

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CRYSTAL COVE CONSERVANCY EIN or SSN 33-0878633

Name and title of officer or person subject to tax SHANNON KATE WHEELER PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, checkbox, and amount. Row 1a: Form 990, checked, 16,248,061.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize WINDES, INC. to enter my PIN 00788. ERO firm name. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

Part III Certification and Authentication

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

30414911166

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature WINDES, INC. Date 06/19/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

LHA 302521 01-05-24

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>CRYSTAL COVE CONSERVANCY</b>	Taxpayer identification number (TIN) <b>33-0878633</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>35 CRYSTAL COVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEWPORT COAST, CA 92657</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **GERALD F. SCHECK**  
**35 CRYSTAL COVE - NEWPORT COAST, CA 92657**

Telephone No. **949-497-6302** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form sections B through M: B Check if applicable, C Name of organization (CRYSTAL COVE CONSERVANCY), D Employer identification number (33-0878633), E Telephone number (949-497-6302), G Gross receipts (\$16,744,686), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.CRYSTALCOVE.ORG), K Form of organization (Corporation), L Year of formation (1999), M State of legal domicile (CA)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer information: Sign Here (SHANNON KATE WHEELER, PRESIDENT & CEO), Paid Preparer (ELEANOR A. LIVINGSTON, CP), Firm's name (WINDES, INC.), Firm's address (2050 MAIN ST., STE. 1300, IRVINE, CA 92614)

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROMOTE EDUCATIONAL AND INTERPRETATIVE 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 9,584,912. including grants of \$ 9,584,912. ) (Revenue \$ 3,394,410. )

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) HAS RESTORED 37 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 9 REMAINING UNRESTORED BEACHFRONT COTTAGES ON THE NORTH BEACH OF CRYSTAL COVE IS

4b (Code: ) (Expenses \$ 1,590,284. including grants of \$ ) (Revenue \$ )

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 SCIENCE: TEACHING 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 2 STATES IN REAL CONSERVATION WORK THAT IS HELPING FURTHER THE 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

4c (Code: ) (Expenses \$ 159,519. including grants of \$ ) (Revenue \$ )

PROTECT:

CRYSTAL COVE STATE PARK IS PART OF AN INTERCONNECTED LANDSCAPE. 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 AN 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

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

4e Total program service expenses 11,334,715.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational activities.

**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.		
	1a 21		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 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?		X
<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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>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?		X
<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?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>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?		X
<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	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<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	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	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?		X
<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 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  
**GERALD F. SCHECK - 949-497-6302**  
**35 CRYSTAL COVE, NEWPORT COAST, CA 92657**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SHANNON KATE WHEELER PRESIDENT/CEO	40.00			X			240,700.	0.	9,798.	
(2) REX AUSTIN BARROW CHIEF OF OPERATIONS	40.00				X		0.	164,247.	19,139.	
(3) CINDY OTTO DIRECTOR OF ADVANCEMENT	40.00				X		102,138.	0.	17,654.	
(4) HALLIE JONES VICE PRESIDENT	40.00			X			49,725.	0.	2,374.	
(5) LESLIE ANN 'TEDDIE' RAY CHAIR	1.00	X		X			0.	0.	0.	
(6) DOUG LE BON VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) RICHARD SWINNEY SECRETARY	1.00	X		X			0.	0.	0.	
(8) ERIC SMYTH TREASURER	1.00	X		X			0.	0.	0.	
(9) ALAN BEDEKAR DIRECTOR	1.00	X					0.	0.	0.	
(10) ANIE AKLIAN ROBINSON DIRECTOR	1.00	X					0.	0.	0.	
(11) CALEB SILSBY DIRECTOR	1.00	X					0.	0.	0.	
(12) CYD SWERDLOW DIRECTOR	1.00	X					0.	0.	0.	
(13) GAVIN HERBERT DIRECTOR	1.00	X					0.	0.	0.	
(14) GERALD F. SCHECK DIRECTOR	1.00	X					0.	0.	0.	
(15) GLENN BOZARTH DIRECTOR	1.00	X					0.	0.	0.	
(16) JEFFREY COLE DIRECTOR	1.00	X					0.	0.	0.	
(17) LAURA DAVICK DIRECTOR	1.00	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 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			
(18) MAGNUS EGERSTEDT DIRECTOR	1.00	X					0.	0.	0.	
(19) MARA MURRAY DIRECTOR	1.00	X					0.	0.	0.	
(20) SARA LOWELL DIRECTOR	1.00	X					0.	0.	0.	
(21) STEPHANIE QUESADA DIRECTOR	1.00	X					0.	0.	0.	
(22) STEPHEN ZOTOVICH DIRECTOR	1.00	X					0.	0.	0.	
(23) NATHAN CHIAVERINI DIRECTOR	1.00	X					0.	0.	0.	
(24) AL BENNETT DIRECTOR	1.00	X					0.	0.	0.	
(25) SHELLEY THUNEN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							392,563.	164,247.	48,965.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							392,563.	164,247.	48,965.	

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 2

	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>		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>	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>		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
NONE		

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>	235,590.				
	<b>c</b>	Fundraising events .....	<b>1c</b>	362,950.				
	<b>d</b>	Related organizations .....	<b>1d</b>	150,000.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	10,444,409.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,161,481.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 47,050.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		12,354,430.				
<b>Program Service Revenue</b>	<b>2 a</b>	DEVELOPER FEES	<b>Business Code</b>	611710	3,394,410.	3,394,410.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			3,394,410.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		87,818.			87,818.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>						
<b>c</b>	Gain or (loss) .....	<b>7c</b>						
<b>d</b>	Net gain or (loss) .....							
<b>8 a</b>	Gross income from fundraising events (not including \$ 362,950. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		316,075.				
			<b>8b</b>	249,488.				
<b>c</b>	Net income or (loss) from fundraising events .....			66,587.		66,587.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
			<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>		591,953.				
			<b>10b</b>	247,137.				
<b>c</b>	Net income or (loss) from sales of inventory .....			344,816.		344,816.		
<b>Miscellaneous Revenue</b>	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions .....			16,248,061.	3,394,410.	0.	499,221.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,584,912.	9,584,912.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	457,277.	366,869.	26,411.	63,997.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	933,665.	750,402.	52,245.	131,018.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,453.	11,275.	1,239.	1,939.
<b>9</b> Other employee benefits	86,969.	67,846.	7,458.	11,665.
<b>10</b> Payroll taxes	151,117.	117,888.	12,960.	20,269.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	60,000.	60,000.		
<b>c</b> Accounting	24,569.	7,382.	4,085.	13,102.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,267.		1,267.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	203,612.	61,179.	33,854.	108,579.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	122,799.	93,269.	12,755.	16,775.
<b>14</b> Information technology	38,306.	11,510.	6,369.	20,427.
<b>15</b> Royalties				
<b>16</b> Occupancy	11,117.	4,720.	3,597.	2,800.
<b>17</b> Travel	27,609.	8,156.	14,075.	5,378.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	10,718.	7,726.	2,992.	
<b>23</b> Insurance	32,825.	22,279.	3,120.	7,426.
<b>24</b> 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.)				
<b>a PROGRAMS</b>	131,568.	125,298.		6,270.
<b>b DUES AND SUBSCRIPTIONS</b>	42,653.	5,941.	6,008.	30,704.
<b>c DONOR CULTIVATION AND R</b>	37,404.	5,754.	11.	31,639.
<b>d MISCELLANEOUS</b>	29,065.	22,309.	663.	6,093.
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	12,001,905.	11,334,715.	189,109.	478,081.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,871,214.	<b>1</b>	331,849.
	<b>2</b> Savings and temporary cash investments .....	1,995,447.	<b>2</b>	507,433.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	2,975,202.	<b>4</b>	3,474,567.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	3,394,410.
	<b>8</b> Inventories for sale or use .....	67,563.	<b>8</b>	45,483.
	<b>9</b> Prepaid expenses and deferred charges .....	15,971.	<b>9</b>	31,117.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 123,385.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 61,168.	45,381.	<b>10c</b> 62,217.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	3,067,298.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,777,335.	<b>12</b>	2,797,670.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,748,113.	<b>16</b>	13,712,044.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,037,739.	<b>17</b>	278,050.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	50,600.	<b>19</b>	71,482.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	716,690.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	2,907,427.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,805,029.	<b>26</b>	3,256,959.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,407,870.	<b>27</b>	3,824,864.
	<b>28</b> Net assets with donor restrictions .....	4,535,214.	<b>28</b>	6,630,221.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,943,084.	<b>32</b>	10,455,085.
<b>33</b> Total liabilities and net assets/fund balances .....	9,748,113.	<b>33</b>	13,712,044.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,248,061.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,001,905.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,246,156.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,943,084.
5	Net unrealized gains (losses) on investments	5	265,845.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,455,085.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2023)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1756966.	1669862.	5906328.	13754357.	12354430.	35441943.
<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 .....	1756966.	1669862.	5906328.	13754357.	12354430.	35441943.
<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) .....						1045093.
<b>6 Public support.</b> Subtract line 5 from line 4.						34396850.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	1756966.	1669862.	5906328.	13754357.	12354430.	35441943.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	103,133.	477,525.	40,593.	51,104.	87,818.	760,173.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	90,466.	182,672.	216,694.	59,172.		549,004.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	383,362.	325,380.	550,805.	614,880.	344,816.	2219243.
<b>11 Total support.</b> Add lines 7 through 10						38970363.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,662,172.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.26 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	39.44 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<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 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			





**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

**CRYSTAL COVE CONSERVANCY**

Employer identification number

**33-0878633**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization  <b>CRYSTAL COVE CONSERVANCY</b>	Employer identification number  <b>33-0878633</b>
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**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	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>	\$ <u>10,135,497.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 15%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 70%; height: 15px;"></div>	\$ <u>250,000.</u>	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.)

Name of organization  <b>CRYSTAL COVE CONSERVANCY</b>	Employer identification number  <b>33-0878633</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>CRYSTAL COVE CONSERVANCY</b>	Employer identification number  <b>33-0878633</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: CRYSTAL COVE CONSERVANCY; Employer identification number: 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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions about monitoring, expenses, and reporting requirements.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,995,447.	1,958,590.	786,910.	635,664.	638,266.
b Contributions			1,267,602.		
c Net investment earnings, gains, and losses	283,141.	180,505.	-95,922.	176,227.	20,659.
d Grants or scholarships					
e Other expenditures for facilities and programs	276,254.	143,648.		24,981.	23,261.
f Administrative expenses					
g End of year balance	2,002,334.	1,995,447.	1,958,590.	786,910.	635,664.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  | X   |    |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		123,385.	61,168.	62,217.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				62,217.

**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 .....	2,797,670.	COST
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,797,670.	

**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> (Col. (b) must equal Form 990, Part X, line 13, col. (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, line 15, col. (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) INTERCOMPANY PAYABLES	2,907,427.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,907,427.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

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

**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, LINE 2:**

THE CONSERVANCY IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE 501(C)(3) AND THE CORRESPONDING PROVISION OF THE CALIFORNIA REVENUE AND TAXATION STATUTE. 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, 2024, 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 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 (add col. (a) through col. (c))
		ANNUAL GALA (SOIREE) (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	679,025.		679,025.
	2	Less: Contributions	362,950.		362,950.
	3	Gross income (line 1 minus line 2)	316,075.		316,075.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	57,050.		57,050.
	6	Rent/facility costs	72,082.		72,082.
	7	Food and beverages	43,882.		43,882.
	8	Entertainment			
	9	Other direct expenses	76,474.		76,474.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			249,488.
11	Net income summary. Subtract line 10 from line 3, column (d)			66,587.	

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: \_\_\_\_\_

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: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CRYSTAL COVE MANAGEMENT COMPANY 35 CRYSTAL COVE NEWPORT COAST, CA 92657	20-4169255		0.	9,510,247.	COST	RESTORATION EXPENSES	RESTORATION OF HISTORIC COTTAGES ON STATE OF CA PARK LAND MANAGED BY RECIPIENT.
[REDACTED]	95-2226406	GOVERNMENT	74,665.	0.			SUPPORT FOR RESEARCH PROGRAM.

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

**3** Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) 2023

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**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:

CRYSTAL COVE CONSERVANCY RECEIVES DETAILED REPORTS FROM █████ OUTLINING THE HOURS WORKED AND WAGES INCURRED DURING THE CURRICULUM DEVELOPMENT PROCESS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**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>		

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

Schedule J (Form 990) 2023

**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) SHANNON KATE WHEELER PRESIDENT/CEO	(i)	240,700.	0.	0.	1,907.	7,891.	250,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REX AUSTIN BARROW CHIEF OF OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	164,247.	0.	0.	5,616.	13,523.	183,386.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **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 ( <u>DONATED AUCTION</u> )	X	7	36,350.	FMV
26 Other ( <u>EVENT SUPPLIES</u> )	X	3	10,700.	COST
27 Other ( _____ )				
28 Other ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CRYSTAL COVE CONSERVANCY

Employer identification number

33-0878633

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CRYSTAL COVE STATE PARK, SUPPORT SCIENTIFIC STUDIES, CONTINUE

RESTORATION OF THE HISTORIC DISTRICT BUILDINGS AND PRESENTATION OF

THESE SUBJECTS TO THE PUBLIC.

FORM 990, PAGE 1, LINE B: AMENDED RETURN

THE AMENDMENTS TO THE FORM 990 INCLUDE:

- FORM 990, PART VII AND SCHEDULE J, PART II: SALARIES HAVE BEEN  
CORRECTED TO TIE TO W-2S FILED. THE ORIGINAL RETURN INCLUDED SOME  
ERRONEOUS INPUTS WHICH OVERSTATED COMPENSATION.

- FORM 990, PART IX: LINES 5 AND 7 HAVE BEEN ADJUSTED TO REFLECT  
SIMILAR CHANGES TO THOSE ABOVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 AND WILL DOUBLE THE CAPACITY OF  
THE PARK FOR OVERNIGHT VISITORS. CRYSTAL COVE STATE PARK CURRENTLY  
WELCOMES MORE THAN 2 MILLION VISITORS EACH YEAR. ONCE THE NORTH BEACH  
PROJECT IS COMPLETE AND THE REMAINING COTTAGES ARE ADDED TO THE  
OVERNIGHT RENTAL POOL, THE ENTERPRISE WILL CREATE A SUSTAINABLE EARNED  
REVENUE STREAM TO HELP FUND IMPORTANT K-12 STEM EDUCATION PROGRAMS AND  
CRITICAL HABITAT RESTORATION WORK IN THE BACKCOUNTRY - ALL WHILE  
KEEPING RENTAL RATES FROM \$50/NIGHT IN A DORM-STYLE ACCOMMODATIONS TO  
\$320/NIGHT FOR AN OCEAN FRONT COTTAGE THAT SLEEPS UP TO 10 PEOPLE. THE

CONSERVANCY IS MIDWAY THROUGH THE RESTORATION OF THE REMAINING COTTAGES

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization CRYSTAL COVE CONSERVANCY	Employer identification number 33-0878633
--	--

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 RESTORING COTTAGES IN GROUPS OF FOUR OR FIVE AT A TIME UNTIL ALL 9 HAVE BEEN RESTORED AND OPENED TO THE PUBLIC AS LOWER-COST OVERNIGHT RENTALS. AS BOTH THE CONTRACTED NON-PROFIT 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, PROGRAM SERVICE ACCOMPLISHMENTS:  
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 10 CLASSROOM LESSONS WITH FIELD EXPERIENCE IN THE PARK. BY WORKING WITH MULTIPLE GRADE LEVELS AT THE SAME SCHOOLS, THE CONSERVANCY'S STEM EDUCATION

Name of the organization CRYSTAL COVE CONSERVANCY	Employer identification number 33-0878633
--	--

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 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 PEOPLE LOOKING TO ENTER STEM FIELDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
 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 SCRUB 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 TARGET SPECIES TO CONSERVE UNDER ORANGE COUNTY'S NATURAL COMMUNITIES CONSERVATION PLAN), COASTAL CACTUS WRENS, ORANGE-THROATED WIPTAIL LIZARDS, AND THE LEAST

Name of the organization	Employer identification number
CRYSTAL COVE CONSERVANCY	33-0878633

BELL'S VIDEO. HOWEVER, DUE TO A LONG HISTORY OF CATTLEGRAZING, MUCH OF THE BACKCOUNTRY AND COASTAL TERRACES HAVE BEEN CONVERTED INTO ANNUAL GRASSLANDS DOMINATED BY INVASIVE PLANTS SUCH AS BLACK MUSTARD. BESIDES THE 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 TO 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 STRATEGIES THAT WOULD WORK BEST TAKES A SCIENTIFIC TACTIC THAT STATE PARKS OFTEN DON'T HAVE THE RESOURCES TO COORDINATE. OVER THE LAST YEAR, THE CONSERVANCY HAS STEPPED INTO A NEW ROLE TO SUPPORT THE PARK'S NATURAL RESOURCES TEAM IN DEVELOPING A SYSTEMATIC APPROACH TO IDENTIFYING OPTIMAL RESTORATION STRATEGIES WHICH WILL UNDOUBTEDLY HELP OTHER LAND MANAGERS THROUGHOUT THE LARGER SOUTH COAST WILDERNESS OPEN SPACE AND BEYOND.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND KEY EMPLOYEES COMPLETE ANNUAL STATEMENTS CONCERNING ANY CONFLICTS OF INTEREST AND ARE INSTRUCTED TO INFORM THE BOARD OF DIRECTORS IN A TIMELY MANNER OF ANY CONFLICTS OF INTEREST.

Name of the organization CRYSTAL COVE CONSERVANCY	Employer identification number 33-0878633
--	--

FORM 990, PART VI, SECTION B, LINE 15:

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

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND  
 GOVERNMENT FILINGS ARE AVAILABLE UPON REQUEST AT THE LOCATION OF RECORDS  
 DURING REGULAR BUSINESS HOURS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **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
CRYSTAL COVE MANAGING MEMBER, LLC - 92-0877733, 35 CRYSTAL COVE, NEWPORT COAST, CA 92657	RENTAL ACTIVITY	CALIFORNIA	0.	20,335.	CRYSTAL COVE CONSERVANCY

**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

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

Schedule R (Form 990) 2023

**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 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	
CRYSTAL COVE MASTER TENANT - 92-0887228, 35 CRYSTAL COVE, NEWPORT COAST, CA 92657	PROPERTY INVESTMENT	CA	CRYSTAL COVE CONSERVANCY	EXCLUDED	483,738.	2,265,640.		X	N/A	X		1.00%

**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
CRYSTAL COVE MANAGEMENT COMPANY - 20-4169255 35 CRYSTAL COVE NEWPORT COAST, CA 92657	MANAGEMENT COMPANY	CA	N/A	C CORP	5,465,162.	10,240,761.	100%	X	

**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.

**1** 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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) 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) CRYSTAL COVE MANAGEMENT COMPANY	C	9,510,247.	AMOUNT SPENT ON RESTORATION
(2)			
(3)			
(4)			
(5)			
(6)			







California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024

Corporation/Organization name California corporation number

CRYSTAL COVE CONSERVANCY

2149413

Additional information. See instructions.

FEIN

33-0878633

Street address (suite or room)

35 CRYSTAL COVE

PMB no.

City

NEWPORT COAST

State

CA

ZIP code

92657

Foreign country name

Foreign province/state/county

Foreign postal code

- A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return?
E Check accounting method
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption

- I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

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

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Payments (lines 11-16).

Sign Here section with signature of officer (PRESIDENT & CE), date (06/19/25), and telephone number (949-852-9433).

May the FTB discuss this return with the preparer shown above? See instructions

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

328951 12-26-23

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	908,028	00	
	2	Interest	•	2	87,818	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7	3,394,410	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	4,390,256	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	9,584,912	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	457,277	00	
	12	Other salaries and wages	•	12	933,665	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	151,117	00
		15	Rents	•	15	11,117	00
		16	Depreciation and depletion (See instructions)	•	16	14,847	00
		17	Other expenses and disbursements	•	17	1,102,587	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	12,255,522	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		3,866,661		839,282
2 Net accounts receivable		2,975,202		3,474,567
3 Net notes receivable <b>STMT 8</b>				3,394,410
4 Inventories		67,563		45,483
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments <b>STMT 9</b>		2,777,335		5,864,968
10 a Depreciable assets	91,701		123,385	
b Less accumulated depreciation	46,320	45,381	61,168	62,217
11 Land				
12 Other assets <b>STMT 10</b>		15,971		31,117
13 <b>Total assets</b>		9,748,113		13,712,044
<b>Liabilities and net worth</b>				
14 Accounts payable		3,037,739		278,050
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		716,690		
18 Other liabilities <b>STMT 11</b>		50,600		2,978,909
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,943,084		10,455,085
22 <b>Total liabilities and net worth</b>		9,748,113		13,712,044

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	4,507,872	7 Income recorded on books this year not included in this return. Attach schedule *
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year. Attach schedule
4 Income not recorded on books this year. Attach schedule	•		•
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5	•	4,507,872	10 Net income per return. Subtract line 9 from line 6
			•
			265,845
			265,845
			4,242,027

\* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
[REDACTED]	[REDACTED]		5,500.
[REDACTED]	[REDACTED]		5,500.
[REDACTED]	[REDACTED]		5,000.
[REDACTED]	[REDACTED]		5,000.
[REDACTED]	[REDACTED]		5,000.
[REDACTED]	[REDACTED]		20,000.
[REDACTED]	[REDACTED]		15,000.
[REDACTED]	[REDACTED]		27,500.
[REDACTED]	[REDACTED]		50,000.
[REDACTED]	[REDACTED]		10,135,497.
[REDACTED]	[REDACTED]		5,000.
[REDACTED]	[REDACTED]		6,000.
[REDACTED]	[REDACTED]		10,000.
[REDACTED]	[REDACTED]		7,500.

[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	50,000.
[REDACTED]	[REDACTED]	15,250.
[REDACTED]	[REDACTED]	45,650.
[REDACTED]	[REDACTED]	10,300.
[REDACTED]	[REDACTED]	25,000.
[REDACTED]	[REDACTED]	150,000.
[REDACTED]	[REDACTED]	15,000.
[REDACTED]	[REDACTED]	37,000.
[REDACTED]	[REDACTED]	7,250.
[REDACTED]	[REDACTED]	10,000.
[REDACTED]	[REDACTED]	10,000.
[REDACTED]	[REDACTED]	55,000.
[REDACTED]	[REDACTED]	31,026.
[REDACTED]	[REDACTED]	16,250.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	10,500.
[REDACTED]	[REDACTED]	20,500.
[REDACTED]	[REDACTED]	7,505.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	21,169.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	5,250.
[REDACTED]	[REDACTED]	10,500.
[REDACTED]	[REDACTED]	15,000.
[REDACTED]	[REDACTED]	21,750.
[REDACTED]	[REDACTED]	5,000.

[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	20,010.
[REDACTED]	[REDACTED]	11,000.
[REDACTED]	[REDACTED]	10,000.
[REDACTED]	[REDACTED]	5,500.
[REDACTED]	[REDACTED]	19,791.
[REDACTED]	[REDACTED]	10,000.
[REDACTED]	[REDACTED]	50,000.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	22,500.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	25,000.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	18,750.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	10,000.
[REDACTED]	[REDACTED]	5,150.
[REDACTED]	[REDACTED]	10,500.
[REDACTED]	[REDACTED]	5,500.
[REDACTED]	[REDACTED]	27,920.
[REDACTED]	[REDACTED]	32,776.
[REDACTED]	[REDACTED]	85,000.
[REDACTED]	[REDACTED]	5,000.
[REDACTED]	[REDACTED]	20,000.
[REDACTED]	[REDACTED]	35,000.
[REDACTED]	[REDACTED]	20,000.
[REDACTED]	[REDACTED]	7,500.
[REDACTED]	[REDACTED]	250,000.
[REDACTED]	[REDACTED]	24,478.

CRYSTAL COVE CONSERVANCY

33-0878633

TOTAL INCLUDED ON LINE 3

11,678,772.

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR . . . . .		
2.	MERCHANDISE PURCHASED. . . . .		
3.	COST OF LABOR. . . . .		
4.	MATERIALS AND SUPPLIES . . . . .	247,137	
5.	OTHER COSTS. . . . .		
6.	ADD LINES 1 THROUGH 5 . . . . .		247,137
7.	INVENTORY AT END OF YEAR . . . . .		
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		247,137

CA 199

AMENDED RETURN INFORMATION

STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ORIGINAL BALANCE DUE	0
AMENDED BALANCE DUE	0
NO PAYMENT REQUIRED	0

CA 199

OTHER INCOME

STATEMENT 4

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DEVELOPER FEES	3,394,410.
TOTAL TO FORM 199, PART II, LINE 7	3,394,410.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS  
AND SIMILAR AMOUNTS PAID

STATEMENT 5

## ACTIVITY CLASSIFICATION: GRANTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
[REDACTED]	[REDACTED]	NONE	74,665.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CRYSTAL COVE MANAGEMENT COMPANY	35 CRYSTAL COVE - IRVINE, CA 92697	SUBSIDIARY	9,510,247.

TOTAL FOR THIS ACTIVITY	9,584,912.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9

9,584,912.

CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SHANNON KATE WHEELER 35 CRYSTAL COVE NEWPORT COAST, CA 92657	PRESIDENT/CEO 40.00	259,793.
HALLIE JONES 35 CRYSTAL COVE NEWPORT COAST, CA 92657	VICE PRESIDENT 40.00	197,484.

CRYSTAL COVE CONSERVANCY

33-0878633

LESLIE ANN 'TEDDIE' RAY 35 CRYSTAL COVE NEWPORT COAST, CA 92657	CHAIR 1.00	0.
DOUG LE BON 35 CRYSTAL COVE NEWPORT COAST, CA 92657	VICE CHAIR 1.00	0.
RICHARD SWINNEY 35 CRYSTAL COVE NEWPORT COAST, CA 92657	SECRETARY 1.00	0.
ERIC SMYTH 35 CRYSTAL COVE NEWPORT COAST, CA 92657	TREASURER 1.00	0.
ALAN BEDEKAR 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.
ANIE AKLIAN ROBINSON 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.
CALEB SILSBY 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.
CYD SWERDLOW 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.
GAVIN HERBERT 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.
GERALD F. SCHECK 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.
GLENN BOZARTH 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.
JEFFREY COLE 35 CRYSTAL COVE NEWPORT COAST, CA 92657	DIRECTOR 1.00	0.

CRYSTAL COVE CONSERVANCY

33-0878633

LAURA DAVICK  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

MAGNUS EGERSTEDT  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

MARA MURRAY  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

SARA LOWELL  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

STEPHANIE QUESADA  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

STEPHEN ZOTOVICH  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

NATHAN CHIAVERINI  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

AL BENNETT  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

SHELLEY THUNEN  
35 CRYSTAL COVE  
NEWPORT COAST, CA 92657

DIRECTOR  
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

457,277.

CA 199	OTHER EXPENSES	STATEMENT 7
DESCRIPTION		AMOUNT
PROGRAMS		131,568.
DUES AND SUBSCRIPTIONS		42,653.
DONOR CULTIVATION AND R		37,404.
MISCELLANEOUS		29,065.
DIRECT EXPENSES OF FUNDRAISING EVENTS		249,488.
PENSION PLAN CONTRIBUTIONS		14,453.
OTHER EMPLOYEE BENEFITS		86,969.
LEGAL FEES		60,000.
ACCOUNTING FEES		24,569.
INVESTMENT MANAGEMENT FEES		1,267.
OTHER PROFESSIONAL FEES		203,612.
OFFICE EXPENSES		122,799.
INFORMATION TECHNOLOGY		38,306.
TRAVEL		27,609.
INSURANCE		32,825.
TOTAL TO FORM 199, PART II, LINE 17		1,102,587.

CA 199	NET NOTES RECEIVABLE	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	0.	3,394,410.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	0.	3,394,410.

CA 199	OTHER INVESTMENTS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CLOSELY HELD EQUITY INTERESTS	2,777,335.	2,797,670.
PUBLICLY TRADED SECURITIES	0.	3,067,298.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,777,335.	5,864,968.

CA 199	OTHER ASSETS	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	15,971.	31,117.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	15,971.	31,117.

CA 199	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTERCOMPANY PAYABLES	0.	2,907,427.
DEFERRED REVENUE	50,600.	71,482.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	50,600.	2,978,909.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
DESCRIPTION		AMOUNT
UNREALIZED GAINS		265,845.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		265,845.

CA 199	FUND BALANCES	STATEMENT 13
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,407,870.	3,824,864.
NET ASSETS WITH DONOR RESTRICTIONS	4,535,214.	6,630,221.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	5,943,084.	10,455,085.

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 33-0878633**

Corporation name

California corporation number

**CRYSTAL COVE CONSERVANCY**

**2149413**

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

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 <b>1 FIXED ASSETS</b>	11/11/11	123,385	46,321		.000	14,847	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15	14,847

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) .....	<input checked="" type="radio"/>	16	14,847
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	<input checked="" type="radio"/>	17	14,847
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	<input checked="" type="radio"/>	18	0

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g) .....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....						<input checked="" type="radio"/> 22

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>CRYSTAL COVE CONSERVANCY</b>	<b>33-0878633</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>16,744,686</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>16,497,549</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>12,255,522</b>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number	
11 Account number	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

<b>Sign Here</b>			
	Signature of officer	Date	<b>PRESIDENT &amp; CEO</b>

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	<b>WINDES, INC.</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>WINDES, INC.</b> <b>2050 MAIN ST., STE. 1300</b> <b>IRVINE, CA</b>				Firm's FEIN <b>95-3001179</b> ZIP code <b>92614</b>

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

<b>Paid Preparer</b>	Paid preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address				Firm's FEIN ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

**CRYSTAL COVE CONSERVANCY**

Name of Organization

List all DBAs and names the organization uses or has used

**35 CRYSTAL COVE**

Address (Number and Street)

**NEWPORT COAST, CA 92657**

City or Town, State, and ZIP Code

**ACCOUNTINGDEPT@CRYSTALC**

**949-497-6302**

Telephone Number

**OVE.ORG**

E-mail Address

Check if:

- Change of address  
 Amended report  
 Organization requests email notifications

State Charity Registration Number 121357

Corporation or Organization No. 2149413

Federal Employer ID No. 33-0878633

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2023 ending 06/30/2024 ) list:

Total Revenue (including noncash contributions) \$ 16,248,061 Noncash Contributions \$ 47,050 Total Assets \$ 13,712,044  
Program Expenses \$ 11,334,715 Total Expenses \$ 12,001,905

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?	X	
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

**SHANNON KATE WHEELER**

**PRESIDENT & CEO**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 14

CALIFORNIA COASTAL COMMISSION; 45 FREMONT STREET #2000, SAN FRANCISCO, CA  
94105-2221

CALIFORNIA STATE COASTAL CONSERVANCY; 1515 CLAY STREET, FLOOR 10, OAKLAND, CA  
94612-1499

COASTAL QUEST - OCEAN PROTECTION COUNCIL; 2635 ALCATRAZ AVE., SUITE 609,  
BERKELEY, CA 94705

NATIONAL SCIENCE FOUNDATION; 2415 EISENHOWER AVENUE, ALEXANDRIA, VA 22314

UNIVERSITY OF CALIFORNIA, IRVINE; CAMPUS DRIVE, IRVINE, CA 92697

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CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES  
PART B, LINE 6

STATEMENT 15

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ONE RAFFLE WAS HELD ON OCTOBER 7, 2023.

Electronic Filing PDF Attachment

**Crystal Cove Conservancy**  
**EIN: 33-0878633**  
**CA Form 199**  
**Amended Return Statement**

The California Form 199 is being amended to reflect changes made to correct compensation reported on the amended Federal Form 990.

The below items have changed from the original return:

- Form 199, Part II, Line 11
- Form 199, Part II, Line 12
- Form 199, Statement 3, Compensation of Officers, Directors and Trustees