efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number **B** Check if applicable: Big Sur Land Trust 94-2473415 Name change Initial return Doing business as E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) 509 Hartnell Street Application pending (831) 625-5523 City or town, state or province, country, and ZIP or foreign postal code Monterey, CA 93940 **G** Gross receipts \$ 5.839,007 F Name and address of principal officer: H(a) Is this a group return for Jeannette Tuitele-Lewis subordinates? Yes 📝 No 509 Hartnell Street **H(b)** Are all subordinates Monterey, CA 93940 included? If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.bigsurlandtrust.org K Form of organization: Corporation Trust Association Other L Year of formation: 1978 M State of legal domicile: CA Summary 1 Briefly describe the organization's mission or most significant activities: Big Sur Land Trusts mission is to inspire love of land across generations, conservation of our unique Monterey County landscapes, and access to outdoor experiences for all. Since 1978, we have conserved over 40,000 acres throughout the county Activities & Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) . 2 9 Total number of volunteers (estimate if necessary) 48 6 Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 5,608,524 3,713,889 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 29,918 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 579,774 675,932 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 248,921 210,511 6,437,219 4,630,250 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 69,326 40,574 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,859,404 2,097,739 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶354,160 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,477,677 1,643,745 3,406,407 3,782,058 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,030,812 848,192 Revenue less expenses. Subtract line 18 from line 12 . Assets or Beginning of Current **End of Year** 46,075,695 47,120,038 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 578,939 880,333 Net assets or fund balances. Subtract line 21 from line 20 . 45,496,756 46,239,705 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. Signature of officer Sign Jeannette Tuitele-Lewis CEO Here Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 if P00312047 **Paid** self-employed Firm's name McGilloway Ray Brown & Kaufman Firm's EIN > 77-0460195 **Preparer Use Only** Firm's address > 379 WEST MARKET STREET Phone no. (831) 424-2737 SALINAS, CA 93901 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat. No. 11282Y

| 1 011 | 11 990 (2019) | | | | | Page Z |
|-------|---|--|--|--|---|--|
| Pa | art III Statemer | nt of Program Servic | e Accompl | lishments | | |
| | Check if Scl | hedule O contains a respor | se or note to | any line in this Part III | | ✓ |
| 1 | Briefly describe th | e organization's mission: | | | | |
| The | mission of the Big S | ur Land Trust is to inspire | ove of the la | nd and conservation of o | our treasured landscapes. | |
| _ | | | | | | |
| 2 | 3 | on undertake any significan 0 or 990-EZ? | . 3 | rvices during the year w | hich were not listed on | Yes VNo |
| | If "Yes," describe | these new services on Sch | edule O. | | | |
| 3 | Did the organization services? | on cease conducting, or ma | ke significant | t changes in how it cond | ucts, any program | Yes VNo |
| | If "Yes," describe | these changes on Schedul | e O. | | | |
| 4 | expenses. Section | , 3 | rganizations | are required to report th | e largest program services, as ne amount of grants and alloca | • |
| 4a | (Code: |) (Expenses \$ | 975,945 | including grants of \$ | 29,378) (Revenue \$ |) |
| | surrounded by beaut Our Carr Lake park p staying masked and | ty on socially distanced hikes at E projects native garden continues socially distanced. Our outdoor y | Big Sur Land Tru to thrive at the routh programs | st properties. In April, we con site in Salinas thanks to volur shifted from hosting in-persor | ey County. In 2020, hundreds of peo served 83.5 magnificent acres at Pat nteer gardeners of all ages who parti n camps to providing hundreds of kic ligently managing invasive species th | riarch Ridge in Carmel Valley. cipated in planting days while is experiences with nature |
| 4b | (Code: |) (Expenses \$ | 663,123 | including grants of \$ | 10,046) (Revenue \$ |) |
| | | | | | to protection and conservation of sig | |

Form 000 (2010)

4d

local conservation sites are being utilized to promote healthy communities by providing meaningful outdoor experiences for local youth and other groups in order to enhance the connection of people with the land. Around 100,000 people benefited. 4c

) (Expenses \$ 658,552 including grants of \$) (Revenue \$ (Code: Stewardship - Big Sur Land Trust (BSLT) expends funds and initiates community partnerships to be effective stewards of both the BSLT's protected acreage as well as other important public and private lands. BSLT provides a high standard of stewardship for our ecological, cultural and scenic features that define the character of our

properties and contribute to our natural and cultural heritage. Stewardship includes care of the facilities and amenities that ensure a high quality visitor experience; the standard of care balances ecological health and human use of the land. Around 100,000 people benefited.

Other program services (Describe in Schedule O.) (Expenses \$ 483,972 including grants of \$ 1,150) (Revenue \$ Total program service expenses 2,781,592

Form 990 (2019) Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 candidates for public office? If "Yes," complete Schedule C, Part I 🥦 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 为 Yes 4 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? If "Yes," complete Schedule C, Part III 5 5 Νo Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Νo 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Yes 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο complete Schedule D, Part III 🥵 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 Νo 9 negotiation services? If "Yes," complete Schedule D, Part IV 🐿 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😼 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Yes

Yes

Yes

Yes

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Νo

11a

11b

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11d

11e

11f

12a

12b

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14a

14b

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20a

20b

Yes

Yes

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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐄

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

VIII, IX, or X as applicable.

| Form 990 (2019) | | | | | 4 |
|-----------------|--|-----|-----|----|---|
| Pa | rt 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? If "Yes," complete Schedule I, Parts I and III | 22 | | No | - |
| 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? If "Yes," complete Schedule J | 23 | Yes | | _ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete School & If "No." on to line 35a. | 242 | | No | _ |

Nο

Nο

Νo

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Nο

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No

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1b

Yes

Yes

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Yes

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24b 24c 24d

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 🖠

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

"Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22 for receivables from or pyables to any current or

25a former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?

25b ប្រជុំ^Yអាច «លាក្សាខ្លែស ស្រាស់ និង ប្រជុំ ប្រជាជ្រាក្រ employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

26 27

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," completeSchedule L,Part III 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, key employee, creator or founder, or substantial contributor? If "Yes,"

28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . 28b

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

អ៊ីត៉េ^{ក្}ពីទី៩ 6ម្បានអន្តែម៉ាស៊ីកិត្តមួយថា Me, terminate, or dissolve and cease operations? *If "Yes," complete schedule N, Part I*

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Waseh" Granitzationedula en Part II, III, or IV,

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)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

29

31

Part V

conservation contributions?

and Part V, line 1

sections 301.7701-2 and 301.7701-3?

| Statements Regarding Other IRS Filings and Tax Compliance |
|---|
| Check if Schedule O contains a response or note to any line in this Par |

| | Check if Schedule O contains a response or note to any line in this | Part V |
|----|--|--------|
| | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a |

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| Pai | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|---------|--|------------|-----|----------|
| 2a | 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 | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | <u> </u> |
| | 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, the name of the foreign country: | 4a | | No |
| U | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| 5a | $\sqrt{8}$ the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | Νo |
| b | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club Section 501(c)(12) organizations. Enter: | | | |
| 11 a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | Couling 4047(NA) and a second of the Hell of the Land of the City of the County of th | 40 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N o |
| ь 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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? | 14b 15 | | N o |
| 16 | | 16 | | N o |

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|------|---|--------|------------|---------------|
| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response 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 | espons | e to lines | |
| Se | ection A. Governing Body and Management | | 1 | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax 19 | | | |
| | Year 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 | Enter the number of voting members included in line 1a, above, who are independent 1b 19 | | | |
| 2 | 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? | 2 | | No |
| 3 | 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? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | 4 | | No |
| 5 | $^{	ext{blad}}$ the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | , |
| 9 | 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? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal H | Reven | ue Coa | e.) |

| | or similar committee, explain in Schedule O. | | | | | | |
|-------------|--|-------------------|---------------------------|-------|--------|------|--|
| b | Enter the number of voting members included in line 1a, above, who are independent | 1 b | 1 9 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | relationship with any | 2 | | No | |
| 3 | Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management control of the control | | 3 | | Νo | | |
| 4 | Did the organization make any significant changes to its governing documents since | rior Form 990 was | 4 | | Νo | | |
| 5 | bladthe organization become aware during the year of a significant diversion of the o | organi | zation's assets? . | 5 | | Νo | |
| 6 | Did the organization have members or stockholders? | | | 6 | | Νo | |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body? | | 7a | | No | | |
| b | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body? | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written action year by the following: | ons ur | ndertaken during the | | | | |
| а | a The governing body? | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, will organization's mailing address? If "Yes," provide the names and addresses in Schedule | | | 9 | | No | |
| Se | ction B. Policies (This Section B requests information about policies not | requ | ired by the Internal F | Reven | ue Cod | le.) | |
| | | | | | Yes | No | |
| 10 a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Νo | |
| b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati | | | 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its the form? | s gove | erning body before filing | 11a | Yes | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this F | orm 9 | 990 | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 $$. | | | 12a | Yes | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annual | lv inte | erests that could give | | | | |

| 3 | 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? . | 3 | | Νo |
|---------------------------|--|--------------------------|-------------------|----------|
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | 4 | | No |
| 5 | 60° organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | N o |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | 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? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No No |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | Yes | |
| b 11a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | 10b | | |
| b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | |
| b 11a b 12a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 10b | Yes | |
| b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a | Yes | |
| b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b | Yes Yes | |
| b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b | Yes Yes Yes | |

| 5 | the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | IN O |
|-----|--|-------|--------|------|
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| | 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? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | eveni | ue Cod | e.) |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | N o |
| 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| 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? | 16b | | |
| | | 100 | | |

| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
|-----|--|--------|-----|----|
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | 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? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | eveni | ie Cod | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |

| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
|-----|--|-----|----------------|--------|
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done \cdot | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| 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? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \ensuremath{C} A | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website V 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 The Organization 509 Hartnell Street Monterey, C A 93940 (831) 625-5523 | 5: | | |
| | | F | orm 990 | (2019) |

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization n | • | | ation | con | npei | nsate | d an | y current officer, | director, or truste | e. |
|--|--|-----------------------------------|-----------------------|----------------------|-------------------------|---------------------------------|--------|--|---|--|
| | (B) Average hours per week (list any hours for related | unles | ore th | han rsor cer a | not one is and | | | (D) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F) Estimated amount of other compensation from the organization |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC) | MISC) | and related organizations |
| (1) Jeannette Tuitele-Lewis | 40.00 | | | Х | | | | 175,629 | 0 | 44,139 |
| CEO | 0.00 | | | | | | | | | |
| (2) Richard Hamilton | 40.00 | | | Х | | | | 144,474 | 0 | 12,707 |
| <u>coo</u> | 0.00 | | | | | | | • | | |
| (3) Rachel Saunders | 40.00 | | | | | | | 111,750 | 0 | 8,588 |
| Dir. Conservation | 0.00 | | | | | | | 111,750 | | |
| (4) Katharine L Mitchell-Mehle | 40.00 | | | | | | | 102,500 | 0 | 5,125 |
| Development Dir | 0.00 | | | | | | | 102,300 | 0 | 3,123 |
| (5) Hans Buder | 1.00 | V | | | | | | 0 | 0 | 0 |
| Director | 0.00 | Х | | | | | | 0 | 0 | U |
| (6) Jim Andrasick Chairman | 5.00 | х | | х | | | | 0 | 0 | 0 |
| (7) Krista Hanni Co-Chair | 2.00 | Х | | Х | | | | 0 | 0 | 0 |
| (8) Nigel Lovett | | Х | | | | | | 0 | 0 | 0 |
| (9) Julie Drezner | 2.00 | | | ., | | | | | | |
| Secretary | 0.00 | Х | | Х | | | | 0 | 0 | 0 |
| (10) Monica Tovar Director | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (11) Sarah Berling | 0.00 1.00 | | | | | | | | | |
| Director | 0.00 | Х | | | | | | 0 | 0 | 0 |
| (12) Mark Boitano | 1.00 | ., | | | | | | _ | _ | |
| Director | 0.00 | Х | | | | | | 0 | 0 | 0 |
| (13) Charles Winston Jr | 1.00 | | | | | | | | | _ |
| Director | 0.00 | Х | | | | | | 0 | 0 | 0 |
| (14) John Gamble | 1.00 | | | | | | | | | |
| Director | 0.00 | Х | | | | | | 0 | 0 | 0 |
| (15) Alfred Diaz-Infante | 1.00 | | | | | | | | | |
| Director | 0.00 | Х | | | | | | 0 | 0 | 0 |
| (16) Will Lewallen | 1.00 | | | | | | | | | |
| Director | 0.00 | Х | | | | | | 0 | 0 | 0 |
| (17) Larry Oda | 1.00 | | | | | t | | | | |
| Director | 0.00 | Х | | | | | | 0 | 0 | 0 |
| | 1.00 | | | | | | | | | Form 990 (2019) |

| (A) | (B) | | | (C |) | | | (D) | (E) | | F) |
|--|---|--|-----------------------|----------|--|--|------------------------|--|------------------------|-------|---------------------------------|
| Name and title | Average hours per week (list any hours for | Average Position (do not check compensation eek (list person is both an officer Prom the | | | Reportable compensation from the | Reportable compensation from related organizations | Esti amoun compe | mated t of other ensation m the | | | |
| | related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | and | nization related izations |
| (18) Dan Lee | 1.00 | x | | | | | | 0 | | 0 | (|
| Director | 0.00 | | | | | | | Ŭ | | 9 | |
| (19) Alfred Munoz | 2.00 | x | | Х | | | | 0 | | 0 | (|
| Treasurer | 0.00 | | | ^ | | | | Ŭ | | 9 | ` |
| (20) Tom Reeves | 1.00 | x | | | | | | 0 | | 0 | (|
| Director | 0.00 | | | | | | | Ů | | _ | |
| (21) Mary Wright | 1.00 | x | | | | | | 0 | | 0 | (|
| Director | 0.00 | | | | | | | Ů | | | |
| (22) Andrea Manzo | 1.00 | x | | | | | | 0 | | 0 | (|
| Director | 0.00 | | | | | | | Ŭ | | | |
| (23) David Mancera | 1.00 | x | | | | | | 0 | | 0 | |
| Director | 0.00 | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-Total | | | <u> </u> | <u> </u> | • | • | <u> </u> | | | | |
| c Total from continuation sheets to Part VI | l, Section A . | | | | • | • | | | | | |
| d Total (add lines 1b and 1c) | | | | | - | • | | 534,353 | | | 70,55 |
| 2 Total number of individuals (including b \$100,000 of reportable compensation f | | | | ed a | bov | e) who | o re | ceived more than | | | |
| ψ_00/000 0opoabic copa.isacie | | | | | | | | | | Yes | No |
| 3 Did the organization list any former off | icer, director or | truste | e, ke | y e | mplo | oyee, | or h | ighest compensate | ed employee | | |
| on line 1a? If "Yes," complete Schedule | I for such individ | dual . | | • | | | | | | 3 | Νo |
| 4 For any individual listed on line 1a, is the | he sum of repor | table o | comp | ensa | atio | n and | othe | er compensation fr | om the | | |
| organization and related organizations | greater than \$ | 150,00 | 0? <i>If</i> | "Ye | s," (| comple | ete S | Schedule J for such | | | |
| individual | | | | | | | | | | 4 Yes | |
| 5 Did any person listed on line 1a receive | | | | | | | | - | | | |
| services rendered to the organization? | | е эспе | uuie . | וסו כ | SUC | ıı pers | 011 | | | 5 | No |
| Section B. Independent Contractor1 Complete this table for your five higher | | inden | ende | nt c | ont | ractor | s th | at received more t | than \$100,000 o | f | |
| compensation from the organization. Re | | | | | | | | | | | ar. |
| Novo | (A) | | | | | | | Descript | (B) | | (C) |
| Name and t Balance Hydrologics Inc | ousiness address | | | | | | | Hydrology Stud | ion of services ies | Comp | ensation 297,094 |
| 800 Bancroft Way | | | | | | | | , 13, 132 | | | ¥ |
| Berkeley, CA 94710 | | | | | | | | | | | |
| Center for Community Advocacy | | | | | | | | Comm Outreac | h | 1 | 102,500 |

| Name and business address | Description of services | Compensation |
|--|-------------------------|--------------|
| Balance Hydrologics Inc | Hydrology Studies | 297,094 |
| 300 Bancroft Way Berkeley, CA 94710 | | |
| Center for Community Advocacy | Comm Outreach | 102,500 |

22 West Gabilan St Salinas, CA 93901

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 \triangleright 2

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|---|------------|--|------------|----------------------------------|------------|------------------|-------------------|--|--------------------------------|--|
| Part | VII | | | | | | and the same | + \/III | | |
| | | Check if Sche | eaure | O CONTAIN | s a res | ponse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| s 2 | 1 | a Federated camp | oaigi | ns | 1a | | | | | |
| ant | | b Membership du | | | 1b | | | | | |
| 5 6 | | c Fundraising eved Related organiz | | | 1c | 16,300 | | | | |
| fts, | | e Government grants | | | 1d 1e | 509,891 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | f All other contributio | | | 1 1 | <u> </u> | | | | |
| | | and similar amount | s not | included | 1f | 3,187,698 | | | | |
| | | g Noncash contributio lines 1a - 1f:\$ | ns in | cluded in | 1 g | 119,492 | | | | |
| | | h Total. Add lines | 1a- | 1f | | 🕨 | 3,713,889 | | | |
| | | | | | | Business Code | 10.710 | 10.710 | | |
| d) | 2 a | Administration Fees | | | | 561000 | 12,740 | 12,740 | | |
| Program Service Revenue | b | Insurance Reimburse | ment | : | | 900099 | 17,178 | 17,178 | | |
| Se Se | | | | | | | | | | |
| Mce | c | : | | | | | | | | |
| Seg | d | 1 | | | | | | | | |
| ram | | | | | | | | | | |
| Tog | e | | | | | | | | | |
| | f | · All other program | n ser | vice reven | ue. | | | | | |
| | g | Total. Add lines | 2a- | 2f | | 29,918 | | | | _ |
| | | Investment income | e (in | cluding div | idends | , interest, and | 352,32 | 6 | | 352,326 |
| | | :her gim:lar <i>e</i> afPoHnitsVes | stme | nt of tax-e | xempt | bond proceeds | : | 0 | | |
| | 5 | Royalties | | | | | , | 0 | | |
| | | | ļ | (i) Re | al | (ii) Personal | 4 | | | |
| | 6a | Gross rents | 6a | | 240,561 | | | | | |
| | b | Less: rental | 6b | | 31,901 | | | | | |
| | С | expenses Rental | | | 31,301 | | - | | | |
| | | income or d (Net ^s rental incom | 6c | | 208,660 | J | 208,66 | .0 | | 208,660 |
| | ' | • wet rental incom | ie Or | (i) Secu | | (ii) Other | 200,000 | | | 200,000 |
| | 7a | Gross amount | \ \ | | | | | | | |
| | | from sales of assets other | 7a | 1, | ,484,266 | | | | | |
| | b | than inventory Less: cost or | | | | | | | | |
| | | other basis and sales expenses | 7b | 1, | ,160,660 | | | | | |
| | С | Gain or (loss) | 7c | | 323,606 | | | | | |
| | | d Net gain or (loss | | | • | | 323,60 | 6 | | 323,606 |
| Other Revenue | | Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expe | d on | ising events 16,300 of line 1c). | | 14,906 16,196 | | | | |
| ď | | Net income or (lo | | | aising e | events | -1,29 | 0 | | -1,290 |
| Other | ı | Gross income from activities. See Part IV, line 1 Cless: direct expe | 19 ense | S | 9a 9b | rities | | 0 | | |
| | | | | | | | | | | |

| 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
|--|------|---------------|-----------|--------|---------|
| b Less: cost of goods sold | 10b | | | | |
| c Net income or (loss) from sales of | inve | ntory | 0 | | |
| | | • | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11a Other Income | | 900099 | 3,141 | | 3,141 |
| | | | | | |
| b | | | | | |
| | | | | | |
| С | | • | | | |
| | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | • | . | 3,141 | | |
| 12 Total revenue. See instructions . | • | • • • • | 4,630,250 | 29,918 | 886,443 |

886,443 Form **990** (2019)

| Forr | m 990 (2019) | | | | Page 10 |
|------|---|-----------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Pa | art IX Statement of Functional Expenses | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations must | | | | |
| | Check if Schedule O contains a response or note to | any line in this Part | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 40,574 | 40,574 | | |
| 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 | 394,942 | 39,494 | 177,724 | 177,724 |
| 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 | 1,342,875 | 1,105,555 | 150,345 | 86,975 |
| | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 46,665 | 41,389 | 3,836 | 1,440 |
| _ | | 106 017 | 150 454 | 22.490 | 12.002 |
| | Other employee benefits | 186,817 126,440 | 150,454 85,749 | 22,480 | 13,883 17,961 |
| | Payroll taxes | 120,440 | 83,749 | 22,730 | 17,901 |
| | Fees for services (non-employees): | 0 | | | |
| | Management | 55,859 | 41,422 | 14,267 | 170 |
| | Accounting | 30,701 | 13,700 | 16,391 | 610 |
| | ILobbying | 15,000 | 15,000 | | |
| | Professional fundraising services. See Part IV, line 17 | 0 | · | | |
| | Investment management fees | 79,819 | | 79,819 | |
| | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | 811,861 | 794,074 | 5,028 | 12,759 |
| 12 | Advertising and promotion | 0 | 1 | ĺ | |
| | Office expenses | 44,346 | 28,866 | 5,736 | 9,744 |
| | Information technology | 66,130 | 26,682 | 32,567 | 6,881 |
| | Royalties | 0 | | | |
| | Occupancy | 62,348 | 43,968 | 17,621 | 759 |
| 17 | Travel | 26,192 | 19,304 | -298 | 7,186 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | 0 | | | |
| 19 | Conferences, conventions, and meetings | 23,579 | 15,494 | 5,611 | 2,474 |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 64,457 | 32,131 | 30,896 | 1,430 |
| 23 | Insurance | 82,543 | 40,364 | 41,180 | 999 |
| 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 Conservation Improvements | 109,999 | 109,999 | | |
| | b Repairs & maintenance | 59,019 | 49,947 | 8,438 | 634 |
| | c Food & service | 40,542 | 40,542 | | |
| | d Other expense | 31,983 | 20,486 | 680 | 10,817 |
| | e All other expenses | 39,367 | 26,398 | 11,255 | 1,714 |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,782,058 | 2,781,592 | 646,306 | 354,160 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720). | | | | |

| | | (2019) | | | | | Page 11 | |
|-------------|-------|---|--|------------------------------|--------------------------|-------------|-----------------------------|--|
| P | art X | Balance Sheet | | | | | | |
| | | Check if Schedule O contains a response or | note to | o any line in this Part IX . | | | · · · · · <u>[</u> | |
| | | | | | (A) Beginning of year | | (B) End of year | |
| | 1 | Cash-non-interest-bearing | | | 222,833 | 1 | 532,990 | |
| | 2 | Savings and temporary cash investments | | | 2,420,727 | 2 | 2,295,494 | |
| | 3 | Pledges and grants receivable, net | | | 1,776,461 | 3 | 1,595,342 | |
| | 4 | Accounts receivable, net | | | 42,871 | 4 | 6,737 | |
| | 5 | Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons described | contr hese p alified | bersons (as defined | | 5 | 0 | |
| | _ | | ibeu i | 11 3ection 4330(c)(3)(b) | | 6 | 0 | |
| ets | 7 | Notes and loans receivable, net | • | | | 7 | 0 | |
| Assets | 8 | Inventories for sale or use | | | 56.252 | 8 | | |
| A | 9 | Prepaid expenses and deferred charges . | I | | 56,353 | 9 | 35,971 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 2,190,626 | | | | |
| | ь | Less: accumulated depreciation | 10b | 638,695 | 1,464,558 | 10 c | 1,551,931 | |
| | 11 | Investments—publicly traded securities . | | | 15,333,445 | 11 | 16,190,983 | |
| | 12 | Investments—other securities. See Part IV, Ii | Investments—other securities. See Part IV, line 11 | | | | | |
| | 13 | Investments—program-related. See Part IV, I | | | 13 | 0 | | |
| | 14 | Intangible assets | | | 14 | 0 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 24,758,447 | 15 | 24,910,590 | |
| | 16 | Total assets: Add lines 1 through 15 (must e | ne 34) | 46,075,695 | 16 | 47,120,038 | | |
| | 17 | Accounts payable and accrued expenses . | | | 295,739 | 17 | 302,343 | |
| | 18 | Grants payable | | 18 | | | | |
| | 19 | Deferred revenue | | 3,200 | 19 | 37,407 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| S | 21 | Escrow or custodial account liability. Complet | te Part | IV of Schedule D | | 21 | | |
| Liabilities | 22 | Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t | contr | ibutor, or 35% | | 22 | | |
| Ë | 23 | Secured mortgages and notes payable to unre | | <u> </u> | 280.000 | 23 | 540,583 | |
| | 24 | Unsecured notes and loans payable to unrelate | | · — | | 24 | | |
| | 25 | Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D | , paya | bles to related third | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 . | | | 578,939 | 26 | 880,333 | |
| es | | Organizations that follow FASB ASC 958, che | ck her | e 🕨 📝 and complete | | | | |
| Balances | 27 | lines 27, 28, 32, and 33. Net assets without donor restrictions | | | 21,508,872 | 27 | 22,070,478 | |
| Fund B | 28 | Net assets with donor restrictions | | L | 23,987,884 | 28 | 24,169,227 | |
| Ē | | Organizations that do not follow FASB ASC 9 | 58, ch | eck here 🕨 🔲 and | | | | |
| 9 | 29 | complete lines 29 through 33. Capital stock or trust principal, or current fun | dc | | | 29 | | |
| sts | 30 | Paid-in or capital surplus, or land, building or | | | | 30 | | |
| Assets | 31 | Retained earnings, endowment, accumulated i | | | | 31 | | |
| | 32 | Total net assets or fund balances | | , or other rulius | 45,496,756 | 32 | 46,239,705 | |
| Net | 33 | Total liabilities and het assets/fund balances | 46,075,695 | 33 | 47,120,038 | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | Form 990 (2019) | |

Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b Yes 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:

✓ Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes

If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O. 3a 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? За

Νo **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. 3b Form 990 (2019) **Additional Data Return to Form Software ID:** 19009920 **Software Version:** 2019v5.0 Form 990, Special Condition Description: **Special Condition Description**

| efil | e Pu | blic Visua | l Render | ObjectI | d: 001 - Submiss | ion: 2015-0 | 1-16 | Т | IN: 20-5478191 | | | |
|------|---------------------------|---|----------------------------|---|--|-------------------------|------------------------------|---------------------------------------|-----------------------------------|--|--|--|
| SC | HED | ULE A | | Dublic | Charity Statu | e and Duk | die Sunne | et . | OMB No. 1545-0047 | | | |
| | m 990 | _ | , | | • | | | | 2019 | | | |
| 990E | | | | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. | | | | | | | | |
| | | | | Go to www i | Attach to Form rs.gov/Form990 for i | | | rmation | Open to Public | | | |
| • | | the Treasury | | do to www.n | <u> </u> | mstructions and | i the latest lillo | | Inspection | | | |
| | e of th ir Land | nue Service n e organizat Trust | ion | | | | | Employer identific | ation number | | | |
| | | | | | | | | 94-2473415 | | | | |
| | rt I | | | | tatus (All organiza | | | | ons. | | | |
| | organı | | • | | use it is: (For lines 1 | , | , | • | | | | |
| 1 | | | | of churches, or association of churches described in section 170(b)(1)(A)(i). section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | |
| 2 | | A school d | escribed in | section 170(b) |)(1)(A)(ii). (Attach S | chedule E (Forr | n 990 or 990-E | Z).) | | | | |
| 3 | | A hospital | or a cooper | ative hospital | service organization o | described in sec | tion 170(b)(1)(| (A)(iii). | | | | |
| 4 | | | research or name, city, | | rated in conjunction w | vith a hospital d | escribed in sect | tion 170(b)(1)(A)(ii | ii). Enter the | | | |
| 5 | | - | | ed for the ben implete Part II | efit of a college or uni .) | iversity owned o | or operated by a | governmental unit | described in section | | | |
| 6 | | A federal, | state, or loc | al government | or governmental unit | described in se | ction 170(b)(1 |)(A)(v). | | | | |
| 7 | V | | | | es a substantial part o i). (Complete Part II. | | m a governmen | ital unit or from the | general public | | | |
| 8 | | A commun | ity trust de | scribed in sect i | ion 170(b)(1)(A)(vi). | . (Complete Par | t II.) | | | | | |
| 9 | | An agricultural research organization described in 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 | | - | | • | es: (1) more than 331 | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | • | | | exempt functions—su Inrelated business tax | - | | ` ' | 331/3% of its support | | | |
| | | _ | | | e section 509(a)(2). | | | tax) from basiness. | es dequired by the | | | |
| 11 | | An organiz | ation organ | ized and opera | ted exclusively to test | t for public safe | ty. See section | 509(a)(4). | | | | |
| 12 | | An organiz | ation organi | zed and operat | ed exclusively for the | benefit of, to p | erform the funct | tions of, or to carry | out the purposes of | | | |
| | | | | | nizations described in | | | | | | | |
| а | 100 | | | - | t describes the type o erated, supervised, or | | - | | · • | | | |
| - | | supported | organization | n(s) the power | to regularly appoint o | r elect a majori | | | | | | |
| b | | | | 5 | pervised or controlle | | | 3 (), | , | | | |
| | | - | | pporting organ /, Sections A a i | | same persons th | nat control or m | anage the supported | d organization(s). You | | | |
| C | | Type III fu | inctionally i | i ntegrated. A s | upporting organizatio | | | | egrated with, its | | | |
| d | | Type III n | on-function | ally integrated | . A supporting organiz | zation operated | in connection w | vith its supported or | ganization(s) that is | | | |
| | | | | | nization generally mu te Part IV, Sections A | | | ment and an attenti | veness requirement | | | |
| e | 100 | | | | ceived a written deter | | | s a Type I. Type II. ' | Type III functionally | | | |
| | | | | - | lly integrated support | | | 7 7 - 7 7. | ,, | | | |
| f | Ente | | | ed organization | | | | · · · · · · · <u> </u> | _ | | | |
| g | <i>(</i> :) 1 | | | | ut the supported orga | | | ()) | | | | |
| | (1) 1 | lame of supp organization | | (ii) EIN | (iii) Type of organization | ` ' | organization Ir governing | (v) Amount of monetary support | (vi) Amount of other support (see | | | |
| | | , | | | (described on lines | , | ment? | (see instructions) | | | | |
| | | | | | 1- 10 above (see instructions)) | | | | | | | |
| | | | | | | Yes | No | | | | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tota | | and District | | | A | C-1 N- 11335 | - | Cabadal A (F | . 000 000 FT\ 2010 | | | |
| | | vork Reduct or 990-F7 | ion Act Noti | ce, see the Ins | structions for | Cat. No. 11285 | o F | Schedule A (Form | n 990 or 990-EZ) 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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 failed to qualify under the tests listed below, please complete Part III.)

Public support. Subtract line 5 from

business activities, whether or not

assets (Explain in Part VI.). . **Total support.** Add lines 7 through

Section B. Total Support

line 4.

Calendar year

Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total (e) 2019 (or fiscal year beginning in)

Gifts, grants, contributions, and 2,576,839 7,781,396 4,415,270 3.738.791 2,991,549 21,503,845 membership fees received. (Do not

include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to the organization without charge...

2,576,839 7.781.396 4,415,270 3.738.791 2.991.549 Total. Add lines 1 through 3 The portion of total contributions

21,503,845 by each person (other than a

governmental unit or publicly

1,403,733 supported organization) included

on line 1 that exceeds 2% of the amount shown on line 11, column

the business is regularly carried 10 Other income. Do not include gain 34,420 562,347 67,597 46,274 1,851 712,489 or loss from the sale of capital

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

securities loans, rents, royalties and income from similar sources Net income from unrelated

298,554

248,796

Public support percentage for 2018 Schedule A, Part II, line 14

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

(a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) 7,781,396 4,415,270 3,738,791 21,503,845 2,576,839 2,991,549 Amounts from line 4. . Gross income from interest, dividends, payments received on

446,801

501.310

560,986

14

15

Schedule A (Form 990 or 990-EZ) 2019

20,100,112

2,056,447

24,272,781

2,033,059

82.810 %

79.540 %

| che | edule A (Form 990 or 990-EZ) 2019 | | | | | | Page 3 |
|---------|---|---------------------|--------------------|----------------------|-------------------|------------------|-------------------|
| P | art IIII Support Schedule f | | | | | | |
| | (Complete only if you | | | | | | fy under Part |
| S | II. If the organization ection A. Public Support | rails to quality | , under the tes | sts listed below | , piease compie | ete Part II.) | |
| | endar year | (-) 2015 | (b) 2016 | (2) 2017 | (4) 2010 | (a) 2010 | (f) Total |
| (or | fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| 2 | include any "unusual grants.") . Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 4 | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| | · | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, | | | | | | |
| /a | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| _ | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c | | | | | | |
| Ü | from line 6.) | | | | | | |
| S | ection B. Total Support | | | | | | |
| | endar year | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| (or | fiscal year beginning in) 🕨 | (a) 2013 | (b) 2010 | (6) 2017 | (d) 2018 | (e) 2019 | (i) iotai |
| 9 | Amounts from line 6 | | | | | | |
| 0a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| | | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| _ | 1975. | | 1 | 1 | 1 | | |
| с 11 | Add lines 10a and 10b. Net income from unrelated | | | | | | |
| -1 | business activities not included in | | | | | | |
| | line 10b, whether or not the | | | | | | |
| | business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, | | | + | + | | |
| 13 | 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | or the organization | on's first, second | l, third, fourth, or | fifth tax year as | a section 501(c) | (3) organization, |
| | check this box and stop here | | | | | | ▶ 🛅 |
| S | ection C. Computation of Publ | | | | | | |
| 15 | Public support percentage for 2019 (| | | 13, column (f)) . | | 15 | |
| 16 | Public support percentage from 201 | | | | | 16 | |
| _ | ection D. Computation of Inve | | | | | == | |
| 17 | Investment income percentage for 2 | | | | ın (f)) | . 17 | |
| 18 | Investment income percentage from | | | | | 18 | |
| _0 | parcentage iroin | | , | | | 10 | |

19a 331/3% support tests—2019. 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—2018. 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 🕨 📃 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

Section A. All Supporting Organizations

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

checked 12b of

12d of Part I, complete

and (c) below.

made the determination.

Page 4

No

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

or supervised by or in connection with its supported organizations.

describe the designation. If historic and continuing relationship, explain.

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b)

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization add, substitute, or remove any supported organizations during the tax year? 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked Sections A and D, and complete Part V.)

Yes

1

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

| CIII | edule A (Form 990 or 990-EZ) 2019 | | Р | age 5 |
|----------|--|-------|-------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| L | A family member of a person described in (a) above? | 11b | | |
| ь | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| | ection B. Type I Supporting Organizations | 110 | | |
| | ection B. Type I Supporting Organizations | | Yes | No |
| 1 | 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? 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. | 1 | 1.00 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | | |
| _ | | | | |
| S | ection C. Type II Supporting Organizations | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or | | Yes | No |
| • | trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or | | | |
| | management of the supporting organization was vested in the same persons that controlled or managed the supported | 1 | | |
| S | ectfoll ² 方: ^(A)fl) Type III Supporting Organizations | | l | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described 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 | 3 | | |
| _ | during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this | | | |
| <u> </u> | ecff864.E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | uctio | 115). | |
| | | | | |
| | | , | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (instructions) | (see | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities | 2- | res | NO |
| | constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the | 2a | | |

| | constituted substantially all of its activities. | 2a | |
|---|--|----|--|
| | b 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's | | |
| | involvement. | 2b | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of | 3a | |

1

7

instructions)

Page **6**

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

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

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D^{Or} อารูปาริยาการ

excess of income from activity

Page 7

| 4 | Amounts paid to acquire exempt-use assets | | | |
|--------------|--|-----------------------------|--------------------------------|-------------------------------|
| 5 | Qualified set-aside amounts (prior IRS approval requi | | | |
| 6 | Other distributions (describe in Part VI). See instruct | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to videtails in Part VI). See instructions | sponsive (provide | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | | (ii) | (iii) |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | | | Underdistributions | Distributable |
| 2 | (see instructions) | | Underdistributions | Distributable |
| | (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 | | Underdistributions | Distributable |
|). 3 | (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI See instructions. Excess distributions carryover, if any, to 2019: | | Underdistributions | Distributable |
|). 3 | (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI See instructions. | | Underdistributions | Distributable |
|). 3 a | (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI See instructions. Excess distributions carryover, if any, to 2019: | | Underdistributions | Distributable |

| a From 2014 | | |
|---|--|--|
| b From 2015 | | |
| c From 2016 | | |
| d From 2017 | | |
| e From 2018 | | |
| f Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| h Applied to 2010 distributable amount | | |

h Applied to 2019 distributable amount instructions)

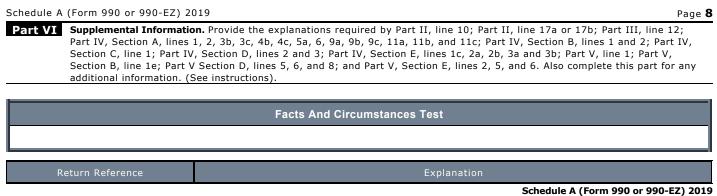
i Carryover from 2014 not applied (see j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 2019, if any. Subtract lines 3g and 4a from line 2.

5 Remaining underdistributions for years prior to If the amount is greater than zero, explain in $\boldsymbol{Part\ VI}$ See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2015. . . **b** Excess from 2016. . . .

Schedule A (Form 990 or 990-EZ) (2019)



| efile Public Visual Re | nder ObjectId: 001 - Submission: 2015-01-16 | TIN: 20-5478191 | | | | |
|--|--|--|--|--|--|--|
| Schedule B | Schedule of Contributors | OMB No. 1545-0047 | | | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information. | 2019 | | | | |
| Name of the organization | n | Employer identification number | | | | |
| Big Sur Land Trust | | 94-2473415 | | | | |
| Organization type (che | ck one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to from any one contributor. Complete Parts I and II. See instructions for determining a | = | | | | |
| oposiai itaiso | | | | | | |
| under sections 5 received from ar | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^{1}/3\%$ supp 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II y one contributor, during the year, total contributions of the greater of (1) \$5,000 or (or (ii) Form 990-EZ, line 1. Complete Parts I and II. | I, line 13, 16a, or 16b, and that | | | | |
| during the year, | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received otal contributions of more than \$1,000 exclusively for religious, charitable, scientific, a of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| during the year, this box is check purpose. Don't o | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributed, enter here the total contributions that were received during the year for an <i>exclusively</i> purplete any of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year | utions totaled more than \$1,000. If usively religious, charitable, etc., use it received nonexclusively | | | | |
| 990-EZ, or 990-PF), but | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul timust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of it I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 99). | its Form 990-EZ | | | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | | le B (Form 990, 990-EZ, or 990-PF) (2019) | | | | |

Name of organization Big Sur Land Trust **Employer identification number** 94-2473415

| Part I Contributors | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|---------------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| RESTRICTED | | | Payroll |
| | | \$ RESTRICTED | Noncash |
| | , | | (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | | Person |
| - | | | Payroll |
| | | \$ | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | | Person |
| - | | | Payroll |
| | | \$ | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NO. | Name, address, and ZIF + 4 | Total Contributions | |
| <u>-</u> | | | Person |
| | | \$ | Payroll |
| | | | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | | Person |
| - | | | Payroll |
| | | \$ | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _ | | | Person |
| | | \$ | Payroll |
| | | | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| | | | |

94-2473415 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) FMV (or estimate)

Date received (See instructions) (c) (d)

Employer identification number

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

No. from Description of noncash property given Part I

(a) No. from Description of noncash property given Part I

(b) Description of noncash property given

(b)

Description of noncash property given

(b) Description of noncash property given

(b)

Description of noncash property given

FMV (or estimate) (See instructions)

(c)

Date received

(d)

Page 3

(d)

Date received

(d)

Date received

(d)

Date received

(d)

(c) FMV (or estimate) Date received (See instructions) Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)

No. from

Part I

(a)

(a)

No. from

Part I

(a)

No. from

Part I

| Schedule E | 3 (Form 990, 990-EZ, or 990-PF) (2019) | | Page 4 |
|---------------------------|---|--|--|
| Name of o Big Sur La | rganization | | Employer identification number |
| big Sui La | nu Trust | | 94-2473415 |
| Part III | total more than \$1,000 for the year from a | ny one contributor. Complete Part III, enter the total of exclunification once. See instruction | escribed in section 501(c)(7), (8), or (10) that e columns (a) through (e) and the following usively religious, charitable, etc., contributions etions.) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | <u></u> | (e) Transfer of gift | |
| | Transferee's name, address, and ZIP | 4 F | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | c) Use of gift | (d) Description of how gift is held |
| - | Transferee's name, address, and ZIP | (e) Transfer of gift 4 F | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | Transferee's name, address, and ZIP | (e) Transfer of gift 4 F | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | c) Use of gift | (d) Description of how gift is held |
| - | Transferee's name, address, and ZIP | (e) Transfer of gift 4 F | Relationship of transferor to transferee |
| | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2019) |

ObjectId: 001 - Submission: 2015-01-16 efile Public Visual Render TIN: 20-5478191 **Political Campaign and Lobbying Activities** OMB No. 1545-0047 SCHEDULE C (Form 990 or 990-For Organizations Exempt From Income Tax Under section 501(c) and section 527 EZ) Open to Public ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of the organization Big Sur Land Trust 94-2473415 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Yes √ No Was a correction made? Yes √ No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......... Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's political contributions funds. If none, enter received and -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. 3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2019

124,642

83,934

80,964

84,776

Schedule C (Form 990 or 990-EZ) 2019

374,316

561,474

Grassroots nontaxable amount

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Page 3

| activ | ity. | Yes | No | Amou | nt |
|-------|---|----------------|----------|------|----|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6). | 5 01 (c |)(5), or | | |
| | 555.55.55.55.55.55.55.55.55.55.55.55.55 | | | Yes | N |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | L | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | 3 | 3 | |
| Pai | t III-B Complete if the organization is exempt under section 501(c)(4), section 9501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | 2a | | | |
| b | Carryover from last year | 2b | | | |
| С | Total | 2c | | | |

Return Reference

political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) 5

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990EZ) 2019

3

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191 OMB No. 1545-0047 SCHEDULE D Supplemental Financial Statements (Form 990) ▶ 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. Open to Public Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection **Employer identification number** Name of the organization Big Sur Land Trust 94-2473415 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 69 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. Schedule D (Form 990) 2019 52283D

c Leasehold improvements

d Equipment

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

collection items (check all that apply):

Page 2

| а | Public exhibition | | d 📗 Loan d | or exchange programs | | |
|-----|--|----------------------------|---------------------------------|--------------------------|---------------------|--------------|
| b | Scholarly research | | e Other | | | **** |
| c | Preservation for future generations | | | | | |
| 4 | Provide a description of the organization's colle Part XIII. | ections and explai | n how they furthe | r the organization's ex | cempt purpose in | า |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | | • | | | No No |
| Par | t IV Escrow and Custodial Arranger Complete if the organization answer Part X, line 21. | | orm 990, Part I' | V, line 9, or reporte | ed an amount | on Form 990, |
| 1a | Is the organization an agent, trustee, custodial included on Form 990, Part X? | | | | | No No |
| ь | If "Yes," explain the arrangement in Part XIII a | and complete the | following table: | | Amount | |
| c | Beginning balance | | | 1c | | |
| d | Additions during the year | | | 1d | | |
| е | Distributions during the year | | | _ | | |
| f | Ending balance | | | | | |
| | • | | | - | | |
| 2a | Did the organization include an amount on For | m 990, Part X, Iir | ne 21, for escrow (| or custodial account li | ability? Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the | e explanation has | been provided in Part | XIII | |
| Pa | rt V Endowment Funds. | | | | | |
| | Complete if the organization answe | | | | | |
| | , ' | (a) Current year 8,422,802 | (b) Prior year 7,870,534 | (c) Two years back (d) 7 | 6,755,396 | 6,985,957 |
| | Beginning of year balance | 0,422,002 | 349,326 | 200,000 | 22,270 | 171,162 |
| | Contributions | 302,212 | 513,347 | 688,247 | 806,675 | -44,616 |
| С | Net investment earnings, gains, and losses | 302/212 | 313/3 .7 | 333,2 | 550,575 | ,,,,, |
| d | Grants or scholarships | | | | | |
| | Other expenditures for facilities | | | | | |
| | and programs | 289,739 | 269,902 | 242,914 | 282,297 | 334,955 |
| f | Administrative expenses | | 40,503 | 40,765 | 36,078 | 22,152 |
| g | End of year balance | 8,435,275 | 8,422,802 | 7,870,534 | 7,265,966 | 6,755,396 |
| 2 | Provide the estimated percentage of the curren | t year end baland | ce (line 1g, columi | n (a)) held as: | | |
| а | Board designated or quasi-endowment > 14 | 1.300 % | | | | |
| b | Permanent endowment 81.300 % | | | | | |
| С | Temporarily restricted endowment 4.400 |) % | | | | |
| • | The percentages on lines 2a, 2b, and 2c shoul | d equal 100%. | | | | |
| 3а | Are there endowment funds not in the possessi organization by: | • | ation that are held | and administered for | the | Yes No |
| | (i) unrelated organizations | | | | 3a(i | i) Yes |
| b | (ii) related organizations | s listed as require | ed on Schedule R? | | 3a(i 3b | |
| 4 | Describe in Part XIII the intended uses of the | organization's on | dowment funds | | | |
| | t VI Land, Buildings, and Equipmen | | downient lunus. | | _ | |
| -el | Complete if the organization answe | ered "Yes" on F | orm 990, Part I' | | | • |
| | Description of property (a) Cost or other b. (investment) | dala (D) COST (| outer basis (outer) | (C) Accumulated depreci | auvii (a) | Book value |
| 1a | Land | | 324,786 | | | 324,786 |
| b | Buildings | | 1,107,216 | 30 | 02,888 | 804,328 |

396,982

245,428

116,214

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its

343,366

41,629

37,822

1,551,931

53,616

203,799

78,392

| Complete if the organization answered "Yes" on Form 99 | | | |
|---|----------------|------------------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | | d of valuation: -year market value |
| (1) Financial derivatives | | | , |
| (2) Closely-held equity interests | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (1) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part Investments—Program Related. VIII Complete if the organization answered 'Yes' on Form 999 | 0, Part IV | , line 11c. See Form 9 | 990, Part X, line 13. |
| (a) Description of investment | | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (2) | | | 74.40 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | • | |
| Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990 (a) Description |), Part IV, | line 11d. See Form 99 | 0, Part X, line 15. (b) Book value |
| (1)Assets held for split-interest trusts | | | 1,081,486 |
| (2)Deposits (3)Elliot Trust Receivable | | | 1,145,957 |
| (4)Land held for preservation | | | 22,183,147 |
| (5)Resid int in irrev charitable remain tr (6) | | | 500,000 |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | | | 24 010 500 |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990 | | line 11e or 11f. | 24,910,590 |
| See Form 990, Part X, line 25. 1. (a) Description of liabilit | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 1 | <u> </u> | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo organization's liability for uncertain tax positions under FIN 48 (ASC 740). Ch | | | |

| | dule D (Form 990) 2019 | | | | | | Page 4 |
|--------|--|---|----------|------------|---------|-------|---------------|
| Par | t XI Reconciliation of Reven Return. | ue per Audited Financial Sta | teme | ents With | Revenue | per | |
| | | n answered 'Yes' on Form 990, | Part I | V, line 12 | a. | | |
| 1 | Total revenue, gains, and other suppor | | | | | 1 | 4,626,940 |
| 2 | Amounts included on line 1 but not on | Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on inves | tments | 2a | | 58,492 | | |
| b | Donated services and use of facilities | | 2b | | | | |
| c | Recoveries of prior year grants | | 2c | | | | |
| d | Other (Describe in Part XIII.) | | 2d | | 18,017 | | |
| | | • | | | | I I | |
| е | Add lines 2a through 2d | | | | | 2e | 76,509 |
| 3 | Subtract line 2e from line 1 | | | | | 3 | 4,550,431 |
| 4 | Amounts included on Form 990, Part V | III, line 12, but not on line 1 : | i | | | | |
| а | Investment expenses not included on | Form 990, Part VIII, line 7b . | 4a | | 79,819 | | |
| b | Other (Describe in Part XIII.) | | 4b | | | | |
| C | Add lines 4a and 4b | | | | | 4c | 79,819 |
| 5 | Total revenue. Add lines 3 and 4c. (Thi | | | | | 5 | 4,630,250 |
| Par | | ses per Audited Financial St | | | | s per | Return. |
| 1 | Total expenses and losses per audited | n answered 'Yes' on Form 990, | Part I | v, iine 12 | d | 1 | 3,734,136 |
| 2 | Amounts included on line 1 but not on | | | | | - | 3,734,130 |
| | Donated services and use of facilities | | 2a | Ī | | | |
| a | | | 2a 2b | | | | |
| b | Prior year adjustments | | | | | | |
| c | Other losses | | 2c | | 21.007 | | |
| d | Other (Describe in Part XIII.) | | 2d | | 31,897 | | |
| е | Add lines 2a through 2d | | | | | 2e | 31,897 |
| 3 | Subtract line 2e from line 1 | | | | • | 3 | 3,702,239 |
| 4 | Amounts included on Form 990, Part IX | | | | | | |
| a | Investment expenses not included on | | 4a | | 79,819 | | |
| _ | | . 6 336, . 4 1222, 75 | | | . 3,013 | | |
| b | Other (Describe in Part XIII.) | | 4b | | | | |
| | | • | | | | I I | |
| C | Add lines 4a and 4b | | | | • | 4c | 79,819 |
| 5 | Total expenses. Add lines 3 and 4c. (The state of the | nis must equal Form 990, Part I, line | 18.) | | | 5 | 3,782,058 |
| | t XIII | | | | | | |
| Su | pplemental Information | | | | | | |
| | vide the descriptions required for Part II art XI, lines 2d and 4b; and Part XII, li | | | | | | |
| | Return Reference | | Exp | olanation | | | |
| Part : | · · | e policy of Big Sur Land Trust to onl | | | | | |
| | | that contain resources or conservat | | | | | |
| | | to the public.The Land Trust shall p ents that it acquires for the long-teri | | | | | |
| | | d, emphasizing long-term ecological | | | | | |

| Return Reference | Explanation |
|--|---|
| Part II, Line 5: Summarized Policy | It is the policy of Big Sur Land Trust to only acquire and hold for consideration those lands or interests in land that contain resources or conservation values that the land trust determines to be of real benefit to the public. The Land Trust shall proactively manage and monitor all lands and conservation easements that it acquires for the long-term benefit of the local communities where those lands are situated, emphasizing long-term ecological health of the land and associated resources. Prior to acquisition, the land trust will assess and document the resources and conservation values of concern and will project the reasonable on-going management, monitoring and enforcement costs thereof; the trust will determine a means of endowing these stewardship costs. The land trust will undertake appropriate due diligence regarding title and liability issues prior to acquisition, including assessment for hazardous materials or conditions, visual inspection for adverse interests of claims, title insurance and surveys when appropriate. |
| Part II, Line 9: Organization Reporting of conservation easements. | The trust periodically receives or purchases conservation easements which limit the allowable uses of the related property to open space uses consistent with the trust's mission. Contributed conservation easements received are recorded as easement contributions based on the estimated value given up by the land owner by restricting the use of the property with an easement. Because of donor restrictions, contributed conservation easements and conservation easements purchased with restricted donations bear no future benefit to the trust and are therefore expensed as land and easements conveyed in the year they are acquired. In connection with the transfer or sale of land to governmental agencies, the trust may retain a conservation easement on the land. Because these easements bear no future financial benefit to the trust, they are not recorded on the trust's statement of financial position. The trust capitalizes the cost of purchased easements only when they are expected to be sold or otherwise result in some future financial benefit to the trust. There were no capitalized conservation easements as of June 30, 2020. |
| Part V, Line 4: Intended uses of the endowment fund. | The organization's endowment funds are used for the acquisition, restoration and stewardship of lands and waters in California Central Coast Region. |
| Part X : FIN48 Footnote | Accounting principles generally accepted in the United States of America provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by the Trust in its federal and state tax returns are more-likely-than-not to be sustained upon examination. |
| · | L |

rental expense \$31901 rounding \$-4

Valuation adj. to split interest trusts \$-13880 rental expense \$31901 rounding \$-4

Part XI, Line 2d: Other revenue

amounts included in F/S but not

Part XII, Line 2d: Other expenses and losses per audited F/S

included on form 990

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization Big Sur Land Trust 94-2473415 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes 🗸 No $\begin{array}{l} \text{services?} \\ \text{If Yes,} \end{array} \text{fist the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is} \\ \end{array}$ to be compensated at least \$5,000 by the organization. (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual from activity (or retained by) (or retained by) fundraiser have or entity (fundraiser) custody or fundraiser listed in organization control of col. (i) contributions? Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

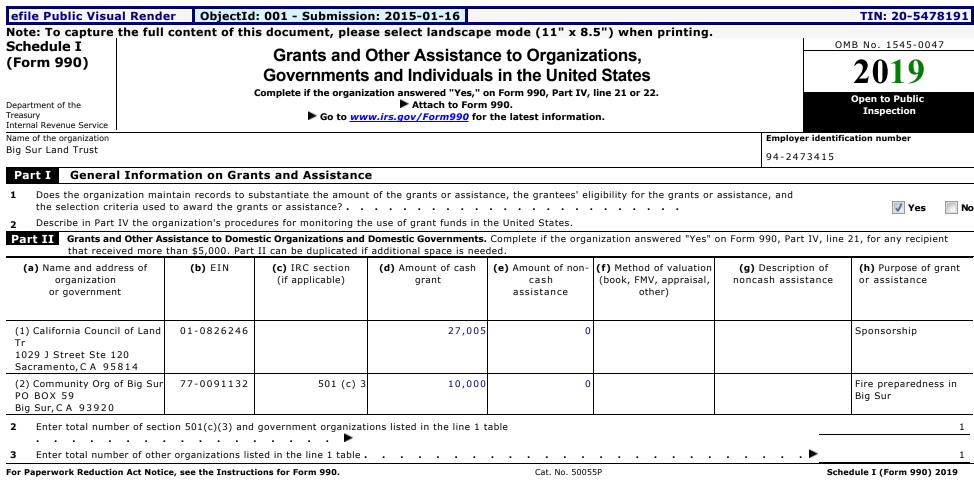
Schedule G (Form 990 or 990-EZ) 2019 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 **(b)** Event #2 (c)Other events (d) Total events (add col. (a) through **Louv Lecture** col. (c)) (event type) (event type) (total number)

| Revenue | | | | | |
|-------------------------|--|--------------------------|------------|-----------------|---|
| | 1 Gross receipts | 31,206 | | | 31,206 |
| | 2 Less: Contributions | 16,300 | | | 16,300 |
| Revenue Direct Expenses | line 2) | 0 from line 3, column (d |) | c) Other gaming | 16,196 16,196 16,196 -1,296 corted more than (d) Total gaming (add col.(a) through col.(c) |
| Direct expenses | 2 Cash prizes | Voc. 94 | Voc. 04 | Vac 94 | |
| | 6 Volunteer labor | | | Yes%_ No | |
| 9 a | Enter the state(s) in which the organization licensed to conduct | ation conducts gaming a | ctivities: | | Yes No |

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain: . Schedule G (Form 990 or 990-EZ) 2019

| Sche | edule G (Form 990 or 990-EZ) 2019 | | | Page : |
|---------|---|------------------|--------------------------|-------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | İs the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | % |
| b | An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books a | nd reco | ords: | |
| | Name Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \(\brace \\$ \) and amount of gaming revenue retained by the third party \(\brace \\$ \). | the | | |
| c | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation \(\stacksquare{5} \) | | | |
| | Description of services provided | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | N o |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spe | | . 00 | , |
| | in the organization's own exempt activities during the tax year > \$ | | | |
| Pai | Supplemental Information. Provide the explanations required by Part I, line 2b, co Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional transfer of the supplemental information. | lumns onal in | (iii) and (formation | v); and i. See |
| | Instructions. Return Reference Explanation | | | |
| Scho | dule G (Form 990 or 990-EZ) 2019 | | | |
| | dditional Data | | Return to | Form |
| | | | Neturn to | I OI III |
| | Software ID: 10000020 | | | |

Software Version: 2019v5.0



(5)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Explanation

Return Reference

Grantmaker's Description of How Contributions to the below organizations are not technically grants. They serve to support the missions of the organizations, which closely align with those of Grants are Used Big Sur Land Trust.

Schedule I (Form 990) 2019

| efi | le Public Visu | ual Render ObjectId: 001 - | Subr | nission: 2015-01-16 | | TIN: 20- | 5478 | 3191 | | |
|-------|---|--|---------------|--|-------------------|----------------|-------|--------|--|--|
| | edule J | | | tion Information | | OMB No. | | - | | |
| (For | m 990) | For certain Officers, Dire | ectors, | Trustees, Key Employees, and Highe | st | | | | | |
| | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | | | | | | | |
| | | · | | th to Form 990. | ne 23. | 20 | | | | |
| - | tment of the Treasury al Revenue Service | ► Go to <u>www.irs.gov/Forn</u> | <u>1990</u> f | or instructions and the latest informa | ation. | Open t Insp | | | | |
| Naı | me of the organiz | zation | | | Employer identifi | | | 4 | | |
| Big | Sur Land Trust | | | | 94-2473415 | | | | | |
| Pa | rt I Questi | ons Regarding Compensation | | 1 | 34 24/3413 | | | | | |
| | | | | | | | Yes | No | | |
| 1a | | opiate box(es) if the organization provi Section A, line 1a. Complete Part III to | | | | | | | | |
| | | or charter travel | 1 | Housing allowance or residence for | personal use | | | | | |
| | = | companions | | Payments for business use of perso | | | | | | |
| | | ification and gross-up payments ary spending account | 1 | Health or social club dues or initiati | | | | | | |
| | Discretion | ary spending account | | Personal services (e.g., maid, chauff | eur, cher) | | | | | |
| b | reimbursement | exes on Line 1a are checked, did the or or provision of all of the expenses de | _ | . , | | 1b | Yes | | | |
| 2 | | ation require substantiation prior to re | imbur | sing or allowing expenses incurred by | all | 2 | Yes | 1 | | |
| | - | ees, officers, including the CEO/Execu | | | | | | | | |
| 3 | Indicate which. | if any, of the following the filing organ | izatior | used to establish the compensation of | of the | | | | | |
| | organization's | CEO/Executive Director. Check all that ed organization to establish compensa | apply | . Do not check any boxes for method | S | | | | | |
| | Compensa | tion committee | | Written employment contract | | | | | | |
| | | nt compensation consultant | 1 | Compensation survey or study | | | | | | |
| | Form 990 | of other organizations | 1 | Approval by the board or compensa | tion committee | | | | | |
| 4 | | r, did any person listed on Form 990, F a related organization: | Part VI | I, Section A, line 1a, with respect to t | the filing | | | | | |
| а | Receive a seve | rance payment or change-of-control p | aymer | nt? | | 4a | | Νo | | |
| b | Participate in, o | or receive payment from, a supplement | tal non | qualified retirement plan? | | 4b | | Νo | | |
| С | | or receive payment from, an equity-ba | | | | 4c | | Νo | | |
| | If "Yes" to any | of lines 4a-c, list the persons and pro- | vide tr | le applicable amounts for each item it | n Part III. | | | | | |
| | Only 501(c)(3) | , 501(c)(4), and 501(c)(29) organizati | ons m | ust complete lines 5-9. | | | | | | |
| 5 | For persons list | ted on Form 990, Part VII, Section A, I contingent on the revenues of: | | | any | | | | | |
| а | The organization | on? | | | | 5a | | No | | |
| | Any related org | ganization? | | | | 5b | | No | | |
| 6 | | ed on Form 990, Part VII, Section A, lontingent on the net earnings of: | line 1a | , did the organization pay or accrue a | any | | | | | |
| а | The organization | on? | | | | 6a | | Νo | | |
| b | | panization? | | | | 6b | | No | | |
| 7 | | ed on Form 990, Part VII, Section A, l described in lines 5 and 6? If "Yes," de | | | | 7 | | No | | |
| 8 | subject to the | ints reported on Form 990, Part VII, p. initial contract exception described in | Regul | ations section 53.4958-4(a)(3)? If "\ | es," describe | 8 | | N o | | |
| 9 | | 8, did the organization also follow the | | | | 8 | 1 | No | | |
| 9 | section 53.495 | 58-6(c)? | | | | 9 | | | | |
| For F | | ction Act Notice, see the Instructions f | | | | dule 1 (For | m 990 |) 2019 | | |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

| For each individual whose compensation must be reported on Schedule instructions, on row (ii). Do not list any individuals that are not listed | e J, ro on F | eport compensatic orm 990, Part VII | on from the organi | zation on row (i) a | and from related o | rganizations, des | scribed in the | |
|---|------------------------|--|-------------------------------------|---|--------------------------------|-------------------|-------------------------------|--|
| Note. The sum of columns (B)(i)-(iii) for each listed individual must each | qual | the total amount o | of Form 990, Part | VII, Section A, lin | | | | that individual. |
| (A) Name and Title | compensation and other | | | | (D) Nontaxable benefits | columns | (F) Compensation in | |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| 1 Jeannette Tuitele-Lewis CEO | (i) | 175,629 | | | 9,248 | 34,891 | 219,768 | |
| | (ii) | | | | | | | |
| 2Richard Hamilton COO | (i) | 144,474 | | | 7,229 | 5,478 | 157,181 | |
| | (ii) | | | | | | | |
| | | | | | | | | |
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| | | | | | | | Schedule 1 (| Form 990) 2019 |
| | | | | | | | Schedule 3 (| 550, 2015 |

Schedule J (Form 990) 2019 Page 3 Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation Part I, Line 1a: Relevant information Local service club (Rotary) dues are paid by organization for the President/CEO, by mutual agreement. in regards to selections on 1a. Part III, Additional Information BSLT entered into an "Equity Sharing and Tenancy in Common Agreement" with its President/CEO, Jeannette Tuitele-Lewis, wherein BSLT and Jeannette leach purchased 50% of a single family home which serves as her residence. Upon termination of employment, BSLT has the right to repurchase Jeannette's

Schedule J (Form 990) 2019



| Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990. Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990. Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990. Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990. Part IV, lines 25a or 25b, or Form 990. Part IV, line 26a, or if the organization answered "Yes" on Form 990. Part IV, line 25a, or 25b, or Form 990. Part IV, line 26a, or if the organization part part and an amount on Form 990. Part IV, line 25a, or 25b, or Form 990. Part IV, line 26a, or if the organization part part and part | 478191 | -547 | l: 20 | TIN | | | | | 1-16 | 2015-0 | on | Submissio | 001 - | tId: | Objec | ıder | ıal Ren | c Visu | file Pul |
|--|-------------------|---------|-------|----------|-------------|---------------|--------|---------|----------------|-------------|-------|---------------|-----------|-------|------------------|-----------|------------|---------------|----------------|
| Department of the Treasury Sea, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Part II Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person dransaction of transaction of transa | OMB No. 1545-0047 | | | | 26 27 | osh i | | | | | _ | _ | | _ | _ | mulata |) | | |
| Department of the Treasury Internal Revenue Service Name of the organization By Sur Land Trust Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction of t | 9 | | 2(| | 26, 27, | 25D, <i>2</i> | 25a, | • | e 38a or | Part V, lin |)-EZ | or Form 990 | o, or 28c | | - | mpiete | Col | ,,, LE | or III >> 0 |
| Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(2) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction organization and organization | | | | | | on. | rmati | st info | | | | | | irs.g | o to <u>www.</u> | ▶G | | - | |
| Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) good (c)(29) | er | mber | on nu | tificati | er iden | ploy | En | | | | | | | | | | zation | | |
| Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship organization To From (c) Original person due default? Approved phy board or committee? Yes No Yes No Yes No Yes Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the line rested person and the line rested person and the line rested person and the line 25a or 25b, or Form 990-EZ, Part V, line 35a or 75b, or 725 or 75ms page-EZ, Part V, line 40b. Co Description of transaction or for the organization and organization and the line rested person promised page 125 part V, line 25a or 25b, or 75b, part V, line 25a or 75b, | | | | | 3415 | -247 | 94 | | | | | | | | | | | JSL | oly Sui Lanc |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 25 or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Cc Ye Yes (d) Description of transaction (e) Purpose of a person (f) Description of transaction (h) Relationship between disqualified person disqualified persons during the year under section 4958. 3 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 26; or if the organization reported an amount on Form 990 person (g) In (h) (i) V (ii) V (iii) V (iiii) V (iiiii) V (iiiii) V (iiiii) V (iiiii) V (iiiiii) V (iiiiii) V (iiiiii) V (iiiiiii) V (iiiiiii) V (iiiiiiii) V (iiiiiii) V (iiiiiiii) V (iiiiiii) V (iiiiiiiii) V (iiiiiii) V (iiiiiiii) V (iiiiiii) V (iiiiiii) V (iiiiiiii) V (iiiiiiiii) V (iiiiiiiiii | | ıly). | ns on | nizatio | | | | ection |), and se | 501(c)(4 | ctic | 01(c)(3), sec | ection 5 | IS (s | nsaction | t Trar | Benefit | cess | art I |
| and organization transaction Cc Ye 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, relimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship organization answered "Yes" on Form by (c) Original organization? To From To Fro | | | | | | | | | | | | | | | | | | | |
| 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | (d) | - | of | • | | | on | d perso | • | | | • | (| | ied person | squalifi | me of dis | (a) Na | 1 |
| 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | rrected? | | - | ction | transa | | | | on | rganizati | anc | ā | | | | | | | |
| Section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | es No | Yes | | | | | | | | | | | | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990 or 99 | | | | | | | | | | | | | | | | | | | |

| | organization | |
|-----------------------------|--------------|--------------------|
| (1) Jeannette Tuitele-Lewis | CEO | 50% in real estate |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(b) Relationship

between interested

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Supplemental Information

Schedule L, Part V Supplemental

Information

(a) Name of interested person

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

implemented in February of 2018.

(c) Amount of

transaction

Jeannette Tuitele-Lewis, wherein BSLT and Jeannette each purchased 50% of a single family home which serves as her residence. Upon termination of employment, BSLT has the right to repurchase Jeannette's 50% interest at the then-market value as determined by appraisal. Agreement was

Explanation BSLT entered into an "Equity Sharing and Tenancy in Common Agreement" with its President/CEO,

Schedule L (Form 990 or 990-EZ) 2019

Yes

organization's

revenues?

No Νo

Page 2

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Big Sur Land Trust 94-2473415 Part I Types of Property (b) (d) (a) (c) Check if Number of contributions Noncash contribution Method of determining applicable or items contributed noncash contribution amounts amounts reported on Form 990, Part VIII, line 1 g 1 Art-Works of art . . 2 Art—Historical treasures **3** Art—Fractional interests . Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities—Publicly traded . Х 14 118,618 FMV 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 . . . Real estate—Residential . 16 Real estate—Commercial . . Real estate-Other . . . 17 18 Collectibles Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . . 874 FMV **25** Other ▶ (Supplies) Χ 26 Other ► (_____ **27** Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that 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? 30a Νo **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **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. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2019) Cat. No. 51227J

| Chedule M (Form 990) (2019) | | | | | | | |
|--|--|--|--|--|--|--|--|
| Part III Supplemental Informat | ion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the | | | | | | |
| organization is reporting | in Part I, column (b), the number of contributions, the number of items received, or a | | | | | | |
| combination of both. Also complete this part for any additional information. | | | | | | | |
| Return Reference | Explanation | | | | | | |
| | Schedule M (Form 990) (2019 | | | | | | |

ObjectId: 001 - Submission: 2015-01-16 efile Public Visual Render **SCHEDULE O**

Supplemental Information to Form 990 or 990-EZ

Inspection

TIN: 20-5478191

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.

(Form 990 or 990-

Go to <u>www.irs.gov/Form990</u> for the latest information. Department of the Treasury **Employer identification number** Notamel Bethneeologainezation Big Sur Land Trust <u>94-247</u>3415 Return **Explanation** Reference Form 990. OTHER PROGRAM SERVICES 4: Communications - The goal of the organization's communications effort is to introduce the Big Part III, Line Sur Land Trust's updated mission and vision to the widest possible audience to increase donations, membership, volunteerism 4d: Other and conservation advocacy. OTHER PROGRAM SERVICES 5: Planning and Conservation-Since 1978, we have conserved over Program 40,000 acres throughout Monterey County. In 2020, hundreds of people found peace of mind surrounded by beauty on socially Services distanced hikes at Big Sur Land Trust properties. In April, we conserved 83.5 magnificent acres at Patriarch Ridge in Carmel Description Valley. Our Carr Lake park projects native garden continues to thrive at the site in Salinas thanks to volunteer gardeners of all ages who participated in planting days while staying masked and socially distanced. Our outdoor youth programs shifted from hosting in-person camps to providing hundreds of kids experiences with nature through videos and activity kits. In addition BSLT opened trails at Patriarch Ridge and continued diligently managing invasive species throughout our conserved properties. Form 990, Form 990 is prepared by an independent accounting firm and initially reviewed by BSLTs Chief Operating Officer and the audit Part VI, Line committee. Any changes will be discussed and the document revised, if necessary, shall be electronically submitted, with the 11b: Form 990 audit committee's recommendation for approval, to the entire board of trustees for their review and approval. Once approved Review by the board, the final form 990 is submitted to the IRS. **Process** Form 990, The BSLTs Board of Directors regularly and consistently monitors and enforces compliance with the written conflict of interest Part VI, Line policy annually. Each board trustee, committee member and employee is required to read and sign an updated conflict of 12c: interest statement each year. Explanation of Monitoring and Enforcement of Conflicts Form 990, Board of Trustees Executive Committee oversees gathering information (outside salary surveys, informal gueries of other land Part VI, Line trusts, HR professionals) and determining the compensation of the CEO and COO. 15a: Compensation Review & Approval Process -CEO, Top Management Form 990. The CEO and COO set salary ranges and determine compensation and adjustments for key employees. Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key **Employees** Form 990, All documents are available for viewing in the organization's office or upon request. Part VI, Line 19: Other Organization **Documents** Publicly Available Other Valuation adjustment to split interest trusts = -\$13880 Changes In **Net Assets** Or Fund Balances -Other Decreases

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

Cat. No. 51056K