Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

| A | For the 2 | 017 calendar year, or tax year beginning July 1 , 2017, and en | ding Ju | ne 30 | , 20 18 | |
|--------------------------------|------------------------------------|--|--------------------|-------------|--------------------------|--|
| В | Check if a | oplicable: C Name of organization San Bernardino Valley Conservation Trust | | D Employ | er identification nu | ımber |
| | Address cl | | | s — | 81-1785903 | |
| | Name cha | At the second of the Advance of the second o | n/suite | E Telepho | ne number | -5 |
| | Initial retur | | Suite A | Š | 909-793-2503 | |
| Ħ | Final return | The state of the s | -0-10-10-1 | | | |
| H | Amended | CONTROL OF THE CONTRO | | G Gross re | eceipts \$ | 2,395,453 |
| H | | | H/a) is this a n | | subordinates? Yes | |
| _ | Application | | | | s included? Yes | _ |
| _ | - | 1630 W. Redlands Blvd, Suite A Redlands, CA 92373 ot status: | | | a list. (see instruction | |
| 느 | Tax-exem | | | | number ► | / |
| <u></u> | Website: | | | | of legal domicile: | |
| | THE RESERVE OF THE PERSON NAMED IN | ganization: Corporation ✓ Trust Association Other ► L Year of for | mation: 2016 | M State | or legal domicile. | CA |
| ۲ | art I | Summary | | A7 | . d . a d a l . i a . a | Clauda |
| | | Briefly describe the organization's mission or most significant activities: To | | | | |
| Governance | a | nd endowments protecting the natural resources, endangered species habitats, | open-space and | outdoor | recreational are | as in |
| ā | | ne San Bernardino Valley through the Wash Plan and other future programs with | | | | 3) |
| ě | 2 (| Check this box $ ightharpoonup \square$ if the organization discontinued its operations or dispose | ed of more than | า 25¦% of | its net assets. | |
| Ö | 3 1 | lumber of voting members of the governing body (Part VI, line 1a) | | 3 | 1 | 3 |
| 92 | 4 1 | lumber of independent voting members of the governing body (Part VI, line | 1b) | 4 | | 1 |
| ies | 5 1 | otal number of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 | | 0 |
| Activities & | | otal number of volunteers (estimate if necessary) | | 6 | | 0 |
| Ş | | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | | 0 |
| | | let unrelated business taxable income from Form 990-T, line 34 | | 7b | | 0 |
| | | | Prior Y | ear | Current Ye | ar |
| | 8 (| Contributions and grants (Part VIII, line 1h) | 308,811 | 2 | 2,414,204 | |
| Ę | | Program service revenue (Part VIII, line 2g) | 0 | | 0 | |
| Revenue | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 42 | | 848 |
| æ | | • | | 0 | | (19,599) |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | |
| _ | | otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 308,853 | | 2,395,453 |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | · | 0 | | 0 |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | | 0 |
| es | 15 8 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0 | | 0 |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | | 0 |
| × | b 1 | otal fundraising expenses (Part IX, column (D), line 25) | Mark Street | | | STATE OF THE PARTY |
| Ш | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 0 | | 159,748 |
| | 18 7 | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 0 | | 159,748 |
| e. I | 19 F | Revenue less expenses. Subtract line 18 from line 12 | | 308,853 | 2 | 2,235,705 |
| 5 % | | | Beginning of Co | ırrent Year | End of Ye | ar |
| Net Assets or Fund Balances | 20 T | otal assets (Part X, line 16) | | 308,853 | 10 | 0,945,525 |
| Ass | 21 7 | otal liabilities (Part X, line 26) | b 0 | 0 | | 3,819,507 |
| 2.5 | 22 1 | Net assets or fund balances. Subtract line 21 from line 20 | 30 | 308,853 | 2 | 2,126,018 |
| | art II | Signature Block | | | | |
| _ | | es of perjury. I declare that I have examined this return, including accompanying schedules and s | tatements, and to | he best of | my knowledge and | belief, it is |
| tru | e, correct, | and complete. Declaration of preparer (other than officer) is based on all information of which prep | parer has any know | ledge. | - | |
| _ | | | | 101 | 30/18 | 277 |
| Sig | an 🗄 | Structure of officer | Da | ate | 110 | - 10(-0-0 |
| He | 0.01 | Daniel B. Cozed Executive Dir | entoolC | ED | | |
| | ,,, | Type or print name and title | CONT | | | |
| _ | | Print/Type preparer's name Preparer's signature | Date | Т. | C . PTIN | |
| Pa | nid | Fillio Type proporer 5 figure Frequent 5 signature | -= | Check | □ # | |
| Pr | eparer | | I | self-em | pioyed | |
| | se Only | I may a second and a | | n's EIN 🕨 | | |
| | | Firm's address ▶ | Pho | one no. | | |
| Ma | y the IRS | discuss this return with the preparer shown above? (see instructions) | | | 🗌 Yes | No_ |

| Part | | • | |
|------|--|--|--|
| | | | tIII |
| 1 | Briefly describe the organization's miss | | . 10 |
| | | | natural resources, endangered species habitats, |
| | | | Wash Plan and other future programs and |
| | supporting other complimentary efforts w | rithin the charitable purposes of Section 50 | 1(c)(3) of the Internal Revenue Code. |
| | Did the organization undertake enursia | nificant program services during the yea | waterials were not listed on the |
| 2 | | | |
| | • | | · · · · · · · · · · · · · · · · · · · |
| 3 | If "Yes," describe these new services of | n Schedule O. ng, or make significant changes in ho | w it conducts and program |
| 3 | | | |
| | If "Yes," describe these changes on Sci | | · · · · · · · · · · · · · · · · · · · |
| 4 | | | |
| 4 | | | hree largest program services, as measured by the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, | | the amount of grants and allocations to others, |
| | the total expenses, and revenue, it any, | for each program service reported. | |
| 4a | (Code:) (Evnenses \$ | 577 004 including grants of \$ |) (Revenue \$ 2,395,453) |
| 74 | Land conservation assuments Evenness | include Coneral Liability incurance & Direc | tors & Officers Liability Insurance, bank fees and |
| | | | expenses and for work to complete the Upper |
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| | *************************************** | | |
| 4b | (Codo: \(\(\(\) \(\) \(\) Evenences \$ | including aroute of C | \/Dayania ¢ |
| 40 | | |) (Revenue \$) |
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| 4- | (Code: \/F | including annual of th | \/D |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |
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| A el | Other program consists /Describe in Cal | nodulo O) | |
| 4d | Other program services (Describe in Sch | | 1 |
| 4e | (Expenses \$ including of the control of the contro | grants of \$) (Revenue \$ | |
| -143 | rotal program service expenses | | |

| Form 99 | | | F | Page 3 |
|---------|---|------------|---------------|----------|
| Part I | V 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," complete Schedule A | 1 | ✓ | |
| 2 3 | 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 candidates for public office? If "Yes," complete Schedule C, Part I | 3 | ✓ | ✓ |
| 4 | 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 | 4 | | * |
| 5 | 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 | | ✓ |
| 6 | 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 Schedule D, Part I | 6 | | √ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | ✓_ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | ✓ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | <u> </u> |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _ |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | | ✓ |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | 1 | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13_ 14a | | 1 |
| | Did the organization maintain an office, employees, or agents outside of the office states? | 14b | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | / |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| | | For | n 99 0 | (2017) |

| Part | Checklist of Required Schedules (continued) | | | |
|-----------|---|------------|----------|----------|
| 20 - | Did the organization energic one or more beguited facilities? If "Vee " complete Schoolule U | 00. | Yes | No |
| zo a b | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a 20b | | 1 |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | √ |
| 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 | | 1 |
| 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 | | 1 |
| 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 Schedule K. If "No," go to line 25a | 24a | | 1 |
| 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 to defease any tax-exempt bonds? | 24b 24c | | √ |
| d 25a | | 24d | | ✓ |
| 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 | 25a 25b | | ✓ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | / |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | 53 | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | √ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | <u>√</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ∨ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | <u> </u> |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | √ |
| 36 | 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 | 35b | | 1 |
| 37 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | \dashv | ✓ |
| J1 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |

Form **990** (2017)

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----------|--|--------|--|---------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | F | 38 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | 22 |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | 17370000 | 20000 |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | 670 POS | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 033.8 | 3 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | Ob. | | - |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | CONTRACT. | |
| 0- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 3a | Die o | 1 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3b | \vdash | - |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | SU | _ | - |
| 4a | 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 | | | |
| | | 4a | | 1 |
| _ | account)? | 44 | 1911/1900 | 10000 |
| b | If "Yes," enter the name of the foreign country: | | 1000 | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | WIE. | |
| _ | (FBAR). | 5a | No. | 1 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5b | - | 7 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | 7 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | \vdash | 100 |
| 6a | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or | Va | | Ť |
| b | | 6b | | 1 |
| _ | gifts were not tax deductible? | | 25.00 | History |
| 7 a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | 200 | 1 |
| a | and services provided to the payor? | 7a | 2 | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | \vdash | 1 |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | \vdash | - |
| · | required to file Form 8282? | 7c | | 1 |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | 3358 | 8 116 | 100 |
| d e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No. of Concession, | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 7 |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | 1 |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 387 | 789 |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | 92200 | Dilei | Mill |
| a | 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: | HOW | 100 | 138 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | 1919 | 131 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | 137 | 130 |
| 11 | Section 501(c)(12) organizations. Enter: | | 13% | 43 |
| а | Gross income from members or shareholders | | | 9 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | 153 | 189 |
| | against amounts due or received from them.) | | | 100 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | 1 |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | B | 300 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 9535 | 100 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | 1 |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 100 | 727 | 100 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 | 100 | |
| | the organization is licensed to issue qualified health plans | 3331 | Part of | 1 |
| C | Enter the amount of reserves on hand | 2 1020 | 100 | 100 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | <u> </u> | 1 |
| b | the state of the s | 14b | | |

| Part | , , , , , , , , , , , , , , , , , , , | and | for a | "No |
|----------|--|------------|--|------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | See in: | struc | tions. |
| Sect | Check if Schedule O contains a response or note to any line in this Part VI | ٠ . | | <u>. Ц</u> |
| 000 | ion A. Governing Body and Management | - | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 2000 | 103 | 140 |
| | If there are material differences in voting rights among members of the governing body, or | | 513 | 300 |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | - 77 | TE TE |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | Total I | 338 | 東京 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | 100 | |
| | any other officer, director, trustee, or key employee? | 2 | | 1 |
| 3 | and the different series and the middle of the different devises obstonitionally benefitted by or different life different | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | 5 | | 1 |
| 7a | Did the organization have members or stockholders, or other persons who had the power to elect or appoint | 6 | | 1 |
| | one or more members of the governing body? | | | ١, |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7a | | / |
| | stockholders, or persons other than the governing body? | 7b | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | 197 | | 1 |
| а | The governing body? | 8a | 1 | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| Cook | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| Secu | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | | _ |
| 10a | Did the organization have local chapters, branches, or affiliates? | 40- | Yes | No |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10a | | 1 |
| | 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 | | - |
| 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 | 1 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 1 | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | - |
| | describe in Schedule O how this was done | 12c | | |
| 13. | Did the organization have a written whistleblower policy? | 13 | ✓ | |
| 14 15 | Did the organization have a written document retention and destruction policy? | 14 | The state of the s | 1 |
| | 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? | | 200 | |
| а | The organization's CEO, Executive Director, or top management official | 450 | , | |
| b | Out and | 15a 15b | 1 | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 130 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 1/200 | 4 | |
| | with a taxable entity during the year? | 16a | | 1 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | MICH | 86.1 | 198 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| Casti | organization's exempt status with respect to such arrangements? | 16b | | |
| <u> </u> | on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► California | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 501/- | 1/3)~ | Oplia |
| | available for public inspection. Indicate how you made these available. Check all that apply. | 301(0 | /\(\J)S | Unity) |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte | rest n | olicv | , 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 rec | ords: | • | |
| | Daniel B. Cozad 1630 W. Redlands Blvd, Suite A Redlands, CA 92373 (909) 793-2503 | | | |

Form 990 (2017)

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| Check this box if heither the organization no | any related | 3 0196 | | (C |) | | . 100 | | | |
|---|--|-------------------------|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| (A) | (B) | do n | | | | than c | one | (D) | (E) | (F) |
| Name and Title | Average hours per | box, t | unles | s pe | rson | is both or/trust | an (ae) | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) David Raley | 1 | | : | | | | | | 62 | |
| President | 0 | √ | | ✓ | | ļ.— | | | 0 | 0 |
| (2) Paul Williams | 11 | ١. | | _ ا | | | | | 92 | 0.0 |
| Vice President | 0 | ✓ | | ✓ | | | <u> </u> | 0 | | |
| (3) John Longville | 11 | | | | | | | | | _ |
| Director | 0 | ✓ | _ | _ | | | | 0 | 0 | |
| (4) Daniel B. Cozad | 1 | | | , | | | | | | |
| Executive Director/Secretary | | | | 1 | | | \vdash | | 0 | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Par | t VII Section A. Officers, Directors, Trus | lees, Key E | mplo | /ees | s, a | nd F | lighe | st C | ompensated E | mployees (cont | inued) | rage |
|---------|--|--|--------------------------------|-----------------------|--------------------|--------------|---------------------------------|---------------|--|---|--|--|
| | (A) Name and title | (B) Average hours per week (list any | box, office | unles er and | Pos eck s pe | rson | e than o is both or/trusi | an | (D) Reportable compensation | (E) Reportable compensation from | am | (F) timated tount of |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | comp fro orga and | other pensation om the anization I related nizations |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | - | |
| (17) | | | | | | | | | | <u> </u> | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | <u> </u> | | |
| (20) | | | | \dashv | | | | | | | | |
| (21) | | | | \dashv | | | | _ | | | | |
| (22) | | | | + | | \dashv | | | | | | |
| (23) | | | | 1 | | \dashv | | \dashv | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | _ | \dashv | | \dashv | | \dashv | | | | |
| 1b | Sub-total | | <u>l</u> | | | | | - | | | | |
| c d | Total from continuation sheets to Part Total (add lines 1b and 1c) | | | | | | | • | | | | |
| 2 | Total number of individuals (including but reportable compensation from the organization) | not limited | to the | se | liste | ed a | bove |) wł | no received mo | ore than \$100,00 | 00 of | <u> </u> |
| 3 | Did the organization list any former off | | or o | · te | ıcta | o 1 | (0)/ 0 | mol | ovos or bish | at compensati | | Yes No |
| | employee on line 1a? If "Yes," complete S | ichedule J i | for su | ch ii | ndiv | ridu | al . | | | | 3 | 1 |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of rep greater tha | n \$1 | 50,0 | 1001 | ? If | sation "Yes | ," (| complete Sche | ensation from the | ne ch | |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? | accrue co | mpen | sati | on t | ron | n any | unr | elated organiza | ation or individu | al 5 | |
| Section | on B. Independent Contractors | -145 CH | - | | | | | | | | | V |
| 1 | Complete this table for your five highest compensation from the organization. Representation. | ompensate ort compen | d inde | epei n foi | nde r the | nt c | ontra | icto ir ye | rs that received ear ending with | d more than \$10 or within the o | 00,000 of ganizatio | on's tax |
| | (A) Name and business addr | ess | | | | | B | | (B) Description of se | rvices | (C) Compens | ation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractor | | | | | | d to | tho | se listed abov | ve) who | | |

Form **990** (2017)

| Part | VIII | Statement of Reve | | | | D - 4 \ / /// | | |
|--|---------|--|----------------|-------------------|-------------------|--|--|--|
| | | Check if Schedule C | contains a re | sponse 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 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b | • | 1b | | | revenue | | 312-314 |
| ts, Gr Amo | C | Fundraising events . | | | | | | |
| 를 흥 | d | Related organizations | | + | | | | |
| Si Fi | e | Government grants (con | | + | | | I Comment | |
| er er | f | All other contributions, gi and similar amounts not inc | ا بتب | | | | | |
| 문항 | _ | Noncash contributions include | | | | | | |
| E E | g h | Total. Add lines 1a-1 | | | 2,414,204 | | | |
| | | Total. Add tilles Ta-1 | <u> </u> | Business Code | 2,414,204 | | PART TO SUIT ON | |
| Program Service Revenue | 2a | | | 0 | | | | |
| æ | ь | | | 0 | | 1 | | |
| je Je | С | | | 0 | | | | |
| Ser | d | | | 0 | | | | |
| Ē | e | | | 0 | | | | |
| g | f | All other program sen | vice revenue . | 0 | | | | |
| <u>&</u> | g | Total. Add lines 2a-2 | | • | . 0 | | | |
| | 3 | Investment income and other similar amo | | dends, interest, | | | | |
| | | | • | | 848 | | | |
| | 4 | Income from investmen | | oona proceeas | | | | |
| | 5 | Royalties | (i) Real | (ii) Personal | | SOCIATION SOCIATION | | |
| | 6a | Gross rents | (9 : 100. | 0 0 | | | THE RESERVE OF THE PARTY OF THE | |
| | b | Less: rental expenses | | 0 0 | Section County | | San | |
| | C | Rental income or (loss) | | 0 0 | | | | |
| | d | Net rental income or (| (loss) | ▶ | o | | | |
| | 7a | Gross amount from sales of | (i) Securities | (ii) Other | | | 2002 | |
| | | assets other than inventory | | 0 0 | | | Park State of | |
| | b | Less: cost or other basis | | | | | A 118 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | |
| | | and sales expenses . | | 0 0 | | | THE REAL PROPERTY. | Service Control of the Control of th |
| | С | Gain or (loss) | | 0 0 | | SIRTH HIS | | SUBSUMULA S |
| | d | Net gain or (loss) . | | • | 0 | | | |
| Other Revenue | 8a | Gross income from fu events (not including \$ | | | | | | |
| er Re | | of contributions reported See Part IV, line 18 . | | a 0 | | | | |
| ᅗᆝ | | Less: direct expenses | | b0 | | | | |
| | | Net income or (loss) f | | events . 🕨 | 0 | | | |
| | ya | Gross income from ga See Part IV, line 19 | | a <u>0</u> | | | | |
| | | Less: direct expenses | | b 0 | | | | ESCHALL STATE |
| | _ | Net income or (loss) f | - | tivities | 0 | | | |
| | 10a | Gross sales of in returns and allowance | | . . | | | | SI SECULIAR DE |
| | 1_ | | | | | | | |
| | b | Less: cost of goods s Net income or (loss) f | | b 0 | 0 | | 200 | |
| | C | Miscellaneous R | | Business Code | | | | |
| | 11a | | | + | | | | |
| | b | | | | | | | |
| | C | *************************************** | | | | | | |
| | d | All other revenue . | | | | | | |
| | e | Total. Add lines 11a- | | • | 0 | | | |
| | 12 | Total revenue See in | | . | 0.445.050 | | | |

| Part IX Statement of i | Functional | Expenses |
|------------------------|------------|----------|
|------------------------|------------|----------|

| Sectio | nn 501(c)(3) and 501(c)(4) organizations must comp | olete ali columns. Ali | l other organizatioi | ns must complete co | olumn (A). |
|--------|--|------------------------|------------------------------|---|--|
| | Check if Schedule O contains a respons | e or note to any line | e in this Part IX | | |
| | t include amounts reported on lines 6b, 7b, o, 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 | o | | | COMMUNICATION OF THE PARTY OF T |
| 2 | Grants and other assistance to domestic | | | | The second second |
| | 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 | | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | 0 | | | Wildliam |
| • | trustees, and key employees | | | 100 | |
| | | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| _ | _ | 0 | | | A 5 6 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include | | | 3 | |
| _ | section 401(k) and 403(b) employer contributions) | 0 | | | 16 10 |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 0 | | | |
| b | Legal | 0 | | | |
| C | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 0 | 162 | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | . 0 | | | 302 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | 4 | | #12.50m12.50m = |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | 100000000000000000000000000000000000000 | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings . | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | E |
| 22 | Depreciation, depletion, and amortization . | 0 | | | |
| 23 | Insurance | 1,258 | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | Mirror St. S. S. | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Loan from SBVWCD to complete Wash Plan | 158,465 | | | |
| b | Bank fees | 25 | | | |
| C | | | | | |
| d | | | | | |
| е | All other expenses | | | | - X |
| 25 | Total functional expenses. Add lines 1 through 24e | 159,748 | | | |
| 26 | Joint costs. Complete this line only if the | | - | - 2 - 1/2 - 1 | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | 9 | | |
| | fundraising solicitation. Check here | | | 1 | |
| | following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 0 Savings and temporary cash investments 2 308.852.54 322,186 2 3 0 3 4 ol 8,242,503 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 ol Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0 (418,540.15) 7 0 ol 8 0 ol 9 Prepaid expenses and deferred charges . . . 0 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0 10c 10b 0 **b** Less: accumulated depreciation 11 11 Investments—publicly traded securities 2,380,836 Investments-other securities. See Part IV, line 11 0 12 0 12 0 13 0 13 Investments - program-related. See Part IV, line 11 14 0 0 14 15 0 O 15 16 10,945,525 (109,687) 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 0 17 577,004 0 18 0 18 19 0 8,242,503 19 20 o 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 22 disqualified persons. Complete Part II of Schedule L 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 Total liabilities. Add lines 17 through 25 26 8,819,507 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 152,769 (403,534) 27 28 1,973,249 293.847 28 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 32 32 33 2,126,018 33 (109,687)10,945,525 (109,687)

| Par | XI Reconciliation of Net Assets | | | | |
|------|--|----------|-------|----------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 200 | | 15,052 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 59,748 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 55,304 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | VI | | 9,687 |
| 5 | Net unrealized gains (losses) on investments | 5 | | _ | 9,599 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | Č SE | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | 3.7 | |
| | 33, column (B)) | 10 | | 2,12 | 26,018 |
| Part | XII Financial Statements and Reporting | W-1900 | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | 000 | -37 |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | olain ir | Booms | U.S. | 2 |
| | Schedule O. | | 1980 | | to a |
| 2a | The state of the s | | | | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | oiled o | | 16 | THERE |
| | reviewed on a separate basis, consolidated basis, or both: | | | 1000 | I I |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited | d on a | 1000 | Q35E3 | |
| | separate basis, consolidated basis, or both: | | - 3 | 70,3 | 18.00 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 17000 | (860) | 30 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the condition of the c | ersight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accounts the approximation of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit of the audit | | 2c | ✓ | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | olain in | 1 | | |
| 0- | | | 1000 | _~ | 1000 |
| 3a | The state of the s | orth in | | | |
| L. | the Single Audit Act and OMB Circular A-133?. | | 3a | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not unde required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at | go the | | | |
| | required addit or addits, explain why in schedule of and describe any steps taken to undergo such at | iuits. | 3b | 990 | 1 |
| | | | Form | · uun | /2017\ |

Form **990** (2017

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(D)

(E)

Employer identification number

Name of the organization 81-1785903 San Bernardino Valley Conservation Trust Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (vi) Amount of (iii) Type of organization (I) Name of supported organization (iv) is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C)

| Par | Support Schedule for Organization | ations Desc | ribed in Sect | tions 170(b)(1 |)(A)(iv) and | 170(b)(1)(A)(v | <u>(i)</u> |
|-------|--|-------------------------------------|-----------------|--|------------------|--|--------------|
| | (Complete only if you checked to | he box on lin | e 5, 7, or 8 of | f Part I or if th | e organizatio | on failed to qu | alify under |
| | Part III. If the organization fails to | qualify und | er the tests li | sted below, p | lease compl | ete Part III.) | • |
| | ion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | 1 | | |
| | membership fees received. (Do not | | | U | | | 4 |
| _ | include any "unusual grants.") | | | | | <u> </u> | |
| 2 | Tax revenues levied for the organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | • | | |
| 4 | Total. Add lines 1 through 3 | | g 1 | | | | |
| 5 | The portion of total contributions by | | | | Fill of the same | FEW EST STATE | |
| _ | each person (other than a | | Tree Street | 2012 | | | |
| | governmental unit or publicly | | | | | I BOOK I | |
| | supported organization) included on | NEEDE | | | | | |
| | line 1 that exceeds 2% of the amount shown on line 11, column (f) | | 200 | | 18, 2, 8 11 1 | | |
| • | • | | | | Carried Managery | S Tout best | |
| Sect. | Public support. Subtract line 5 from line 4 ion B. Total Support | | | A1112402 | | | |
| | idar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (6 Total |
| 7 | Amounts from line 4 | (6) 2014 | (0) 2013 | (6) 2010 | (u) 2017 | (e) 2016 | (f) Total |
| 8 | Gross income from interest, dividends, | <u> </u> | | | | - | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | similar sources | | İ | <u>. </u> | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | ļ | | | | |
| 44 | is regularly carried on | · | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | | | 1 1 | |
| | (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | Term of the last | | English and the | | | , |
| 12 | Gross receipts from related activities, etc. | (see instruction | ons) | | 200 | 12 | |
| 13 | First five years. If the Form 990 is for the | | | d. third. fourth | . or fifth tax v | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop her | re | | | | | ▶ □ |
| Secti | on C. Computation of Public Suppor | t Percentag | е | | | | |
| 14 | Public support percentage for 2018 (line 6 | | | | | 14 | % |
| 15 | Public support percentage from 2017 Sch | | | | | 15 | % |
| 16a | 331/3% support test—2018. If the organi | zation did not | check the box | on line 13, an | d line 14 is 33 | 31/3% or more, | check this |
| | box and stop here. The organization qual | | | | | | |
| b | 331/3% support test—2017. If the organization | zation did not | check a box o | n line 13 or 16 | a, and line 15 | is 331/3% or m | |
| 17a | this box and stop here. The organization | | | | | | _ |
| 1/8 | 10%-facts-and-circumstances test—20 10% or more, and if the organization me | 118. It the orga ets the "facts. | anization did n | ot check a box | con line 13, 1 | 6a, or 16b, and | l line 14 is |
| | Part VI how the organization meets the " | facts-and-circ | umstances" te | st. The organiz | ration qualifies | and stop nere. Sas a publick | expiain in |
| | organization | | | | | as a publicly | |
| ь | 10%-facts-and-circumstances test-20 | | | | | | |
| _ | 15 is 10% or more, and if the organiza | tion meets the | e "facts-and-c | ircumstances" | test, check t | this box and s | top here. |
| | Explain in Part VI how the organization m | neets the "fact | ts-and-circums | stances" test. 1 | The organization | on qualifies as | a publicly |
| | supported organization | | | | | | ▶ □ |
| 18 | Private foundation. If the organization did | not check a | box on line 13, | 16a, 16b, 17a, | , or 17b, checl | k this box and | see |
| | instructions | | | | | | ▶ □ |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section | on A. Public Support | | | | | | | | |
|--|--|------------------|-------------------|-------------------|-------------------|------------------|--------------|--|--|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 0 | 0 | 51,812 | 256,999 | 2,414,204 | 2,723,015 | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | 40 | | | _ | | |
| _ | organization's tax-exempt purpose | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | _ 0 | 0 | 0 | | |
| 6 | Total. Add lines 1 through 5 | 0 | 0 | 51,812 | 256,999 | 2,414,204 | 2,723,015 | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | 0 | 0 | 0 | 0 | 0 | 0 | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | | 0 | 0 | . 0 | 0 | 0 | 0 | | |
| 8 8 | Add lines 7a and 7b | | | | | | 2,723,015 | | |
| Secti | on B. Total Support | | The second second | | | | 27.20,010 | | |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | | |
| 9 | Amounts from line 6 | 0 | 0 | 51,812 | 256,999 | 2,414,204 | 2,723,015 | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 0 | 0 | 6.25 | 35.29 | 848.04 | 889.58 | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | 0 | 0 | | |
| | acquired after June 30, 1975 | 0 | 0 | 6.25 | 0 35.29 | 848.04 | 889.58 | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | | 35.27 | 040.04 | 0 | | |
| 12 | Other income. Do not include gain or | | _ | | | - | | | |
| | loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 0 | 0 | 51,818.25 | 257 034 29 | 2,415,052.04 | 2.723.904.58 | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | | 's first, secon | d, third, fourth | , or fifth tax ye | | n 501(c)(3) | | |
| Sooti | on C. Computation of Public Suppor | | | | • • • • • | | | | |
| 15 | Public support percentage for 2018 (line 8 | | | 13. column (f)) | | 15 | % | | |
| 16 | | | | | | 16 | % | | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | | | | | | | | | |
| 17 | Investment income percentage for 2018 (| line 10c. colum | nn (f), divided b | ov line 13, colu | mn (f)) | 17 | % | | |
| 18 | Investment income percentage from 2017 | 7 Schedule A, f | Part III, line 17 | | | 18 | % | | |
| 19a | 19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line | | | | | | | | |
| | 17 is not more than 331/3%, check this box | and stop here. | The organization | on qualifies as a | a publicly supp | orted organizati | on . ▶ 🗌 | | |
| b | 331/3% support tests-2017. If the organiz | zation did not c | heck a box on | line 14 or line 1 | l9a, and line 16 | is more than 3 | 31/3%, and | | |
| 20 | line 18 is not more than 331/3%, 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 | | | | | | | | |

Supporting Organizations

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

Section A. All Supporting Organizations

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

| | _ | Yes | No |
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| Part | 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) | 44- | | =63 |
| L | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11a 11b | | |
| | A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | _ |
| | on B. Type I Supporting Organizations | | | _ |
| | on at type i cuppor and | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | 331 | | Winds |
| | 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, | | 1000 | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | 2004 |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | 360 | 1 1000 |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | and the latest design to the l | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | H IS |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | 30.670 Y 2 | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | 1 | |
| | 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? | 1000 | 1000 | |
| _ | • | 1 | | |
| 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 | 1 | 100 | |
| | 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 | 900 | | 1000 |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | ME. | | |
| | supported organizations played in this regard. | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | | -tion | <u> </u> |
| 1_ | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below. | riştru | CUOIR | s). |
| a b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in: | struct | ions). |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | TO | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | 8.8 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | 100 | 100 |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | - | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | Zd | Aggu | 38.8 |
| U | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | 10 | 16.50 |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | 186 | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | 7 | MISS |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | SHOT. | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | - | |
| Ь | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ot- | | Marie Land |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | gani | zations | |
|---|------|--------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization. | | | |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | * |
| 3 Other gross income (see instructions) | 3 | | * === |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | 90.00 http://doi.org/10.000 |
| Section CDistributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | AVI VI | |
| 7 Check here if the current year is the organization's first as a non-functionall | | egrated Type III support | ing organization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | | | |
|-------|---|-----------------------------|--|---|--|--|
| Secti | on D-Distributions | | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish | | | | | |
| 2 | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| - 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part Vi). See instructions. | h the organization is res | ponsive | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | 10-55 | | l., | | |
| 10 | Line 8 amount divided by line 9 amount | - Q | | | | |
| - '' | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 | | |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | <i>y</i> - | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | | | |
| а | | | | | | |
| b | From 2014 | | | | | |
| С | | | | | | |
| d | From 2016 | | | | | |
| е | From 2017 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2018 distributable amount | | | | | |
| i | Carryover from 2013 not applied (see instructions) | | | | | |
| ij | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2018 from Section D, line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2018 distributable amount | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| a | Excess from 2014 | MEVEN DESERVE TO SET | | | | |
| b | Excess from 2015 | HE CHICAGO TO THE PARTY. | | | | |
| С | Excess from 2016 | | | | | |
| d | Excess from 2017 | HE WAS TO SELECT THE | | | | |
| е | Excess from 2018 | | | | | |

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

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

San Bernardino Valley Conservation Trust

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ➤ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

81-1785903

Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

San Bernardino Valley Conservation Trust

81-1785903

| Part I | Contributors (see instructions). Use duplicate co | ppies of Part I if additional space is | needed. |
|------------|--|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | City of Redlands 35 Cajon Street, Suite 30 PO Box 3005 Redlands, CA 92373-4746 | \$ 29,490 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | S-P Deerfield, LLC 31866 Camino Capistrano San Juan Capistrano, 92675-3216 | \$ 10,000.00 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | San Bernardino Valley Municipal Water District 380 East Vanderbilt Way San Bernardino, CA 92408-3593 | \$ 2,374,714.00 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ***** | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

Name of organization

Employer identification number

| art II N | oncash Property (see instructions). Use duplicate co | ppies of Part II if additional space | e is needed. |
|--------------------------|--|---|----------------------|
| n) No. From Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
|) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| No. com art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| No. om art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ***** | | \$ | |
| No. om art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| Part III | Exclusively religious charitable et | c contributions t | o organization | s described in section 501(c)(7), (8), or | |
|---------------------------|---|---|--|---|--|
| raitin | (10) that total more than \$1,000 for | the year from any ions completing Pa | one contribut art III, enter the | or. Complete columns (a) through (e) and total of exclusively religious, charitable, etc. | |
| | Use duplicate copies of Part III if add | itional space is nee | eded. | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Trans | fer of gift | | |
| | Transferee's name, address, an | (65-57) 3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3- | JE9 014790 | itionship of transferor to transferee | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | *************************************** | | | |
| | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZIP + 4 | | Rela | tionship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Trans | fer of gift | | |
| | Transferee's name, address, an | d ZIP + 4 | 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 | |
| | | | | | |
| Ì | | (e) Trans | fer of gift | | |
| | Transferee's name, address, an | d ZIP + 4 | Rela | tionship of transferor to transferee | |
| | | | | | |
| | | 202000000000 | 1/2 | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Note: Terms in **bold** are defined in the Glossary of the Instructions for Form 990.

Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt From Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2;
- · Checking the box on:
 - Form 990-EZ, line H; or
 - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, Financial Statements and Reporting, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

Public Inspection

Note: Don't include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

Contributors To Be Listed on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report governmental units as contributors.

Contributions

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

General Rule

Unless the organization is covered by one of the *Special Rules*, later, it must list in Part I every contributor who, during the year, gave the organization, directly or indirectly, money, **securities**, or any other type of property that total \$5,000 or more for the organization's **tax year**. In determining the total amount,

separate and independent gifts of less than \$1,000 can be disregarded.

Include each contribution included on Form 990, Part VIII, line 1, in calculating a contributor's total contributions and determining whether that contributor must be reported on Schedule B under this General Rule (or one of the following Special Rules, if applicable). For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization didn't receive the property during the tax year.

Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A); or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 331/3% support test for the current year or prior year; or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A) (vi) organization in its first 5 years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under General Rule, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (section 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

Specific Instructions



Don't attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II,

and III of Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. In column (c), enter the amount of total contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution

includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an employee's cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the noncash contribution received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. . See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and

asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** 81-1785903 San Bernardino Valley Conservation Trust Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 Part II 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 a historically important land area Preservation of a certified historic structure □ Protection of natural habitat 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. 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 5 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 year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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: Assets included in Form 990, Part X .

| | | | | | | i age i | | |
|----------|---|------------------------|--|---------------------|------------------------|---------------------------------------|--|--|
| Par 3 | t III Organizations Maintaining | Collections of | Art, Historical | Treasures, or O | ther Similar As | sets (continued) | | |
| 3 | Using the organization's acquisition, collection items (check all that apply) | accession, and of | ther records, che | ck any of the follo | wing that are a si | gnificant use of it | | |
| а | Public exhibition | | d 🗌 Loar | n or exchange prog | grams | | | |
| b | Scholarly research | | e 🗌 Othe | | - | | | |
| C | □ Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections | and explain how | they further the or | ganization's exem | pt purpose in Par | | |
| 5 | During the year, did the organization | solicit or receive | donations of art, | historical treasure | es, or other simila | r | | |
| | assets to be sold to raise funds rathe | r than to be mainta | ained as part of th | e organization's c | ollection? | | | |
| Par | Escrow and Custodial Arra | | | | | | | |
| | Complete if the organization | n answered "Yes | " on Form 990, | Part IV, line 9, or | reported an am | ount on Form | | |
| | 990, Part X, line 21. | | | | | | | |
| 1a | | , custodian or oth | er intermediary f | or contributions o | r other assets no | t | | |
| | included on Form 990, Part X? | | | | | ☐ Yes ☐ No | | |
| þ | If "Yes," explain the arrangement in P | art XIII and comple | ete the following t | able: | | | | |
| _ | Posinning helenes | | | <u> </u> | | nount | | |
| c d | Beginning balance | | | | | | | |
| e | Additions during the year | | | 10 | | | | |
| f | Distributions during the year Ending balance | | | 16 | | | | |
| 2a | Did the organization include an amount | | | | | | | |
| | If "Yes," explain the arrangement in P | art XIII. Check her | all A, IIIIe 2 I, IUI e a if the evolunatio | n has been provid | ii account iiabiiity ! | ' ∐ Yes ∐ No | | |
| Par | t V Endowment Funds. | art Alli. Offeck field | e ii the explanatio | ir nas been provid | ed on Part XIII . | · · · 🗀 | | |
| | Complete if the organization | answered "Yes" | on Form 990 I | Part IV line 10 | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back | | |
| 1a | Beginning of year balance | 308,852,54 | 0 | | N/A | | | |
| b | Contributions | 2,414,204.00 | 308,811 | | | | | |
| C | Net investment earnings, gains, and | | | 14/7 | | N/A | | |
| | losses | 18,751 | 41.54 | N/A | N/A | N/A | | |
| d | Grants or scholarships | 0 | 0 | | N/A | N/A | | |
| e | Other expenditures for facilities and | | | | | | | |
| | programs | 473,625.03 | 0 | N/A | N/A | N/A | | |
| f | Administrative expenses | 104,661,68 | 0 | N/A | N/A | | | |
| g | End of year balance | | 308,852,54 | N/A | N/A | N/A | | |
| 2 | Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: | | | | | | | |
| a | 7,270 | | | | | | | |
| b | Permanent endowment | <u></u> % | | | | | | |
| С | Temporarily restricted endowment ▶ | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and | 2c should equal 10 | 00%. | | | | | |
| Sa | Are there endowment funds not in the organization by: | e possession of the | e organization tha | at are held and ad | ministered for the | | | |
| | • | | | | | Yes No | | |
| | (i) unrelated organizations | | | | | 3a(i) ✓ | | |
| h | (ii) related organizations | rappizations listed | | · · · · · · · · · | | 3a(ii) ✓ | | |
| 4 | Describe in Part XIII the intended uses | of the organization | as required on 50 n's endowment fu | nequie R? | | 3b | | |
| Part | | ment | ir 3 endowment to | | | | | |
| | Complete if the organization | | on Form 990 E | Part IV line 11a 9 | See Form 000 B | ort V. line 10 | | |
| | Description of property | (a) Cost or oth | | 1 | Accumulated | (d) Book value | | |
| | | (investme | | | preciation | (u) book value | | |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| С | Leasehold improvements | - | | | | - | | |
| d | Equipment | | | | | | | |
| е | Other | | | | | | | |
| otal. | Add lines 1a through 1e. (Column (d) m | ust equal Form 99 | 0, Part X, column | (B), line 10c.) | • | · · · · · · · · · · · · · · · · · · · | | |

| Part VII | Investments – Other Securities. Complete if the organization answer | ad "Vee" on For | m 900 Part IV lin | a 11b. See Form 990 | Part Y line 12 |
|----------------|---|----------------------|------------------------|-----------------------------|---|
| | (a) Description of security or category | ed res on For | (b) Book value | (c) Method of | |
| | (including name of security) | | (b) Book value | Cost or end-of-yea | |
| (1) Financial | | | | | |
| | eld equity interests | | | | |
| (3) Other | ···· | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) (H) | | | | | |
| | Name to a self-form (90) Part V and (P) line 12) | | | | |
| Part VIII | n) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related. | | | | |
| rait VIII | Complete if the organization answer | ed "Yes" on For | m 990 Part IV lin | e 11c. See Form 990 | Part X line 13 |
| | (a) Description of investment | ed 163 0111 01 | (b) Book value | (c) Method of | |
| | (a) Description of investment | | (b) Dook value | Cost or end-of-year | |
| (4) | | | | | |
| (1) | | | | | |
| (3) | | | | | |
| (4) | | | · · | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n) must equal Form 990, Part X, col. (B) line 13.) | | | | en la |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answer | ed "Yes" on For | m 990, Part IV, lin | e 11d. See Form 990 | |
| | (a) De | scription | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
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| _(7) | | | | | |
| (8) | | | | | |
| (9) | mn (b) must equal Form 990, Part X, col. (l | P) lino 15) | | | |
| | | B) line (5.) | | | |
| Part X | Other Liabilities. Complete if the organization answer | ad "Vec" on For | ່ m 000 Part IV lin | e 11e or 11f See For | m 990 Part X |
| | line 25. | ed res onroi | ili 990, Fait IV, ilii | e 11e 01 111. Sec 1 01 | 111 330, 1 alt 7, |
| 1. | (a) Description of liability | (b) Book value | | - ilkes il sell'és l'inche | |
| (1) Federal in | | (0) 20011 12:00 | | | |
| (2) | oonic taxoo | | | | |
| (3) | | | | | |
| (4) | | | 223 (1111) 121 | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| | uncertain tax positions. In Part XIII, provide t | he text of the footn | ote to the organizatio | n's financial statements th | nat reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | Return. | |
|---------|---|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,414.20 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 2,414,20- |
| а | Net unrealized gains (losses) on investments 2a | ii— | |
| b | Donated services and use of facilities | 100 | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | Miles. | |
| е | Add lines 2a through 2d | 2e | -18,751 |
| 3 | Subtract line 2e from line 1 | 3 | 2,395,453 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | FN 22 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 8n- | |
| b | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | 4c | (|
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 2,395,453 |
| Part | | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 159,748 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | - 170 | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | C |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 125 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 | | |
| b | Other (Describe in Part XIII.) | and Mary | |
| _ | Add lines 4a and 4b | 4c | O |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 159,748 |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info | ormation. | ······································ |
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| Schedule D (Form 990) 2017 Page 5 | | | | | |
|---|---|---|--|--|--|
| Part XIII | Supplemental Information (continued) | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

| San Bernardino Valley Conservation Trust | 81-1785903 | | | |
|--|---|--|--|--|
| 01. Form Disclosure (Part Vi, line 19) | | | | |
| The organization made its governing documents available to the public on its website. | *************************************** | | | |
| | | | | |
| 02. Form Disclosure (Part VI, line 12c) | *************************************** | | | |
| A new form is completed annually. Board Members recuse themselves from topics of identified conflic | <u>t.</u> | | | |
| | | | | |
| 03. Governance, Management, and Disclosure (Section B. line 15a and 15b) | | | | |
| Adoption of the bylaws in March 2016 and amended in October 2017 by the appointed Board of Directo | rs agreed "Section 6. Directors | | | |
| and members of committees shall receive no compensation from the Trust for their services." This tru | st does not have any related | | | |
| organizations at this time. | | | | |
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| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|---|---------------------------------|
| Name of the organization | Employer identification number |
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - a. "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining compensation, in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the Other box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.
- i. Description of public disclosure of documents, in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g. exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI. Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII. Financial Statements and
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c, "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line
 - Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- Description of other program services, in response to Part III, Statement of Program Service Accomplishments, line 31.
 - Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
 - d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this CAUTION schedule will be made available for public inspection.

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on Form 990 schedules, use the narrative part of each schedule to provide supplemental narrative.

12. Complete Part II, Signature Block, of Form 990.

D. Accounting Periods and Methods

These are the accounting periods covered under the law.

Accounting Periods

Calendar year. Use the 2017 Form 990 to report on the 2017 calendar year accounting period. A calendar year accounting period begins on January 1 and ends on December 31.

Fiscal year. If the organization has established a fiscal year accounting period, use the 2017 Form 990 to report on the organization's fiscal year that began in 2017 and ended 12 months later. A fiscal year accounting period should normally coincide with the natural operating cycle of the organization. Be certain to indicate in Item A of the Heading of Form 990 the date the organization's fiscal year began in 2017 and the date the fiscal year ended in 2018.

Short period. A short accounting period is a period of less than 12 months, which exists when an organization first commences operations, changes its accounting period, or terminates. If the organization's short year began in 2017, and ended before December 31, 2017 (not on or after December 31, 2017), it may use either 2016 Form 990 or 2017 Form 990 to file for the short year. The 2017 form may also be used for a short period beginning in 2018 and ending before December 31, 2018 (not on or after December 31, 2018). When doing so, provide the information for designated years listed on the return, other than the tax year being reported, as if they were updated on the 2018 form. For example, provide the information in Schedule A, Part II, for the tax years 2014-2018, rather than for tax years 2013-2017. A short period return cannot be filed electronically unless it is an initial return for which the "Initial return" box is checked in Item B of the Heading or a final return for which the "Final return/ terminated" box is checked in Item B of the Heading.

Accounting period change. If the organization changes its accounting period, it must file a Form 990 for the short period resulting from the change. Write "Change of Accounting Period" at the top of this short-period return.

If the organization has previously changed its annual accounting period at any time within the 10-calendar-year period that includes the beginning of the **short period** resulting from the current change in accounting period, and it had a Form 990-series filing requirement or income tax return filing requirement at any time during that 10-year period, it must also file a Form 1128, Application To Adopt, Change, or Retain a Tax Year, with the short-period return. See Rev. Proc. 85-58, 1985-2 C.B. 740.

If an organization that submits Form 990-N changes its accounting period, it must report this change on Form 990, Form 990-EZ, or Form 1128, or by sending a letter to Internal Revenue Service, 1973 Rulon White Blvd., Ogden, UT 84201.

Accounting Methods

Unless instructed otherwise, the organization should generally use the same accounting method on the return (including the Form 990 and all schedules) to report revenue and expenses that it regularly uses to keep its books and records. To be acceptable for Form 990 reporting purposes, however, the method of accounting must clearly reflect income.

Accounting method change. Generally, the organization must file Form 3115, Application for Change in Accounting Method, to change its accounting method. An exception applies where a section 501(c) organization changes its accounting method to comply with the Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards 116, Accounting for Contributions Received and Contributions Made (SFAS 116), now codified in FASB Accounting Standards Codification 958, Not-for-Profit Entities (ASC 958). See Notice 96-30, 1996-1 C.B. 378. An organization that makes a change in accounting method, regardless of whether it files Form 3115, must report any adjustment required by section 481(a) in Parts VIII through XI and in Schedule D (Form 990), Supplemental Financial Statements, Parts XI and XII, as applicable.

State reporting. Many states that accept Form 990 in place of their own forms require that all amounts be reported based on the accrual method of accounting. If the organization prepares Form 990 for state reporting purposes, it can file an identical return with the IRS even though the return does not agree with the books of account, unless the way one or more items are reported on the state return conflicts with the instructions for preparing Form 990 for filing with the IRS.

Example 1. The organization maintains its books on the cash receipts and disbursements method of accounting but prepares a Form 990 return for the state based on the accrual method. It could use that return for reporting to the IRS.

Example 2. A state reporting requirement requires the organization to report certain revenue, expense, or balance sheet items differently from the way it normally accounts for them on its books. A Form 990 prepared for that state is acceptable for the IRS reporting purposes if the state reporting requirement does not conflict with the Instructions for Form 990.

An organization should keep a reconciliation of any differences between its books of account and the Form 990 that is filed. Organizations with audited financial statements are required to provide such reconciliations on Schedule D (Form 990), Parts XI through XII.



See Pub. 538, Accounting Periods and Methods, and the instructions to Forms 1128 and 3115, about reporting changes to accounting periods and methods.

E. When, Where, and How To File

File Form 990 by the 15th day of the 5th month after the organization's accounting period ends (May 15th for a calendar-year filer). If the due date falls on a Saturday, Sunday, or legal holiday, file on the next business day. A business day is any day that isn't a Saturday, Sunday, or legal holiday.

If the organization is liquidated, dissolved, or terminated, file the return by the 15th day of the 5th month after liquidation, dissolution, or termination.

If the return isn't filed by the due date (including any extension granted), explain in a separate attachment, giving the reasons for not filing on time.

Send the return to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Foreign and U.S. possession organizations. If the organization's principal business, office, or agency is located in a foreign country or U.S. possession, send the return to:

Department of the Treasury Internal Revenue Service Center P.O. Box 409101 Ogden, UT 84409

Private delivery services. Tax-exempt organizations can use certain private delivery services (PDS) designated by the IRS to