

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2021**  
Open to Public Inspection

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

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

**C** Name of organization: **Crystal Cove Conservancy**  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): **35 Crystal Cove** Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: **Newport Coast CA 92657**

**D** Employer identification number: **33-0878633**  
**E** Telephone number: **949-497-6302**  
**G** Gross receipts: **6,917,961**

**F** Name and address of principal officer:  
**Kate Wheeler**  
**35 Crystal Cove**  
**Newport Coast CA 92657**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **www.crystalcove.org** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1999** **M** State of legal domicile: **CA**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>40</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>175</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,568,762</b>	<b>5,906,328</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>101,100</b>	<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>477,525</b>	<b>40,593</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,590,226</b>	<b>289,174</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,737,613</b>	<b>6,236,095</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>3,400</b>	<b>28,849</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>808,776</b>	<b>1,068,897</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>348,336</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,187,330</b>	<b>5,135,490</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,999,506</b>	<b>6,233,236</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>738,107</b>	<b>2,859</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,212,040</b>	<b>6,299,096</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,108,597</b>	<b>2,467,400</b>
		<b>4,103,443</b>	<b>3,831,696</b>

## Part II Signature Block

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

**Sign Here**

Signature of officer: **Kate Wheeler** Date: \_\_\_\_\_  
 Type or print name and title: **President & CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **Gerald F. Scheck** Preparer's signature: **Gerald F. Scheck** Date: **10/16/23** Check  if PTIN self-employed **P00017436**

Firm's name: **Miller Giangrande LLP** Firm's EIN: **33-0098722**  
 Firm's address: **915 W Imperial Hwy Ste 110 Brea, CA 92821** Phone no.: **714-494-2200**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**See Schedule O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **4,813,388** including grants of\$ ) (Revenue \$ )

**See Schedule O**

**4b** (Code: ) (Expenses \$ **744,220** including grants of\$ **28,849** ) (Revenue \$ )

**See Schedule O**

**4c** (Code: ) (Expenses \$ **163,060** including grants of\$ ) (Revenue \$ )

**See Schedule O**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

**4e** Total program service expenses **u 5,720,668**

**Part IV 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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> <b>40</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent .....		
	<b>1b</b> 21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? .....		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

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

**Gerald F. Scheck**  
NEWPORT COAST

**35 CRYSTAL COVE**

**CA 92657**

**949-497-6302**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kate Wheeler President & CEO	40.00 0.00	X		X				231,493	0	9,531
(2) Randall Gamache Project Manager	0.00 40.00					X		0	157,663	11,354
(3) Daniel Gee President-CCMC	1.00 40.00	X		X				0	140,532	4,134
(4) Sara Ludovise VP, Programs & Strat	40.00 0.00					X		122,033	0	11,828
(5) Jordan Diemert CFO	0.00 40.00					X		0	112,907	9,988
(6) Cynthia Otto Director of Advancem	40.00 0.00					X		110,505	0	8,439
(7) Alan Bedekar Director	1.00 0.00	X						0	0	0
(8) Al Bennett Director	1.00 0.00	X						0	0	0
(9) Doug Le Bon Vice Chairman	1.00 0.00	X		X				0	0	0
(10) Glenn Bozarth Director	1.00 0.00	X						0	0	0
(11) Nathan Chiaverini Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Jeffrey Cole</b>	1.00									
Past Chairman	0.00	X						0	0	0
(13) <b>Laura A. Davick</b>	1.00									
Founder Emeritus	0.00	X						0	0	0
(14) <b>Diana Lu Evans</b>	1.00									
Director	0.00	X		X				0	0	0
(15) <b>Gavin Herbert</b>	1.00									
Past Chairman	0.00	X						0	0	0
(16) <b>Sara Lowell</b>	1.00									
Director	0.00	X						0	0	0
(17) <b>Mara Murray</b>	1.00									
Director	0.00	X						0	0	0
(18) <b>Michael A. O'Connell</b>	1.00									
Director	0.00	X						0	0	0
(19) <b>Stephanie Quesada</b>	1.00									
Director	0.00	X						0	0	0
<b>1b Subtotal</b> .....								<b>464,031</b>	<b>411,102</b>	<b>55,274</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>464,031</b>	<b>411,102</b>	<b>55,274</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u3**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b	179,260				
	c Fundraising events	1c	418,068				
	d Related organizations	1d					
	e Government grants (contributions)	1e	29,411				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,279,589				
	g Noncash contributions included in lines 1a-1f	1g	\$ 87,602				
	<b>h Total. Add lines 1a-1f</b>	<b>u</b>	<b>5,906,328</b>				
<b>Program Service Revenue</b>	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>	<b>u</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	40,593			40,593	
	4 Income from investment of tax-exempt bond proceeds	<b>u</b>					
	5 Royalties	<b>u</b>					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	<b>d Net rental income or (loss)</b>	<b>u</b>					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
<b>d Net gain or (loss)</b>	<b>u</b>						
8a Gross income from fundraising events (not including \$ 418,068 of contributions reported on line 1c). See Part IV, line 18	8a		202,541				
			204,310				
b Less: direct expenses	8b						
<b>c Net income or (loss) from fundraising events</b>	<b>u</b>		-1,769				
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
<b>c Net income or (loss) from gaming activities</b>	<b>u</b>						
10a Gross sales of inventory, less returns and allowances	10a		550,805				
			477,556				
b Less: cost of goods sold	10b						
<b>c Net income or (loss) from sales of inventory</b>	<b>u</b>		73,249		73,249		
<b>Miscellaneous Revenue</b>	11a PPP Loan Forgiveness Income	Business Code	189,611			189,611	
	b Income from subsidiary		25,000			25,000	
	c Miscellaneous income		3,083			3,083	
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>	<b>u</b>		217,694			
<b>12 Total revenue. See instructions</b>	<b>u</b>		<b>6,236,095</b>	<b>0</b>	<b>0</b>	<b>331,536</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	28,849	28,849		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	241,024	241,024		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	624,766	386,822	30,129	207,815
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	124,399	71,274	22,863	30,262
10 Payroll taxes	78,708	78,708		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	44,341	44,341		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	221,473	95,222	50,333	75,918
12 Advertising and promotion	1,575	1,575		
13 Office expenses	6,028	1,461	1,219	3,348
14 Information technology				
15 Royalties				
16 Occupancy	10,322	959	8,190	1,173
17 Travel	38,499	27,837	9,646	1,016
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,656	1,656		
20 Interest	29,625	29,625		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,620	2,810	2,810	
23 Insurance	30,680	15,340	15,340	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Phase III Construction</b>	4,649,747	4,649,747		
b <b>Supplies</b>	22,018	12,637	7,008	2,373
c <b>Dues and subscriptions</b>	19,922	1,065	10,065	8,792
d <b>Donor cultivation and rec</b>	13,884		33	13,851
e All other expenses	40,100	29,716	6,596	3,788
25 Total functional expenses. Add lines 1 through 24e	6,233,236	5,720,668	164,232	348,336
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	1,561,233	1	735,143
	2	Savings and temporary cash investments	2,581,926	2	2,558,545
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	222,469	4	124,584
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	37,900	8	46,452
	9	Prepaid expenses and deferred charges	20,423	9	18,900
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	74,241		
	10b	Less: accumulated depreciation	36,104	10c	38,137
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	2,777,335	12	2,777,335
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	7,212,040	16	6,299,096	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	55,656	17	690,403
	18	Grants payable		18	
	19	Deferred revenue	65,000	19	84,833
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,639,500	23	1,692,164
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	348,441	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,108,597	26	2,467,400
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	2,281,659	27	1,634,445
	28	Net assets with donor restrictions	1,821,784	28	2,197,251
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	4,103,443	32	3,831,696
33	<b>Total liabilities and net assets/fund balances</b>	7,212,040	33	6,299,096	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>6,236,095</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>6,233,236</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,859</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,103,443</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-273,651</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-955</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>3,831,696</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Leslie Ann 'Teddie' Ray Chair	1.00 0.00	X		X				0	0	0
(21) Anie Aklia Robinson Director	1.00 0.00	X						0	0	0
(22) Gerald F. Scheck Director	1.00 0.00	X						0	0	0
(23) Caleb Silsby Director	1.00 0.00	X						0	0	0
(24) Eric Smyth Treasurer	1.00 0.00	X		X				0	0	0
(25) Richard Swinney Secretary	1.00 0.00	X		X				0	0	0
(26) Shelley Thunen Director	1.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Form 990 - Federal General Footnote**

Description

The Taxpayer was affected by recent storms in California; therefore, is filing pursuant to IRS IR-2023-23 that provides for an extended due date for filing to October 16, 2023.

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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.

**u Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

**Crystal Cove Conservancy**

Employer identification number

**33-0878633**

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,051,069	1,932,533	1,756,966	1,669,862	5,906,328	12,316,758
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,051,069	1,932,533	1,756,966	1,669,862	5,906,328	12,316,758
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,037,408
<b>6</b> Public support. Subtract line 5 from line 4.						9,279,350

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	1,051,069	1,932,533	1,756,966	1,669,862	5,906,328	12,316,758
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	89,709	260,842	103,133	477,525	40,593	971,802
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	39,000	148,661	90,466	182,672	216,694	677,493
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	532,104	525,744	383,362	325,380	550,805	2,317,395
<b>11 Total support.</b> Add lines 7 through 10						16,283,448

**12** Gross receipts from related activities, etc. (see instructions) 12 303,641

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

**14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 56.99 %

**15** Public support percentage from 2020 Schedule A, Part II, line 14 15 26.37 %

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check 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 A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D – Distributions</b>		<b>Current Year</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
<b>6</b>	Other distributions (describe in Part VI). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
<b>9</b>	Distributable amount for 2021 from Section C, line 6			
<b>10</b>	Line 8 amount divided by line 9 amount			
<b>Section E – Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b>	Distributable amount for 2021 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2021			
<b>a</b>	From 2016 .....			
<b>b</b>	From 2017 .....			
<b>c</b>	From 2018 .....			
<b>d</b>	From 2019 .....			
<b>e</b>	From 2020 .....			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2021 distributable amount			
<b>i</b>	Carryover from 2016 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2021 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2021 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b>	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2017 .....			
<b>b</b>	Excess from 2018 .....			
<b>c</b>	Excess from 2019 .....			
<b>d</b>	Excess from 2020 .....			
<b>e</b>	Excess from 2021 .....			

**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.)

**Part II, Line 10 - Other Income Detail**

**Inventory Sales** **\$ 1,766,590**

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization <b>Crystal Cove Conservancy</b>	Employer identification number <b>33-0878633</b>
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

**Crystal Cove Conservancy**

Employer identification number

**33-0878633**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 456,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 140,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u 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.
u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

Crystal Cove Conservancy

33-0878633

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	786,910	635,664	638,266	633,040	643,480
b Contributions .....	1,267,602				124
c Net investment earnings, gains, and losses .....	-95,922	176,227	20,659	28,215	35,247
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....		24,981	23,261	22,989	45,811
f Administrative expenses .....					
g End of year balance .....	1,958,590	786,910	635,664	638,266	633,040

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....				

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

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....	<b>2,777,335</b>	<b>Cost</b>
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... <b>u</b>	<b>2,777,335</b>	

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... <b>u</b>	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,175,759
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-273,651	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	213,315	
	e Add lines 2a through 2d	2e		-60,336
3	Subtract line 2e from line 1		3	6,236,095
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	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	6,236,095

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,447,506
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	214,270	
	e Add lines 2a through 2d	2e		214,270
3	Subtract line 2e from line 1		3	6,233,236
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,233,236

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FIN 48 Footnote**

The organization evaluates uncertain tax positions whereby the effect of the uncertainty would be recorded if the tax positions will, more likely than not, be sustained upon examination. As of June 30, 2022, management does not believe the organization has any uncertain tax positions requiring accrual or disclosure. The organization is subject to potential income tax audits on open tax years by any taxing jurisdiction in which it operates. The statute of limitations for federal and California state purposes is generally three and four years, respectively.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

Interpretive Store \$ 213,315

**Part XIII Supplemental Information** *(continued)*

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

**Interpretive Store** \$ **213,315**

**Book / Tax Depreciation Difference** \$ **955**

**Part XIII - Supplemental Financial Information**

**Part V, Line 4 - Intended uses of endowment fund**

**To provide future funding for the organization's educational and other charitable activities.**

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**u Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**Crystal Cove Conservancy**

Employer identification number

**33-0878633**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Annual Gala (So</b> (event type)	(event type)	<b>None</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	620,609		620,609
	2	Less: Contributions	418,068		418,068
	3	Gross income (line 1 minus line 2)	202,541		202,541
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	53,868		53,868
	6	Rent/facility costs	44,461		44,461
	7	Food and beverages	21,557		21,557
	8	Entertainment			
	9	Other direct expenses	84,424		84,424
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,769

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: .....  Yes  No

a Is the organization licensed to conduct gaming activities in each of these states? .....  Yes  No

b If "No," explain: .....  
.....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....  Yes  No

b If "Yes," explain: .....  
.....

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

<b>a</b>	The organization's facility	13a	%
<b>b</b>	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** .....

Address **u** .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization **u\$** ..... and the amount of gaming revenue retained by the third party **u\$** .....
- c If "Yes," enter name and address of the third party:

Name **u** .....

Address **u** .....

16 Gaming manager information:

Name **u** .....

Gaming manager compensation **u\$** .....

Description of services provided **u** .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u\$** .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Crystal Cove Conservancy**

Employer identification number

**33-0878633**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Davey's Locker 400 Main Street Newport Beach CA 92661	95-3504504		28,400				Boating for students
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2021)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Crystal Cove Conservancy works directly with State Parks in  
conducting the Ports Program and is physically present to observe the  
operations of this program.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

**Crystal Cove Conservancy**

Employer identification number

**33-0878633**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Kate Wheeler President & CEO	(i) 231,493	0	0	1,096	8,435	241,024	0
	(ii) 0	0	0	0	0	0	0
2 Randall Gamache Project Manager	(i) 0	0	0	0	0	0	0
	(ii) 157,663	0	0	2,924	8,430	169,017	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[Dotted lines for supplemental information entry]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Noncash Contributions**

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

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

**Crystal Cove Conservancy**

Employer identification number  
**33-0878633**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>Vacations</b> )	<b>X</b>	<b>10</b>	<b>87,602</b>	<b>MARKET VALUE</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

<b>29</b>	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>		<b>X</b>
<b>31</b>	<b>X</b>	
<b>32a</b>		<b>X</b>
<b>33</b>		



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

**Crystal Cove Conservancy**

Employer identification number

**33-0878633****Form 990 - Organization's Mission**

To promote educational and interpretive activities of the California state park system at Crystal Cove state park, support scientific studies, continue restoration of the historic district buildings and presentation of these subjects to the public.

**Form 990, Part III, Line 4a - First Accomplishment****Restore:**

Located on the historic unceded lands and waters of the Acjachemen and Tongva Tribal Nations - Crystal Cove State Park comprises 400 acres of coastal bluff habitat, 3.2 miles of mostly undeveloped beaches, 2400 acres of backcountry habitat, an 1100-acre offshore marine protected area, and a 12-acre historic district listed on the National Register of historic places. As part of its mission as the nonprofit partner to Crystal Cove State Park, Crystal Cove Conservancy (The Conservancy) together with California State Parks, has restored 29 of the 46 historic structures in the park - an enclave of 45 beach cottages and a world war II era Japanese language school in the park's historic district. The final restoration of 17 remaining unrestored beachfront cottages on the north beach of Crystal Cove is currently underway and primarily funded. The completion of the north beach cottages will significantly expand public access to one of California's top coastal destinations which welcomes more than 2 million visitors annually - doubling the capacity of the park for overnight visitors. The historic district is currently self-sustaining providing enough revenue to maintain the fragile historic structures. Once the north



Name of the organization <b>Crystal Cove Conservancy</b>	Employer identification number <b>33-0878633</b>
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beach project is complete and the cottages are added to the overnight rental pool, the enterprise will create a sustainable earned revenue stream to also help fund important K-12 stem education programs and critical habitat restoration work in the backcountry - all while keeping rental rates from \$39/night in a dorm-style accommodations to \$288/night for an ocean front cottage that sleeps up to 10 people.

The conservancy is midway through the restoration of the remaining cottages on the north beach. With all infrastructure improvements now complete, including the installation of 17 retaining walls, new lift stations, modern utilities and a 650-foot-long ADA accessible boardwalk and service path, which significantly expands ADA access to the historic district and the beach, restoration is underway on the first five unrestored structures. The project will continue on restoring cottages in groups of four or five at a time until all 17 have been restored and opened to the public as lower-cost overnight rentals. As both the contracted nonprofit partner and contracted concessionaire in the park, The Conservancy is in a unique position to leverage revenues created by the overnight cottage rentals and food service operation in the park to support important STEM education programs and underserved students - all grounded in ongoing ecological research and habitat restoration work in the backcountry, the beaches and in the offshore marine protected area.

Form 990, Part III, Line 4b - Second Accomplishment

Educate:

The Conservancy's unique value proposition holds the critical importance of equipping young people for the environmental challenges of tomorrow at its core and acknowledges that the best way to learn science is by doing

Name of the organization <b>Crystal Cove Conservancy</b>	Employer identification number <b>33-0878633</b>
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science: teach students while they explore real world problems in real contexts alongside real scientists and engineers. Currently, the conservancy's STEM (science, technology, engineering, mathematics) education programs engage more than 10,000 K-12 students from 72 schools in 9 states in real conservation work is helping further understanding of how Crystal Cove and protected lands and water are being impacted by accelerating climate change and human impacts. More than 70% of participants come from Title 1 schools. The Conservancy's education programs leverage a close partnership with California State Parks' natural resources team and University of California, Irvine researchers and faculty to connect classroom learning to real-world ecological investigations. Students who participate in our programs work alongside state park land managers and university scientists to analyze and solve real-world conservation problems. Conservancy programs, developed in alignment with next generation science standards pair as many as 15 classroom lessons with field experience in the park. By working with multiple grade levels at the same schools, The Conservancy's STEM education programs have created a learning ladder that takes young scientists from their earliest school days through university internships and into careers in science. Recently we've added additional rungs to our learning ladder with the development of a lower-elementary engineering program, the trouble with trash which engages kindergarten, First-, and Second-graders in an exploration of the impacts of Marine plastics and allows them to consider solutions to mitigate the problem. A High school-level fire ecology internship adds extends the ladder, adding a rung at the top that can launch students into successful college experiences in STEM. The addition of a new paid natural resources internship for university students further supports the ambitions of young

Name of the organization

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Crystal Cove Conservancy

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people looking to enter STEM fields.

Form 990, Part III, Line 4c - Third Accomplishment

Protect:

Crystal Cove State Park is part of an interconnected landscap. While the boundaries that define it are invisible to the plants and animals that live here, how we manage the land within those boundaries has impact far beyond its borders.

The Park is one of the last remaining undeveloped stretches along Orange County's coastline and includes Riparian and Oak Woodland Habitats, as well as a rocky intertidal zone and a transient Kelp Forest in the offshore underwater park. These projected ecosystems are part of the larger south coast wilderness open space, which stretches to Laguna Coast wilderness Park and City of Irvine open space. Crystal Cove State Park is also designated as public conservation land on the Orange County Green Vision Map and is an enrolled property within the natural communities conservation plan/habitat conservation plan (NCCP/HCP) for Central Coastal Orange County.

Crystal Cove State Park is a critically important place because it contains rare and endemic ecosystems that are not found in many other places on earth. Its Backcountry is dominated by coastal sage scrub, a now-rare plant community whose range has been drastically reduced due to coastal development. Its bluffs, a rare island of protected natural space in a prime location for beachside homes and shopping centers, boast some of the last remaining coastal bluff scrubs in Orange County, including several extremely endangered species of rare plants. The park is also home to rare and endangered bird and animal species, including California Gnatcatchers (a

Name of the organization	Employer identification number
Crystal Cove Conservancy	33-0878633

target species to conserve under Orange County's natural communities conservation plan), coastal cactus wrens, orange-throated wiptail lizards, and the least bell's video. However, due to a long history of cattle-grazing, much of the backcountry and coastal terraces have been converted into annual grasslands dominated by invasive plants such as black mustard. Besides damage done by ranching, the land is also being impacted by drought, climate change, and an ever-increasing number of daily visitors who worry they may be loving the park to death.

These challenges are not unique Crystal Cove State Park. The Park is part of a larger, contiguous open space, and many areas across Orange County and up and down the coast have been drastically affected by these same challenges. The land has been left with stressed native plants and depleted seed banks struggling against hotter, drier weather, making it difficult to rebound on its own without intensive management - but developing and assessing the the strategies that would work best take a scientific tactic that State Parks often doesn't have the resources to coordinate. Over the last year, The Conservancy has stepped into in a new role to support Park's Natural Resources team in developing a systematic approach to indentifying optimal restoration strategies which will undoubtedly help other land managers throughout the larger south coast wilderness open space and beyond.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
Form 990 is reviewed by the organization's finance committee before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
DIRECTORS AND KEY EMPLOYEES COMPLETE ANNUAL STATEMENTS CONCERNING ANY CONF

Name of the organization

Employer identification number

Crystal Cove Conservancy

33-0878633

LICTS OF INTEREST AND ARE INSTRUCTED TO INFORM THE BOARD OF DIRECTORS IN A  
TIMELY MANNER OF ANY CONFLICTS OF INTEREST.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE BOARD OF DIRECTORS CONTEMPORANEOUSLY DOCUMENTS THEIR APPROVAL OF COMPE  
NSATION OF THE CEO AND TOP MANAGEMENT. THE CENTER FOR NON-PROFIT MANAGMEN  
T IS USED TO PROVIDE A COMPARATIVE SALARY.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE BOARD OF DIRECTORS CONTEMPORANEOUSLY DOCUMENTS THEIR APPROVAL OF COMPE  
NSATION OF TOP MANAGEMENT. COMPENSATION OF SIMILAR NONPROFIT ORGANIZATION  
S IS USED AS COMPARABILITY DATA.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

The Form 990 is made available to the public on charity navigator

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

COPIES OF GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND GOVERN  
MENT FILINGS ARE AVAILABLE UPON REQUEST AT THE LOCATION OF RECORDS DURING R  
EGULAR BUSINESS HOURS.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Interpretive Store	\$	213,315
Interpretive Store	\$	-213,315
Book / Tax Depreciation Difference	\$	-955
Total	\$	-955

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

**Crystal Cove Conservancy**

Employer identification number

**33-0878633**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <b>CRYSTAL COVE MANAGEMENT COMPANY</b> 35 CRYSTAL COVE NEWPORT COAST CA 92657 20-4169255	<b>MGMT CO</b>	<b>CA</b>	<b>N/A</b>	<b>C</b>	<b>3,659,138</b>	<b>9,152,194</b>	<b>100.000000</b>	<b>X</b>	
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>Crystal Cove Management Company</b>	<b>c</b>	<b>25,000</b>	<b>Cash</b>
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

Name(s) shown on return **Crystal Cove Conservancy** Identifying number **33-0878633**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	2,811
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,761

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,572
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
18	Education patio furniture	7/15/21	5,373		X	4,298	5 MQ200DB	0	1,075
19	Macbook: Kate	8/10/21	2,406		X	1,925	5 MQ200DB	0	481
20	Laptop: Georges ED	9/09/21	1,043		X	869	5 MQ200DB	0	174
21	Education internet bridge	1/11/22	5,249		X	4,724	5 MQ200DB	0	525
22	Laptop - Kathy	2/25/22	1,198		X	1,098	5 MQ200DB	0	100
23	Docking stations (4) & monitors (3)	4/26/22	3,389		X	3,220	5 MQ200DB	0	169
24	Logitech - Video conference equipment	5/03/22	2,031		X	1,963	5 MQ200DB	0	68
25	Laptop - Cindy	5/06/22	1,905		X	1,842	5 MQ200DB	0	63
26	Umbrellas	6/30/22	9,366		X	9,210	5 MQ200DB	0	156
			<u>31,960</u>			<u>29,149</u>		<u>0</u>	<u>2,811</u>
<b>Other Depreciation:</b>									
1	BEACH WHEELCHAIR #1	1/25/16	2,464			2,464	5 MO S/L	2,464	0
2	BEACH WHEELCHAIR #2	1/25/16	2,390			2,390	5 MO S/L	2,390	0
3	BEACH WHEELCHAIR #3	4/11/16	2,350			2,350	5 MO S/L	2,350	0
4	BEACH WHEELCHAIR #4	4/11/16	2,350			2,350	5 MO S/L	2,350	0
5	LAPTOP-KAJSA	5/10/16	1,980			1,980	5 MO S/L	1,705	275
6	STORE POS SYSTEM	5/31/16	1,853			1,853	5 MO S/L	1,515	338
7	LAPTOP-ALIX	6/23/16	2,509			2,509	5 MO S/L	2,510	0
8	LAPTOP-MONITOR-LAURA D.	12/14/16	2,558			2,558	5 MO S/L	2,346	212
9	COMPUTERS: CINDY & CHRIST	1/31/17	2,821			2,821	5 MO S/L	2,491	330
10	BEACH WHEELCHAIRS	2/06/17	7,693			7,693	2 MO S/L	7,693	0
11	IT/WEB COMPUTER (DEENA)	5/09/17	1,680			1,680	5 MO S/L	1,400	280
12	LEXMARK CX725DE PRINTER	8/10/18	2,477			2,477	5 MO S/L	1,444	495
13	COMPUTER, GA ADMIN/LAURA	3/20/19	1,606			1,606	5 MO S/L	722	321
14	LAPTOP: ADMIN ASSISTANT	4/16/21	1,328			1,328	5 MO S/L	44	266
15	LAPTOPS FOR EDUCATION	5/31/21	2,466			2,466	5 MO S/L	41	493
16	MACBOOK: KLAN	6/16/21	2,656			2,656	5 MO S/L	44	531
17	EDUCATION PATIO FURNITURE	6/25/21	1,100			1,100	5 MO S/L	18	220
	<b>Total Other Depreciation</b>		<u>42,281</u>			<u>42,281</u>		<u>31,527</u>	<u>3,761</u>
	<b>Total ACRS and Other Depreciation</b>		<u>42,281</u>			<u>42,281</u>		<u>31,527</u>	<u>3,761</u>
	<b>Grand Totals</b>		74,241			71,430		31,527	6,572
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>74,241</u>			<u>71,430</u>		<u>31,527</u>	<u>6,572</u>

33-0878633

**CA Asset Report**

FYE: 6/30/2022

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>5-year GDS Property:</b>								
18	Education patio furniture	7/15/21	5,373	5,373	0	1,881	1,075	-806
19	Macbook: Kate	8/10/21	2,406	2,406	0	842	481	-361
20	Laptop: Georges ED	9/09/21	1,043	1,043	0	365	174	-191
21	Education internet bridge	1/11/22	5,249	5,249	0	787	525	-262
22	Laptop - Kathy	2/25/22	1,198	1,198	0	180	100	-80
23	Docking stations (4) & monitors (3)	4/26/22	3,389	3,389	0	169	169	0
24	Logitech - Video conference equipment	5/03/22	2,031	2,031	0	102	68	-34
25	Laptop - Cindy	5/06/22	1,905	1,905	0	95	63	-32
26	Umbrellas	6/30/22	9,366	9,366	0	468	156	-312
			<u>31,960</u>	<u>31,960</u>	<u>0</u>	<u>4,889</u>	<u>2,811</u>	<u>-2,078</u>
<b>Other Depreciation:</b>								
1	BEACH WHEELCHAIR #1	1/25/16	2,464	2,464	2,464	0	0	0
2	BEACH WHEELCHAIR #2	1/25/16	2,390	2,390	2,390	0	0	0
3	BEACH WHEELCHAIR #3	4/11/16	2,350	2,350	2,350	0	0	0
4	BEACH WHEELCHAIR #4	4/11/16	2,350	2,350	2,350	0	0	0
5	LAPTOP-KAJSA	5/10/16	1,980	1,980	1,980	0	275	275
6	STORE POS SYSTEM	5/31/16	1,853	1,853	1,853	0	338	338
7	LAPTOP-ALIX	6/23/16	2,509	2,509	2,509	0	0	0
8	LAPTOP-MONITOR-LAURA D.	12/14/16	2,558	2,558	2,345	213	212	-1
9	COMPUTERS: CINDY & CHRIST	1/31/17	2,821	2,821	2,492	329	330	1
10	BEACH WHEELCHAIRS	2/06/17	7,693	7,693	7,693	0	0	0
11	IT/WEB COMPUTER (DEENA)	5/09/17	1,680	1,680	1,400	280	280	0
12	LEXMARK CX725DE PRINTER	8/10/18	2,477	2,477	1,445	495	495	0
13	COMPUTER, GA ADMIN/LAURA	3/20/19	1,606	1,606	723	321	321	0
14	LAPTOP: ADMIN ASSISTANT	4/16/21	1,328	1,328	44	266	266	0
15	LAPTOPS FOR EDUCATION	5/31/21	2,466	2,466	41	493	493	0
16	MACBOOK: KLAN	6/16/21	2,656	2,656	0	531	531	0
17	EDUCATION PATIO FURNITURE	6/25/21	1,100	1,100	0	220	220	0
	<b>Total Other Depreciation</b>		<u>42,281</u>	<u>42,281</u>	<u>32,079</u>	<u>3,148</u>	<u>3,761</u>	<u>613</u>
	<b>Total ACRS and Other Depreciation</b>		<u>42,281</u>	<u>42,281</u>	<u>32,079</u>	<u>3,148</u>	<u>3,761</u>	<u>613</u>
	<b>Grand Totals</b>		74,241	74,241	32,079	8,037	6,572	-1,465
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>74,241</u>	<u>74,241</u>	<u>32,079</u>	<u>8,037</u>	<u>6,572</u>	<u>-1,465</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
18	Education patio furniture	7/15/21	5,373			X	0	5	MQ200DB	0	5,373
19	Macbook: Kate	8/10/21	2,406			X	0	5	MQ200DB	0	2,406
20	Laptop: Georges ED	9/09/21	1,043			X	0	5	MQ200DB	0	1,043
21	Education internet bridge	1/11/22	5,249			X	0	5	MQ200DB	0	5,249
22	Laptop - Kathy	2/25/22	1,198			X	0	5	MQ200DB	0	1,198
23	Docking stations (4) & monitors (3)	4/26/22	3,389			X	0	5	MQ200DB	0	3,389
24	Logitech - Video conference equipment	5/03/22	2,031			X	0	5	MQ200DB	0	2,031
25	Laptop - Cindy	5/06/22	1,905			X	0	5	MQ200DB	0	1,905
26	Umbrellas	6/30/22	9,366			X	0	5	MQ200DB	0	9,366
			<u>31,960</u>				<u>0</u>			<u>0</u>	<u>31,960</u>
<b>Other Depreciation:</b>											
1	BEACH WHEELCHAIR #1	1/25/16	0				0	0	HY	0	0
2	BEACH WHEELCHAIR #2	1/25/16	0				0	0	HY	0	0
3	BEACH WHEELCHAIR #3	4/11/16	0				0	0	HY	0	0
4	BEACH WHEELCHAIR #4	4/11/16	0				0	0	HY	0	0
5	LAPTOP-KAJSA	5/10/16	0				0	0	HY	0	0
6	STORE POS SYSTEM	5/31/16	0				0	0	HY	0	0
7	LAPTOP-ALIX	6/23/16	0				0	0	HY	0	0
8	LAPTOP-MONITOR-LAURA D.	12/14/16	0				0	0	HY	0	0
9	COMPUTERS: CINDY & CHRIST	1/31/17	0				0	0	HY	0	0
10	BEACH WHEELCHAIRS	2/06/17	0				0	0	HY	0	0
11	IT/WEB COMPUTER (DEENA)	5/09/17	0				0	0	HY	0	0
12	LEXMARK CX725DE PRINTER	8/10/18	0				0	0	HY	0	0
13	COMPUTER, GA ADMIN/LAURA	3/20/19	0				0	0	HY	0	0
14	LAPTOP: ADMIN ASSISTANT	4/16/21	0				0	0	HY	0	0
15	LAPTOPS FOR EDUCATION	5/31/21	0				0	0	HY	0	0
16	MACBOOK: KLAN	6/16/21	0				0	0	HY	0	0
17	EDUCATION PATIO FURNITURE	6/25/21	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		31,960				0			0	31,960
	<b>Less: Dispositions and Transfers</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>31,960</u>				<u>0</u>			<u>0</u>	<u>31,960</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
18	Education patio furniture	7/15/21	5,373		0	1,075	0	4,298
19	Macbook: Kate	8/10/21	2,406		0	481	0	1,925
20	Laptop: Georges ED	9/09/21	1,043		0	174	0	869
21	Education internet bridge	1/11/22	5,249		0	525	0	4,724
22	Laptop - Kathy	2/25/22	1,198		0	100	0	1,098
23	Docking stations (4) & monitors (3)	4/26/22	3,389		0	169	0	3,220
24	Logitech - Video conference equipment	5/03/22	2,031		0	68	0	1,963
25	Laptop - Cindy	5/06/22	1,905		0	63	0	1,842
26	Umbrellas	6/30/22	9,366		0	156	0	9,210
<b>Grand Total</b>			<u>31,960</u>		<u>0</u>	<u>2,811</u>	<u>0</u>	<u>29,149</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	18	Education patio furniture	1,075	5,373	-4,298
Page 1	1	19	Macbook: Kate	481	2,406	-1,925
Page 1	1	20	Laptop: Georges ED	174	1,043	-869
Page 1	1	21	Education internet bridge	525	5,249	-4,724
Page 1	1	22	Laptop - Kathy	100	1,198	-1,098
Page 1	1	23	Docking stations (4) & monitors (3)	169	3,389	-3,220
Page 1	1	24	Logitech - Video conference equipment	68	2,031	-1,963
Page 1	1	25	Laptop - Cindy	63	1,905	-1,842
Page 1	1	26	Umbrellas	156	9,366	-9,210
				<u>2,811</u>	<u>31,960</u>	<u>-29,149</u>



<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
18	Education patio furniture	7/15/21	5,373	1,719	0
19	Macbook: Kate	8/10/21	2,406	770	0
20	Laptop: Georges ED	9/09/21	1,043	348	0
21	Education internet bridge	1/11/22	5,249	1,889	0
22	Laptop - Kathy	2/25/22	1,198	439	0
23	Docking stations (4) & monitors (3)	4/26/22	3,389	1,288	0
24	Logitech - Video conference equipment	5/03/22	2,031	785	0
25	Laptop - Cindy	5/06/22	1,905	737	0
26	Umbrellas	6/30/22	9,366	3,684	0
			<u>31,960</u>	<u>11,659</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>					
1	BEACH WHEELCHAIR #1	1/25/16	2,464	0	0
2	BEACH WHEELCHAIR #2	1/25/16	2,390	0	0
3	BEACH WHEELCHAIR #3	4/11/16	2,350	0	0
4	BEACH WHEELCHAIR #4	4/11/16	2,350	0	0
5	LAPTOP-KAJSA	5/10/16	1,980	0	0
6	STORE POS SYSTEM	5/31/16	1,853	0	0
7	LAPTOP-ALIX	6/23/16	2,509	0	0
8	LAPTOP-MONITOR-LAURA D.	12/14/16	2,558	0	0
9	COMPUTERS: CINDY & CHRIST	1/31/17	2,821	0	0
10	BEACH WHEELCHAIRS	2/06/17	7,693	0	0
11	IT/WEB COMPUTER (DEENA)	5/09/17	1,680	0	0
12	LEXMARK CX725DE PRINTER	8/10/18	2,477	496	0
13	COMPUTER, GA ADMIN/LAURA	3/20/19	1,606	321	0
14	LAPTOP: ADMIN ASSISTANT	4/16/21	1,328	265	0
15	LAPTOPS FOR EDUCATION	5/31/21	2,466	493	0
16	MACBOOK: KLAN	6/16/21	2,656	531	0
17	EDUCATION PATIO FURNITURE	6/25/21	1,100	220	0
	<b>Total Other Depreciation</b>		<u>42,281</u>	<u>2,326</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>42,281</u>	<u>2,326</u>	<u>0</u>
	<b>Grand Totals</b>		<u>74,241</u>	<u>13,985</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
<b><u>Prior MACRS:</u></b>				
18	Education patio furniture	7/15/21	5,373	1,397
19	Macbook: Kate	8/10/21	2,406	626
20	Laptop: Georges ED	9/09/21	1,043	271
21	Education internet bridge	1/11/22	5,249	1,785
22	Laptop - Kathy	2/25/22	1,198	407
23	Docking stations (4) & monitors (3)	4/26/22	3,389	1,288
24	Logitech - Video conference equipment	5/03/22	2,031	771
25	Laptop - Cindy	5/06/22	1,905	724
26	Umbrellas	6/30/22	9,366	3,559
			<u>31,960</u>	<u>10,828</u>
<b><u>Other Depreciation:</u></b>				
1	BEACH WHEELCHAIR #1	1/25/16	2,464	0
2	BEACH WHEELCHAIR #2	1/25/16	2,390	0
3	BEACH WHEELCHAIR #3	4/11/16	2,350	0
4	BEACH WHEELCHAIR #4	4/11/16	2,350	0
5	LAPTOP-KAJSA	5/10/16	1,980	0
6	STORE POS SYSTEM	5/31/16	1,853	0
7	LAPTOP-ALIX	6/23/16	2,509	0
8	LAPTOP-MONITOR-LAURA D.	12/14/16	2,558	0
9	COMPUTERS: CINDY & CHRIST	1/31/17	2,821	0
10	BEACH WHEELCHAIRS	2/06/17	7,693	0
11	IT/WEB COMPUTER (DEENA)	5/09/17	1,680	0
12	LEXMARK CX725DE PRINTER	8/10/18	2,477	496
13	COMPUTER, GA ADMIN/LAURA	3/20/19	1,606	321
14	LAPTOP: ADMIN ASSISTANT	4/16/21	1,328	265
15	LAPTOPS FOR EDUCATION	5/31/21	2,466	494
16	MACBOOK: KLAN	6/16/21	2,656	531
17	EDUCATION PATIO FURNITURE	6/25/21	1,100	220
	<b>Total Other Depreciation</b>		<u>42,281</u>	<u>2,327</u>
	<b>Total ACRS and Other Depreciation</b>		<u>42,281</u>	<u>2,327</u>
	<b>Grand Totals</b>		<u>74,241</u>	<u>13,155</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Name <b>Crystal Cove Conservancy</b>		Taxpayer Identification Number <b>33-0878633</b>
Description <b>Annual Gala (Soiree)</b>		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>202,541</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>418,068</u>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>620,609</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>204,310</u>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>204,310</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>416,299</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	<u>53,868</u>
Rent and facility costs	<u>44,461</u>
Food & beverages (Part II only)	<u>21,557</u>
Entertainment (Part II only)	_____
Other direct expenses	<u>84,424</u>
<b>Total Fundraising Expense</b>	<u>204,310</u>

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code _____	Seq # _____
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>Interpretive Store</b>		

Name <b>Crystal Cove Conservancy</b>	Taxpayer Identification Number <b>33-0878633</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>550,805</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>550,805</b>
8. Cost of Goods Sold	8.	<b>477,556</b>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>477,556</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 16	16.	<b>73,249</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory		<b>37,900</b>
Purchases		<b>247,475</b>
Labor		<b>155,264</b>
Section 263A costs		
Other costs		<b>83,369</b>
Ending inventory		<b>46,452</b>
<b>Total Cost of Goods Sold</b>		<b>477,556</b>

**Expense Details - Employment Expense:**

Compensation of officers		
Other salaries and wages		
Pension plan contributions		
Other employee benefits		
Payroll taxes		
<b>Total Employment Expense</b>		

**Expense Details - Fees for Services:**

Management		
Legal		
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
<b>Total Fees for Services</b>		

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

**Expense Details - Indirect Expense:**

Advertising and promotion		
Office		
Printing/publication/postage		
Info technology/Maintenance		
Royalties & License Fees		
Occupancy/Real Estate Taxes		
Travel & Repairs		
Travel/entertainment (officials)		
Conferences/meetings		
Interest		
Insurance		
<b>Total Indirect Expense</b>		

**Expense Details - Depreciation Expense:**

On investment property		
On non-investment property		
Amortization		
Depletion		
<b>Total Depreciation Expense</b>		

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance		
Bad debts		
Taxes/licenses		
Charitable contributions		
Dividend recd deductions		
Readership costs		
Other expenses		
<b>Total Exempt Activity Expense</b>		

**Expense Details - Fundraising Expense:**

Cash prizes		
Non-cash prizes		
Rent and facility costs		
Food & beverages (Part II only)		
Entertainment (Part II only)		
Other direct expenses		
<b>Total Fundraising Expense</b>		

**Allocation of Expense to Program Service Accomplishments:**

First		
Second		
Third		
All other		

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Taxable Interest	\$ 40,593		14			
Total	<u>\$ 40,593</u>					

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Other fees	\$ 126,251	\$	\$ 50,333	\$ 75,918
Printing & Copying	851	851		
Graphic and Layout Design	650	650		
Other	11,237	11,237		
Computer Systems	7,329	7,329		
Web Design/Maintenance	318	318		
Printing & Copying	537	537		
Graphic and Layout Design	650	650		
Other	5,996	5,996		
Computer Systems	2,221	2,221		
Printing & Copying	537	537		
Graphic and Layout Design	650	650		
Other	4,246	4,246		
Consulting	60,000	60,000		
Total	<u>\$ 221,473</u>	<u>\$ 95,222</u>	<u>\$ 50,333</u>	<u>\$ 75,918</u>

**Federal Statements**

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Miscellaneous	\$ 13,503	\$ 4,122	\$ 6,334	\$ 3,047
Program	10,484	10,484		
Member/Community Events	4,835	4,835		
Phone & Internet	4,447	4,447		
Meals and Entertainment	2,460	2,460		
Donor Cultivation	1,552	1,552		
Programs	1,003		262	741
Staff Development	769	769		
Exhibit	377	377		
Covid-19 Supplies	312	312		
Volunteer Recognition	282	282		
Donor Recognition	40	40		
Volunteer Recognitno	36	36		
<b>Total</b>	<b>\$ 40,100</b>	<b>\$ 29,716</b>	<b>\$ 6,596</b>	<b>\$ 3,788</b>

**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ 179,260
Government grants	29,411
Other contributions	5,245,855
	33,734
Annual Gala (Soiree)	
Cash Contribution	364,200
Noncash Contribution	53,868
<b>Total</b>	<b>\$ 5,906,328</b>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Marisla Foundation	\$ 2,340,500	\$ 2,014,831
Anne Earhardt	72,224	
Marriot Vacation Club	24,000	
California Coastal Commission	27,989	
Hilary Kay	19,000	
Newport Landing	345,253	19,584
Resource Legacy Fund Foundation	580,000	254,331
Cygnnet Foundation	267,895	
Fig and Olive	42,000	
Gardner Grout Foundation	5,350	
Jeff and Paula Cole	153,752	
Capital Group Companies Charitable	197,750	
Lori & Harley Bassman	144,325	
Wendy and Fred Salter	93,500	
WWW Foundation	266,002	
Cheng Family	240,479	
BMJ Gregory Charitable Foundation	173,150	
Winifred Rhodes	125,000	
Glenn Bozarth	110,175	
City of Newport Beach	75,807	
Wheeler Foundation	65,200	
Doug Le Bon	645,000	319,331
Massen Green Foundation	755,000	429,331
Teddie Ray	145,750	
Resort at Pelican Hill	105,943	
Rainbow Sandals	50,000	
Croul Family	50,000	
Total	<u>\$ 7,121,044</u>	<u>\$ 3,037,408</u>



## Federal Statements

### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Taxable Interest	\$ 40,593
Total	<u>\$ 40,593</u>

### Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
PPP Loan Forgiveness Income	\$ 189,611
Miscellaneous income	3,083
Income from subsidiary	25,000
Less: Deductions	-1,000
Total	<u>\$ 216,694</u>

### Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
Interpretive Store	\$ 550,805
Total	<u>\$ 550,805</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Program Fees - Education	\$
Annual Gala (Soiree)	202,541
Total	<u>\$ 202,541</u>

## Federal Statements

### Annual Gala (Soiree)

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Labor	\$ 12,811
Other expenses	<u>71,613</u>
Total	<u>\$ 84,424</u>