  
**December 31, 2018**

**Note 2: Cash and Equivalents**

At December 31, 2018, cash and equivalents are as follows:

Cash in checking	\$	419,746
Cash in savings and money markets		20,488
Cash on hand		786
	\$	<u>441,020</u>

Cash and equivalents are reported on the statement of net assets as follows:

Cash and equivalents	\$	441,020
Restricted cash and equivalents		246,855
	\$	<u>687,875</u>

**Note 3: Property and Equipment**

Property and equipment consist of the following at December 31, 2018:

Buildings	222,136
Vehicles	105,302
Furniture and Equipment	36,077
	<u>363,515</u>
Less: Accumulated depreciation	<u>(115,515)</u>
	248,000
Land	55,000
Property and Equipment, Net	<u>\$ 303,000</u>

**Note 4: Investments**

The following schedule summarizes investment returns for 2018 and their classification in the statement of activities:

	Net Assets With Donor Restrictions (TR)	Total
	<u>          </u>	<u>          </u>
Interest and dividends, net	\$ 68,505	\$ 68,505
Net realized and unrealized gains	<u>(386,817)</u>	<u>(386,817)</u>
	<u>\$ (318,312)</u>	<u>\$ (318,312)</u>

Interest and dividends are recorded net of investment fees amounting to \$39,746.

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**Note 5: Conservation Lands**

Conservation lands consisted of the following at December 31, 2018:

Completed acquisitions	\$ 13,348,634
Acquisitions in process	-
	<u>\$ 13,348,634</u>

**Note 6: Conservation Easements**

At December 31, 2018, conservation easements were as follows:

Completed acquisitions	\$ 1,062,440
Acquisitions in process	2,074
	<u>\$ 1,064,514</u>

**Note 7: Net Assets and Restrictions on Net Assets**

Net Assets Without Donor Restrictions

Unrestricted net assets include undesignated net assets and designated net assets as follows:

Board designated:	
Conservation lands	\$ 647,577
Undesignated	389,803
	<u>\$ 1,037,380</u>

Net Assets With Donor Restrictions

Temporarily restricted net assets are available for initial and continuing land management as follows:

Initial management of conservation land	\$ 409,119
Perpetual management of conservation lands	168,181
	<u>\$ 577,300</u>

Net Assets With Donor Restrictions

Permanently restricted net assets consist of endowment funds and conservation lands as follows:

Endowment funds	\$ 4,179,872
Conservation lands	13,348,650
	<u>\$ 17,528,522</u>

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**Note 8: Endowment Funds**

The Organization's permanently restricted endowments were established with contributions for the perpetual management of a conservation lands and easements. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization, in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the Organization considers the following factors in making the determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Organization, and (7) the Organization's investment policies.

The Organization has adopted investment and spending policies for endowment assets that attempt to subject the funds to low investment risk and provide the earnings needed for the established purposes. Endowment assets are invested in equities, exchange-traded and closed-end funds, mutual funds, and unit investment trusts.

The endowments for the perpetual management of conservation land and easements were established by contributions subject to restrictions, so they are classified as permanently restricted. A Property Analysis Record (PAR) was developed to establish the expected per-acre cost of providing perpetual management of the conservation easements and the present value of the original endowments based on an expected 3.50% return per annum. In keeping with donors' intents, earnings from endowments will accumulate in the permanent fund for two years. Subsequent earnings will be recorded as temporarily restricted net assets until they are appropriated for spending.

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**Note 8: Endowment Funds (continued)**

The composition of endowment net assets and the changes in endowment net assets are as follows:

	Without Donor Restrictions	With Donor Restrictions Temporarily	With Donor Restrictions Permanently	Total
Endowment net assets, January 1, 2018	\$ -	\$ 486,493	\$ 4,059,592	\$ 4,546,085
Contributions	-	-	120,280	120,280
Investment income, net of expenses	-	68,505	-	68,505
Net appreciation	-	(386,817)	-	(386,817)
Amounts appropriated for transfers	-	-	-	-
Endowment net assets, December 31, 2018	<u>\$ -</u>	<u>\$ 168,181</u>	<u>\$ 4,179,872</u>	<u>\$ 4,348,053</u>

**Note 9: Commitments**

One of the Organization's grants requires that the Organization provide a total of \$128,969 in matching funds during the grant period of September 18, 2017 through September 17, 2020. During the 2018 year, \$115,504 of the required matching funds were provided.

**Note 10: Extraordinary Event**

In 2012, Transition Habitat Conservancy acquired land, with a conservation easement held by the California Department of Fish and Wildlife, with the sole intent to preserve it in perpetuity as critical habitat for special status species protected by the Endangered Species Act. A portion of the land was unexpectedly and illegally cleared. In 2018, the Conservancy received insurance proceeds of \$41,700 and will use the funds to restore the land back to its original state and keep it available as habitat.

**Abengoa MSP and Sandlot 2019**

Endowment Account as of 1/1/2019	\$911,131.70
Net Amount of Investment Earnings, Gains & Losses	\$144,974.28
Administrative Expenses	\$ (10,741.84)
Endowment Payout 2019	\$ (31,889.59)
Endowment Account YE 2019	\$1,013,474.55

