

# Karla Standridge

karla@fallbrooklandconservancy.org

Submission Date Feb 28, 2024 2:29 PM

Tax Exempt Status **YES**

Service Area **Bonsall De Luz Fallbrook**

Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz? **YES**


Collaborative/Joint Application **NO**

<b>Organization Information</b>	Legal Name	DBA (if Applicable)
	Fallbrook Land Conservancy	Fallbrook Land Conservancy

<b>Contact Information</b>	Contact Name	Title
	Karla Standridge	Executive Director
	Primary Contact Phone	Email Address
	7607280889	karla@fallbrooklandconservancy.org

**Organization Physical Address 1815 South Stage Coach Lane, Multiple Fallbrook, CA, 92028**


**Board of Directors**



**2024 Board Biography.pdf**

108.48 KB

**Financial Documents - Audit**



**FLC Financials - 2022 - FINAL.pdf**

422.23 KB

Financial Documents - P&L and Balance Sheet

 **FLC\_Balance\_Sheet 12.31.23.pdf**  
92.54 KB

 **ProfitandLoss 2023.pdf**  
42.09 KB

Financial Documents - 990

 **FALLBROOK Land Conservancy - 2022 Tax....pdf**  
3.71 MB

Organization's Mission Statement

To acquire, protect, and manage open space in perpetuity for the benefit of wildlife and the community.

Organization's Vision Statement

A tapestry of protected open spaces that provides high quality habitat in which native flora and fauna thrive while meeting the needs of the community through education, engagement, and recreation.

Organization History & Accomplishments

Within the last five years, FLC has acquired approximately 208 acres of open space in our community. These properties provide about three miles of hiking trails that increase the total miles of trails owned or managed by FLC in the community to about 15 miles and the total open space owned or managed by FLC to 2,275 acres within Fallbrook, Bonsall and De Luz.

FLC provided 26 guided nature walks and educational events within the last five years with a cumulative attendance of over 500 people. We have engaged more than 3,100 volunteers, contributing more than 9,000 hours of community service time to maintain and improve hiking trails for accessibility and safety over the last five years.

On average, FLC's local preserves support more than 40,000 hiking trips per year. These hiking trips are instrumental in providing the community with free, low impact exercise opportunities that can improve physical and mental health and solidify social cohesion.

Program Name/Title

Community Trails for Health and Wellness

Brief Program Description

FLC's Community Trails for Health and Wellness Program provides access to social and recreational opportunities for residents of all ages and abilities. The Program engages the community in outdoor, nature-based activities that promote physical, mental, and social well-being through well maintained trail systems and organized group hikes and activities.

Is this a new initiative/service or established program within your organization?

Established Program

Did this program receive FRHD CHC - Grant funding last funding cycle (FY 23.24).

NO

Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports.

The Program has positively impacted District residents by fostering a sense of community belonging and providing annual services directly to an estimated 10,000 residents. This number includes daily hikers, environmental education students, volunteers, and event participants.

If this program was previously funded, please provide an example of how the District's funding of this program was acknowledged.



**Acknowledgement.pdf**  
501.78 KB

Funding Amount Being Requested

**41400**

Program Information - Type

**Ongoing**

Projected number of residents that will directly benefit (participant/client) from this program.

**10000**

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)		
Seniors (60+)		
We do not collect this data (indicate with 100%)*		<b>100</b>

Target Population not collected - Age

**Because of the broad scope of the Program and multiple avenues of entry, we do not collect this information.**

Target Population - Gender

	Percent of program participants
Female	
Male	
Non-binary	
Unknown*	<b>100</b>

\*Target Population - Gender

**Because of the broad scope of the Program and multiple avenues of entry, we do not collect this information.**

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	100

\*Target Population - Income Level

Because of the broad scope of the Program and multiple avenues of entry, we do not collect this information.

What language(s) can this program accommodate:

English

Spanish

What demographic group does this program predominately serve:

Community - Health & Fitness

Program/Services Description - Social Determinants of Health

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Social Determinants of Health - Social and Community Context

The Program addresses Social and Community Context, Social Cohesion, through both informal access to open spaces and structured, guided events that engage the community. The Program allows for residents to access trails and green spaces at their own leisure or participate in structured community events. By creating a sense of community, Program participants can form relationships with neighbors and other members of the community. The Program offers safe and inviting locations to invite friends and family for activity, promoting social cohesion. Structured events, such as guided walks and volunteer events, allow for people to formally meet new people and form bonds with other individuals, creating a sense of community and social cohesion.

According to Jennings & Bamkole (2019), "The presence of urban green spaces can encourage positive social interactions that cultivate social cohesion in ways that enhance health and well-being. Urban green spaces have also been linked to positive health behaviors and outcomes including increased physical activity and social engagement." Furthermore, the authors note that green spaces where people feel safe and comfortable to recreate are "...conducive to positive perceptions of social cohesion..." This suggests that physical activity, a positive health behavior, may be directly related to social cohesion.

In a special report by Foderaro & Klein (2023), the authors underline the importance of parks and green spaces in creating and solidifying social connections. The authors note that both informal encounters and structured group activities lead to social cohesion and may help reduce the risk of loneliness in communities.

Statement of Need/Problem

Social disconnection, isolation, and loneliness are critical threats to the health and wellbeing of District residents. According to a 2023 report from the United States Department of Health and Human Services, U.S. Surgeon General's

Advisory on the Healing Effects of Social Connection and Community, there is a loneliness epidemic. Lacking social connection can have detrimental physical effects on a person. Social connection in the community context may be translated to a sense of belonging to a community or space. Because of this, there is a need within the District to create and maintain community gathering spaces and social services that promote social cohesion.

According to Clarke, et al. (2023), “The most common factors that may contribute to social cohesion in urban greenspaces are safety, accessibility, design, qualities, and cultural meanings of the urban greenspace.” Likewise, the authors found community engagement and collaborative upkeep of community greenspaces facilitates social cohesion. Hong et al. (2018) found that well used greenspaces that had “friendly strangers” increased perceived safety and social interactions, leading to social cohesion and a sense of community belonging.

The Program seeks to fill this need by providing safe, maintained, and friendly community greenspaces that foster social interactions and neighborhood belonging. The Program provides for multiple avenues of entry that meet the needs of District residents and provides for equitable and safe access to community spaces for residents of all ages and physical and mental abilities.

Andy Hong, James F. Sallis, Abby C. King, Terry L. Conway, Brian Saelens, Kelli L. Cain, Eric H. Fox, Lawrence D. Frank, Linking green space to neighborhood social capital in older adults: The role of perceived safety, *Social Science & Medicine*, Volume 207, 2018, Pages 38-45, ISSN 0277-9536, <https://doi.org/10.1016/j.socscimed.2018.04.051>.

Mysha Clarke, Stephanie Cadaval, Charles Wallace, Elsa Anderson, Monika Egerer, Lillian Dinkins, Ricardo Platero, Factors that enhance or hinder social cohesion in urban greenspaces: A literature review, *Urban Forestry & Urban Greening*, Volume 84, 2023, 127936, ISSN 1618-8667, <https://doi.org/10.1016/j.ufug.2023.127936>.

How are other organizations addressing this need in the community?

The County of San Diego Department of Parks and Recreation currently operates one open space preserve with trails in Fallbrook: the Santa Margarita County Preserve. The Wildlands Conservancy owns the Santa Margarita River Trail Preserve. These two preserves contain hiking and equestrian trails in the Santa Margarita River valley of the De Luz community. FLC’s preserves not only complement the offerings of other providers, but also provide more accessible opportunities for residents. Many of FLC’s preserves are within walking distance to local residences and are accessible via established sidewalks and pathways within our community.

Program/Services Description - Program Entry & Follow Up

Participants may enter the Program in one of three ways. First, FLC preserves that are open to the public are open from dawn until dusk for all residents and visitors, free of charge. FLC staff and volunteers maintain the preserves and trails, as well as conduct outreach efforts in the community to inform residents of the open spaces and trails available to them. Many participants are connected to FLC preserves via word of mouth, social media, referrals (such as from another community organization), or through targeted outreach by FLC staff and volunteers.

Second, Participants may enter the program through participation in a guided hike/walk. These events are advertised through FLC communications such as FLC’s website, social media, e-mails, and flyers posted at trailheads and other community spaces (such as the library). In this scenario, participants meet directly with an FLC representative and meet other individuals who have signed up.

Third, participants may enter the Program through participation in a volunteer event. Volunteer events are posted on FLC’s website and social media, and

advertised to various community service organizations. In this scenario, participants meet directly with an FLC representative and meet other individuals who have signed up.

No follow up is provided unless a participant signs up to be contacted by FLC for either informational purposes or for volunteer opportunities. If contacted information is provided, follow up is in the form of FLC communications which showcase FLC trails, reiterate the connection between trails, physical activity, social cohesion, and health, or opportunities to further engage with the FLC (such as volunteerism, surveys, etc.).

#### Program/Services Description - Program Activities

Participants receive access to FLC preserves and trails for nature-based recreation and social opportunities. Use of FLC trails and preserves promotes overall health, wellbeing, and social cohesion. The Program is beneficial, as it offers multiple avenues for participation that allow for social cohesion, either through structured events or less formal encounters with other program participants.

Program participants that may not feel comfortable in a group setting can enter the Program at their own leisure yet still receive the benefits of community by encountering other individuals in the Program that are also using the trails. Program participants that are comfortable in a group setting can sign up for structured events that connect them with the community, further providing for social interaction and cohesion.

#### Program Goal

The Program goal is to provide community spaces that promote social cohesion by way of safe and well-maintained open spaces (greenspaces).

#### Program Objectives & Measurable Outcomes

The Program will meet its goal through the following objectives:

1. Maintain 15 miles of hiking trails through preserve management and volunteer events. The Preserve Manager and Land Manager will routinely monitor the trails for safety and accessibility. Necessary repairs will be made through staff and/or volunteer efforts, resulting in community engagement and social connections. Success will be measured through miles of accessible hiking trails and estimated number of trail users.
2. Provide safe open spaces (green spaces) for community members to gather. The Preserve Manager will ensure the safety of the preserves through routine monitoring for hazards that may lead to a lack of sense of safety, thereby increasing the likelihood of use, resulting in increased social cohesion. Success will be measured by number of safe open spaces.
3. Provide opportunities for structured events that lead to social cohesion. Preserve Manager, Executive Director and FLC board members will collaboratively lead guided hikes/walks to increase structured community connections. A minimum of four events will be held during the grant period during favorable outdoor weather conditions.
4. Provide opportunities for structured volunteer events that lead to community cohesion and connection. Preserve Manager, Executive Director, and board members will lead structured volunteer events that promote community collaboration and sense of belonging in our open spaces. A minimum of one event will be held per month.

#### Organization Collaborations

There are no active collaborations for this program.

Anticipated Acknowledgment

Social Media Postings

Print Materials to Service Recipients

Website Display

Other

Anticipated Acknowledgment

The Program will acknowledge District funding through social media posts on Instagram and Facebook, in monthly e-news communications to more than 1,000 recipients, in FLC's annual report, and on printed materials related to the program such as trail guides.

Funding History

NO

Program Budget



24\_25 FRHD CHC Program Budget Form.xlsx  
57.06 KB

Terms and Conditions

Accepted

Authorized Signature

**FALLBROOK LAND CONSERVANCY**  
**DIRECTORS & OFFICERS – 2021**

NAME	Biography
Susan Liebes Chair sujackso@hotmail.com	FLC Member NPRT & SOF EE Volunteer BS in Forestry & Wildlife from Virginia Tech AA in Business Administration from San Juan College
Zachary Principe Vice Chair zprincipe@TNC.org zprincipe8@gmail.com	Stewardship ecologist with The Nature Conservancy 1998 to present Board member – California Native Grasslands Association 2007 to present
Ken Quigely Chief Financial Officer escapefor2@roadrunner.com	Retired from MCB Camp Pendleton, Environmental Security, REPI Porgam lead. Retired USMC
Lydia Rossi Board Member lydia.stargraphics@gmail.com	Local small business owner for 20 years. On board of another nonprofit veterans organization. Community volunteer in many organizations for over 40 years.
Kristin Greene Board Member kristin@dkgreene.com	BS Civil Engineering MBA in Green Development Principal Engineer and Owner of dk Greene Consulting Inc
Jim Stowers Board Member jimandlisa1229@gmail.com	San Diego Sheriff Senior Volunteer Patrol American Red Cross Volunteer Retired Operation Manager
Michelle Jorden Board Member jorden.michelle@gmail.com	Attorney J.D., University of San Diego School of Law, 2005 B.A. Political Science, University of California, San Diego, 2001
Wallace Tucker Acquisitions & Stewardship Chair Board Member Wtucker39@gmail.com	Co-Founder 1988; Board Chairman 1988-2012; Acq. & Stewardship Chair 2009- present Ph.D. Physics, UCSD
John Crawford Legal Counsel/Board Secretary jwcjd@tfb.com	Attorney-at-Law Law Offices of John W. Crawford, APC Member, State Bar of California [1977] UC Hastings [1977]; Occidental College [1969] Commander, US Coast Guard Reserve – Retired <b>Non-Voting Member</b>
Sherry Lamont lamontsk@gmail.com	Save Our Forest liaison



**2022 Exempt Org. Return**  
prepared for:

**FALLBROOK LAND CONSERVANCY**  
1815 SOUTH STAGE COACH LANE  
FALLBROOK, CA 92028

**CLIENT COPY**

**NIGRO & NIGRO PC**  
25220 Hancock Ave Ste 400  
MURRIETA, CA 92562

**NIGRO & NIGRO PC  
25220 HANCOCK AVE STE 400  
MURRIETA, CA 92562  
(951) 698-8783**

August 4, 2023

FALLBROOK LAND CONSERVANCY  
1815 SOUTH STAGE COACH LANE  
FALLBROOK, CA 92028

Dear Client:

Your 2022 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2022 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$200 payable by November 15, 2023. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2023 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Paul J Kaymark, CPA

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, 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).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FALLBROOK LAND CONSERVANCY</b>	Taxpayer identification number (TIN) <b>33-0301237</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1815 SOUTH STAGE COACH LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FALLBROOK, CA 92028</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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ KARLA STANDRIDGE 1815 S. STAGECOACH LANE FALLBROOK CA 92028

Telephone No. ▶ 760-728-0889 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 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2022 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**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>3 a</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>3 a</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>3 b</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>3 c</b>	\$	0.

**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.

## Return of Organization Exempt From Income Tax

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

2022

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

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> FALLBROOK LAND CONSERVANCY 1815 SOUTH STAGE COACH LANE FALLBROOK, CA 92028	<b>D</b> Employer identification number 33-0301237	<b>E</b> Telephone number 760-728-0889
<b>F</b> Name and address of principal officer: <b>SUSAN LIEBES</b> SAME AS C ABOVE		<b>G</b> Gross receipts \$ <b>1,522,725.</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>J</b> Website: <b>WWW.FALLBROOKLANDCONSERVANCY.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1988</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO ACQUIRE, PROTECT, AND MANAGE OPEN SPACE IN PERPETUITY FOR THE BENEFIT OF WILDLIFE AND THE COMMUNITY.</u>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>		14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>		14
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>		5
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>		275
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>		0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>		0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>		<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	3,080,523.		2,116,276.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	10,342.		251,836.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,436,132.		-906,746.
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	26,892.		11,541.
		4,553,889.		1,472,907.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....			
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	207,346.		231,643.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	278,067.		198,933.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	485,413.		430,576.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	4,068,476.		1,042,331.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	23,678,258.		24,731,771.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	15,592.		100,483.
		23,662,666.		24,631,288.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	SUSAN LIEBES <small>Type or print name and title</small>	CHAIRMAN			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL J KAYMARK, CPA	PAUL J KAYMARK, CPA			P01873961
	Firm's name	NIGRO & NIGRO PC		Firm's EIN	30-0636241
	Firm's address	25220 HANCOCK AVE STE 400 MURRIETA, CA 92562		Phone no.	(951) 698-8783

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ACQUIRE, PROTECT, AND MANAGE OPEN SPACE IN PERPETUITY FOR THE BENEFIT OF WILDLIFE AND THE COMMUNITY.

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

Yes No

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

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

Yes No

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

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

4a (Code: ) (Expenses \$ 350,990. including grants of \$ ) (Revenue \$ )

GENERAL PROGRAM SERVICES ARE SPENT TO MAINTAIN 2,969 ACRES FEE TITLE PROPERTIES OF OPEN SPACE ON 25 PRESERVES, 159 ACRES ON 2 MANAGED PRESERVES, AND 7 CONSERVATION EASEMENTS THROUGHOUT SAN DIEGO COUNTY. THIS INCLUDES MAINTAINING HIKING TRAILS AND REMOVING INVASIVE PLANTS AND REPLACING THEM WITH NATIVE PLANTS. THE GENERAL PROGRAM ALSO INCLUDES THE HISTORIC PALOMARES HOUSE WHICH IS THE OFFICE OF THE FALLBROOK LAND CONSERVANCY. THE PALOMARES HOUSE IS ALSO USED FOR COMMUNITY MEETINGS AND EVENTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

SAVE OUR FOREST PLANTS AND MAINTAINS TREES THROUGHOUT THE AREA AND ALSO MAINTAINS A NATIVE PLANT NURSERY. WORK IS DONE PRIMARILY BY VOLUNTEERS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses 350,990.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.



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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2 (X), 3 (X), 4 (SEE SCH O), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b (SEE SCHEDULE O), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
[X] 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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
KARLA STANDRIDGE 1815 S. STAGECOACH LANE FALLBROOK CA 92028 760-728-0889

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARLA STANDRIDGE EXECUTIVE DIR.	40 0			X			68,786.	0.	9,600.	
(2) CHRIS PIERSON CFO	2 0	X		X			0.	0.	0.	
(3) LYDIA ROSSI MEMBER	2 0	X		X			0.	0.	0.	
(4) MICHELE JORDEN MEMBER	2 0	X					0.	0.	0.	
(5) ZACHARY PRINCIPE VICE CHAIRMAN	2 0	X		X			0.	0.	0.	
(6) SHERRY LAMONT MEMBER	2 0	X					0.	0.	0.	
(7) MICHELLE VERDUGO MEMBER	2 0	X					0.	0.	0.	
(8) KENT BORSCH MEMBER	2 0	X					0.	0.	0.	
(9) DAVID VORNBERGER MEMBER	2 0	X					0.	0.	0.	
(10) JOHN CRAWFORD SECRETARY	2 0	X		X			0.	0.	0.	
(11) KRISTIN GREENE MEMBER	15 0	X					0.	0.	0.	
(12) SUSAN JACKSON MEMBER	2 0	X					0.	0.	0.	
(13) SUSAN LIEBES CHAIRMAN	15 0	X		X			0.	0.	0.	
(14) JIM STOWERS MEMBER	2 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) KEN QUIGLEY MEMBER	15 0	X					0.	0.	0.
(16) WALLACE TUCKER MEMBER	15 0	X					0.	0.	0.
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1b Subtotal</b>							68,786.	0.	9,600.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							68,786.	0.	9,600.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0								

CLIENT COPY

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 22,937.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 80,868.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,012,471.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> 22,937.				
	<b>h Total.</b> Add lines 1a-1f	2,116,276.				
	<b>Program Service Revenue</b>	<b>2a</b> OTHER REVENUE	Business Code	251,836.	251,836.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		251,836.				
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		-906,746.		-906,746.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real	553.			
		(ii) Personal				
		<b>6b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Rental income or (loss)	<b>6c</b> 553.				
	<b>d</b> Net rental income or (loss)		553.		553.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7b</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>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ 22,937. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b> 60,806.				
	<b>b</b> Less: direct expenses	<b>8b</b> 49,818.				
	<b>c</b> Net income or (loss) from fundraising events		10,988.		10,988.	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
		<b>b</b> Less: direct expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
		<b>b</b> Less: cost of goods sold	<b>10b</b>			
		<b>c</b> Net income or (loss) from sales of inventory				
	<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		1,472,907.	251,836.	0.	-895,205.	

CLIENT COPY

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,386.	78,386.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	115,839.	63,332.	52,507.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,649.	21,649.		
10 Payroll taxes	15,769.	11,511.	4,258.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	19,058.	19,058.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,396.		3,396.	
23 Insurance	20,566.	17,481.	3,085.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MGMT, OUTREACH, RESTORATION</u>	121,246.	121,246.		
b <u>MATERIALS AND SUPPLIES</u>	34,667.	18,327.	16,340.	
c -----				
d -----				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	430,576.	350,990.	79,586.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

CLIENT COPY

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	617,165.	2 964,563.	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,832,602.		
	b	Less: accumulated depreciation	10b 19,077.	12,031,743.	10c 13,813,525.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	1,641,069.	13 1,448,128.	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,388,281.	15 8,505,555.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	23,678,258.	16 24,731,771.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	15,592.	17 17,983.	
	18	Grants payable		18	
	19	Deferred revenue		19 82,500.	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	15,592.	26 100,483.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	2,587,769.	27 2,365,832.	
	28	Net assets with donor restrictions	21,074,897.	28 22,265,456.	
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances.</b>	23,662,666.	32 24,631,288.	
33	<b>Total liabilities and net assets/fund balances.</b>	23,678,258.	33 24,731,771.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,472,907.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	430,576.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,042,331.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,662,666.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-73,709.
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	24,631,288.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,031,947.	2,816,410.	1,993,367.	2,199,648.	2,010,432.	10,051,804.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>4 Total.</b> Add lines 1 through 3.	1,031,947.	2,816,410.	1,993,367.	2,199,648.	2,010,432.	10,051,804.
<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).						0.
<b>6 Public support.</b> Subtract line 5 from line 4.						10,051,804.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4.	1,031,947.	2,816,410.	1,993,367.	2,199,648.	2,010,432.	10,051,804.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	180.	509,243.	750,868.	1,362,702.	-906,209.	1,716,784.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	46,521.	54,681.	33,487.	93,188.	335,296.	563,173.
<b>11 Total support.</b> Add lines 7 through 10.						12,331,761.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					12	0.
<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 2022 (line 6, column (f), divided by line 11, column (f)).	<b>14</b>	81.51 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14.	<b>15</b>	76.19 %

**16a 33-1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33-1/3% support tests-2022. 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.

b 33-1/3% support tests-2021. 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.

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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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 – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). 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 (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 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 (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			

CLIENT COPY

**Part VI**

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

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
RENT	\$ 553.	\$ 728.	\$ 178.	\$ 675.	\$ 903.
GROSS SPECIAL EVENTS	83,743.	82,118.	33,309.	54,006.	45,618.
OTHER SALES		10,342.			
SALE OF EASEMENT	251,000.				
<b>TOTAL</b>	<b>\$ 335,296.</b>	<b>\$ 93,188.</b>	<b>\$ 33,487.</b>	<b>\$ 54,681.</b>	<b>\$ 46,521.</b>

CLIENT COPY

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

FALLBROOK LAND CONSERVANCY

Employer identification number

33-0301237

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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).



Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 14,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 26,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

**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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

CLIENT COPY

Name of organization **FALLBROOK LAND CONSERVANCY** Employer identification number **33-0301237**

**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 information once. See instructions.)..... \$                      *N/A*  
 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
	<i>N/A</i>		

(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

CLIENT COPY

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

FALLBROOK LAND CONSERVANCY

33-0301237

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input checked="" type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a 7
b Total acreage restricted by conservation easements . . . . .	2b 956
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . SEE PART XIII . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. SEE PART XIII

**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.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	\$ _____
(ii) Assets included in Form 990, Part X . . . . .	\$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . .	\$ _____
b Assets included in Form 990, Part X . . . . .	\$ _____

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

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

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

- 1 a 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	9,306,747.	6,393,564.	4,961,011.	2,196,964.	2,263,959.
b Contributions	198,583.	1,876,513.	1,767,426.	2,540,074.	168,949.
c Net investment earnings, gains, and losses	-774,299.	1,152,678.	716,581.	440,984.	-164,270.
d Grants or scholarships					
e Other expenditures for facilities and programs	225,476.	116,008.	162,896.	217,011.	71,674.
f Administrative expenses					
g End of year balance	8,505,555.	9,306,747.	7,282,122.	4,961,011.	2,196,964.

- 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 \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3 a 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?  **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

**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
1 a Land		13,570,120.		13,570,120.
b Buildings		200,000.		200,000.
c Leasehold improvements		62,482.	19,077.	43,405.
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,813,525.

**Part VII Investments – Other Securities.** N/A  
 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		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)	1,448,128.	

**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) ENDOWMENT FUNDS	8,505,555.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	8,505,555.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,472,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,472,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,472,907.

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

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

1	Total expenses and losses per audited financial statements		1	430,576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	430,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	430,576.

**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 II, LINE 5 - SUMMARIZED POLICY**

THE HOLDER OF THE EASEMENT MUST MONITOR CONSERVATION EASEMENTS AT LEAST ANNUALLY.  
 ANNUAL VISITS ARE TO REGULARLY GATHER INFORMATION ABOUT THE CONSERVED PROPERTY.  
 VISITS SHALL BE CONDUCTED EITHER BY INDIVIDUAL SITE VISITS OR BY AERIAL FLYOVER.

**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS**

THERE ARE 24 PRESERVES AND 7 CONSERVATION EASEMENTS. THE ORGANIZATION HAS THE FOLLOWING PRESERVES AND EASEMENTS:



**Part XIII** Supplemental Information (continued)**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)**

PRESERVES:

HELLERS BEND I &amp; II

APPLETON

BONSALL

DINWIDDIE

DURLING

ENGEL

GIRD VALLEY

GRANGER

HITT

LOS JILGUEROS

MARGARITA PEAK

MONSERATE MOUNTAIN

PALOMARES HOUSE/LAND

STEWART CREST PROPERTY

ROCK MOUNTAIN

LORETTA

MONSERATE PORTAL

PALA MESA OFFSITE

PALA MESA 36

WETZEL PROPERTY

FAIRVIEW

SYCAMORE SPRINGS

CLEVELAND CORRIDOR

MEADOWOOD

CLIENT COPY

THESE PRESERVES ARE COMPONENTS OF THE PERMANENTLY RESTRICTED NET ASSETS, WITH THE

**Part XIII Supplemental Information** (continued)**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)**

EXCEPTION OF HELLERS BEND II, HITT, WETZEL AND MONSERATE PORTAL .

EASEMENTS:

CREEKSIDE

SYCAMORE

TIERRA MIGUEL

RED MOUNTAIN

WILLOW ROAD (2 EASEMENTS)

BROOK FOREST

CONSERVATION EASEMENTS RESTRICT THE USE OF PROPERTIES AND ARE DISCLOSED IN THE NOTES.

PRESERVES ARE REPORTED ON THE BALANCE SHEET AND ARE RECORDED AT THEIR ESTIMATED FAIR MARKET VALUE AT THE TIME OF THE CONTRIBUTION. DONATED CONSERVATION EASEMENTS ARE NOT RECORDED AS AN ASSET DUE TO THE FACT THAT THE TYPICAL CONSERVATION EASEMENT PROVIDES THE ORGANIZATION WITH NO AFFIRMATIVE RIGHT EXCEPT THE RIGHT TO MONITOR AND ENFORCE THE EASEMENT. IN INSTANCES WHEREBY CONSERVATION EASEMENTS ARE ACQUIRED BY A SPECIFIC GRANT OR RESTRICTED DONATIONS, THE COSTS INCURRED BY THE ORGANIZATION TO ACQUIRE THE CONSERVATION EASEMENT ARE EXPENSED IN THE PERIOD INCURRED.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE PRIMARY PURPOSE OF THE ENDOWMENT FUNDS ARE TO PROVIDE A PERMANENT MEANS TO SUPPORT THE ORGANIZATION'S EFFORTS TO CONSERVE, MAINTAIN, AND MONITOR THE VARIOUS PRESERVES AND CONSERVATION EASEMENTS.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

FALLBROOK LAND CONSERVANCY

Employer identification number

33-0301237

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

CLIENT COPY

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

**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	
		STAGECOACH SUN (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	83,743.		83,743.	
	2	Less: Contributions	22,937.		22,937.	
	3	Gross income (line 1 minus line 2)	60,806.		60,806.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	22,937.		22,937.	
	6	Rent/facility costs				
	7	Food and beverages	10,181.		10,181.	
	8	Entertainment	500.		500.	
	9	Other direct expenses	16,200.		16,200.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				49,818.
	11	Net income summary. Subtract line 10 from line 3, column (d)				10,988.

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

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

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ -----

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

CLIENT COPY

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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.

**2022**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

Name of the organization

Employer identification number

FALLBROOK LAND CONSERVANCY

33-0301237

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

THE ORGANIZATION AMENDED ITS BYLAWS ON 02/24/2021

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE FORM 990 TAX RETURN IS GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ENFORCEMENT OF CONFLICT OF INTEREST POLICY INCLUDES ALL COVERED PERSONS, INCLUDING ALL EMPLOYEES, BOARD MEMBERS, MAJOR DONORS, OR VOLUNTEERS, WHO BY VIRTUE OF THEIR INVOLVEMENT WITH FALLBROOK LAND CONSERVANCY MAY HAVE ACCESS TO INSIDE INFORMATION THAT COULD PLACE THEM IN A CONFLICTED SITUATION. ALL INDIVIDUALS ARE REQUIRED TO REPORT ANY CONFLICTS AND THE EXECUTIVE COMMITTEE REVIEWS ALL TRANSACTIONS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

COMPENSATION FOR TOP OFFICIAL IS DONE THROUGH COMPARISON OF WAGES OF OTHER EXECUTIVE DIRECTORS OF COMPARABLE ORGANIZATIONS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS AND DISCLOSURE EXPLANATIONS ARE AVAILABLE UPON REQUEST.

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name FALLBROOK LAND CONSERVANCY
California corporation number 1610455
FEIN 33-0301237
Street address (suite or room) 1815 SOUTH STAGE COACH LANE
City FALLBROOK State CA Zip code 92028
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... J If exempt under R&TC Section 23701d... 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... N Is the organization under audit... 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 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8) and Expenses (9-10). Total gross income is 1,522,725.

Table with 2 columns: Description and Amount. Rows include Filing Fee (11-16). Total balance due is 0.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: CHAIRMAN

Paid Preparer's Use Only: Preparer's signature: PAUL J KAYMARK, CPA; Firm's name: NIGRO & NIGRO PC; Address: 25220 HANCOCK AVE STE 400 MURRIETA, CA 92562

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

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	553.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. <b>SEE STATEMENT 1</b>	●	7	-594,104.
	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	-593,551.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. <b>SEE STMT 2</b>	●	11	78,386.
	12	Other salaries and wages	●	12	115,839.
	13	Interest	●	13	
	14	Taxes	●	14	15,769.
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	3,396.
	17	Other expenses and disbursements. Attach schedule. <b>SEE STATEMENT 3</b>	●	17	267,004.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	480,394.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		617,165.		964,563.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule.		1,641,069.		1,448,128.
10a	Depreciable assets	260,946.		262,482.	
b	Less accumulated depreciation	18,945.	242,001.	19,077.	243,405.
11	Land		11,789,742.		13,570,120.
12	Other assets. Attach schedule. <b>STM 4</b>		9,388,281.		8,505,555.
13	<b>Total assets</b>		23,678,258.		24,731,771.
<b>Liabilities and net worth</b>					
14	Accounts payable		15,592.		17,983.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. <b>STM 5</b>				82,500.
19	Capital stock or principal fund		23,662,666.		24,631,288.
20	Paid-in or capital surplus. Attach reconciliation.				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		23,678,258.		24,731,771.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	968,622.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule.		10	Net income per return. Subtract line 9 from line 6.	1,042,331.
5	Expenses recorded on books this year not deducted in this return. Attach schedule. <b>SEE ST 6</b>	73,709.			
6	Total. Add line 1 through line 5.	1,042,331.			



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CA PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

FALLBROOK LAND CONSERVANCY

Employer identification number

33-0301237

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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).

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 14,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 26,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

**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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

CLIENT COPY

Name of organization **FALLBROOK LAND CONSERVANCY** Employer identification number **33-0301237**

**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 information once. See instructions.)..... \$                      *N/A*  
 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
	<i>N/A</i>		

(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

CLIENT COPY

**2022 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>FALLBROOK LAND CONSERVANCY</b>	California corporation number <b>1610455</b>
---	---

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

1 Maximum deduction under IRC Section 179 for California.....	<b>1</b>	<b>\$25,000</b>
2 Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	<b>\$200,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	<b>7</b>	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	<b>13</b>	

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

14 (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
<b>SECURITY SYSTEM</b>	<b>10/31/2016</b>	<b>3,263.</b>	<b>3,263.</b>	<b>S/L</b>	<b>5</b>		
<b>IMPROVEMENT - A</b>	<b>5/01/2015</b>	<b>32,257.</b>	<b>10,753.</b>	<b>S/L</b>	<b>20</b>	<b>1,613.</b>	
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).....						<b>15</b>	<b>1,613.</b>

**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) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	<b>16</b>	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
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).....	<b>18</b>	

**Part IV Amortization**

19 (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 instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						<b>20</b>
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>
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.....						<b>22</b>

## FALLBROOK LAND CONSERVANCY

33-0301237

**STATEMENT 1**  
**FORM 199, PART II, LINE 7**  
**OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	60,806.
OTHER INVESTMENT INCOME.....		-906,746.
PROGRAM SERVICE REVENUE.....		251,836.
	TOTAL \$	<u>-594,104.</u>

**STATEMENT 2**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
KARLA STANDRIDGE 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	EXECUTIVE DIR. 40.00	\$ 78,386.	\$ 0.	\$ 9,600.
CHRIS PIERSON 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	CFO 2.00	0.	0.	0.
LYDIA ROSSI 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.
MICHELE JORDEN 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.
ZACHARY PRINCIPE 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	VICE CHAIRMAN 2.00	0.	0.	0.
SHERRY LAMONT 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.
MICHELLE VERDUGO 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.
KENT BORSCH 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.
DAVID VORNBERGER 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.

## FALLBROOK LAND CONSERVANCY

33-0301237

STATEMENT 2 (CONTINUED)  
FORM 199, PART II, LINE 11

## COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN CRAWFORD 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	SECRETARY 2.00	\$ 0.	\$ 0.	\$ 0.
KRISTIN GREENE 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 15.00	0.	0.	0.
SUSAN JACKSON 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.
SUSAN LIEBES 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	CHAIRMAN 15.00	0.	0.	0.
JIM STOWERS 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 2.00	0.	0.	0.
KEN QUIGLEY 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 15.00	0.	0.	0.
WALLACE TUCKER 1815 S. STAGECOACH LANE FALLBROOK, CA 92028	MEMBER 15.00	0.	0.	0.
TOTAL		\$ 78,386.	\$ 0.	\$ 9,600.

CLIENT COPY

STATEMENT 3  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

INSURANCE .....	\$ 20,566.
MATERIALS AND SUPPLIES .....	34,667.
MGMT, OUTREACH, RESTORATION .....	121,246.
OTHER EMPLOYEE BENEFIT .....	21,649.
OTHER FEES .....	19,058.
SPECIAL EVENT EXPENSES .....	49,818.
TOTAL	\$ 267,004.



STATEMENT 4  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

ENDOWMENT FUNDS.....		8,505,555.
	TOTAL	<u>\$ 8,505,555.</u>

STATEMENT 5  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

DEFERRED REVENUE.....		82,500.
	TOTAL	<u>\$ 82,500.</u>

STATEMENT 6  
FORM 199, SCHEDULE M-1, LINE 5  
EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

INVESTMENT EXPENSES.....		\$ 73,709.
	TOTAL	<u>\$ 73,709.</u>

CLIENT COPY



(For Registry Use Only)

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

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

**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.**

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

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

<p><b>FALLBROOK LAND CONSERVANCY</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>1815 SOUTH STAGE COACH LANE</b> Address (Number and Street)</p> <p><b>FALLBROOK, CA 92028</b> City or Town, State, and ZIP Code</p> <p><b>760-728-0889</b> Telephone Number</p> <p style="text-align: right;">E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. <u>1610455</u></p> <p>Federal Employer ID No. <u>33-0301237</u></p>
--	---

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
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 1/01/22 ending 12/31/22) list:

**Total Revenue \$** (including noncash contributions) 1,472,907. **Noncash Contributions \$** 22,937. **Total Assets \$** 24,731,771.

**Program Expenses \$** 350,990. **Total Expenses \$** 480,394.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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.**

	<b>SUSAN LIEBES</b>	<b>CHAIRMAN</b>	
Signature of Authorized Agent	Printed Name	Title	Date

STATEMENT 1  
FORM RRF-1, PART B, LINE 8  
AUDITED FINANICAL STATEMENTS

INDEPENDENT CPA PREPARED AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GAAP FOR THE YEAR ENDING DECEMBER 31, 2022.

CLIENT COPY

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, 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).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FALLBROOK LAND CONSERVANCY</b>	Taxpayer identification number (TIN) <b>33-0301237</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1815 SOUTH STAGE COACH LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FALLBROOK, CA 92028</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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ KARLA STANDRIDGE 1815 S. STAGECOACH LANE FALLBROOK CA 92028

Telephone No. ▶ 760-728-0889 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 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2022 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**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>3 a</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>3 a</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>3 b</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>3 c</b>	\$	0.

**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.

## Return of Organization Exempt From Income Tax

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

2022

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

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning **2022**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> FALLBROOK LAND CONSERVANCY 1815 SOUTH STAGE COACH LANE FALLBROOK, CA 92028  <b>F</b> Name and address of principal officer: <b>SUSAN LIEBES</b> SAME AS C ABOVE	<b>D</b> Employer identification number 33-0301237  <b>E</b> Telephone number 760-728-0889  <b>G</b> Gross receipts \$ <b>1,522,725.</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.FALLBROOKLANDCONSERVANCY.ORG</b>		<b>L</b> Year of formation: <b>1988</b> <b>M</b> State of legal domicile: <b>CA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO ACQUIRE, PROTECT, AND MANAGE OPEN SPACE IN PERPETUITY FOR THE BENEFIT OF WILDLIFE AND THE COMMUNITY.</u>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>		14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>		14
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>		5
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>		275
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>		0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>		0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>8</b>	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) .....		3,080,523.	2,116,276.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		10,342.	251,836.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		1,436,132.	-906,746.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		26,892.	11,541.
			4,553,889.	1,472,907.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....			
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		207,346.	231,643.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		278,067.	198,933.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		485,413.	430,576.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....		4,068,476.	1,042,331.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....		Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) .....		23,678,258.	24,731,771.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....		15,592.	100,483.
			23,662,666.	24,631,288.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	SUSAN LIEBES <small>Type or print name and title</small>	CHAIRMAN			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL J KAYMARK, CPA	PAUL J KAYMARK, CPA			P01873961
	Firm's name	Firm's EIN		Phone no.	
	NIGRO & NIGRO PC 25220 HANCOCK AVE STE 400 MURRIETA, CA 92562	30-0636241		(951) 698-8783	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ACQUIRE, PROTECT, AND MANAGE OPEN SPACE IN PERPETUITY FOR THE BENEFIT OF WILDLIFE AND THE COMMUNITY.

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

Yes No

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

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

Yes No

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

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

4a (Code: ) (Expenses \$ 350,990. including grants of \$ ) (Revenue \$ )

GENERAL PROGRAM SERVICES ARE SPENT TO MAINTAIN 2,969 ACRES FEE TITLE PROPERTIES OF OPEN SPACE ON 25 PRESERVES, 159 ACRES ON 2 MANAGED PRESERVES, AND 7 CONSERVATION EASEMENTS THROUGHOUT SAN DIEGO COUNTY. THIS INCLUDES MAINTAINING HIKING TRAILS AND REMOVING INVASIVE PLANTS AND REPLACING THEM WITH NATIVE PLANTS. THE GENERAL PROGRAM ALSO INCLUDES THE HISTORIC PALOMARES HOUSE WHICH IS THE OFFICE OF THE FALLBROOK LAND CONSERVANCY. THE PALOMARES HOUSE IS ALSO USED FOR COMMUNITY MEETINGS AND EVENTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

SAVE OUR FOREST PLANTS AND MAINTAINS TREES THROUGHOUT THE AREA AND ALSO MAINTAINS A NATIVE PLANT NURSERY. WORK IS DONE PRIMARILY BY VOLUNTEERS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses 350,990.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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



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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . .		
	<b>1b</b> 14		
<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? . . . . . SEE SCH O	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. . . . . SEE SCHEDULE O		
<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. . . . . SEE SCHEDULE O	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . . SEE SCHEDULE O	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.   
SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 KARLA STANDRIDGE 1815 S. STAGECOACH LANE FALLBROOK CA 92028 760-728-0889

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARLA STANDRIDGE EXECUTIVE DIR.	40 0			X			68,786.	0.	9,600.	
(2) CHRIS PIERSON CFO	2 0	X		X			0.	0.	0.	
(3) LYDIA ROSSI MEMBER	2 0	X		X			0.	0.	0.	
(4) MICHELE JORDEN MEMBER	2 0	X					0.	0.	0.	
(5) ZACHARY PRINCIPE VICE CHAIRMAN	2 0	X		X			0.	0.	0.	
(6) SHERRY LAMONT MEMBER	2 0	X					0.	0.	0.	
(7) MICHELLE VERDUGO MEMBER	2 0	X					0.	0.	0.	
(8) KENT BORSCH MEMBER	2 0	X					0.	0.	0.	
(9) DAVID VORNBERGER MEMBER	2 0	X					0.	0.	0.	
(10) JOHN CRAWFORD SECRETARY	2 0	X		X			0.	0.	0.	
(11) KRISTIN GREENE MEMBER	15 0	X					0.	0.	0.	
(12) SUSAN JACKSON MEMBER	2 0	X					0.	0.	0.	
(13) SUSAN LIEBES CHAIRMAN	15 0	X		X			0.	0.	0.	
(14) JIM STOWERS MEMBER	2 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) KEN QUIGLEY MEMBER	15 0	X					0.	0.	0.
(16) WALLACE TUCKER MEMBER	15 0	X					0.	0.	0.
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1b Subtotal</b>							68,786.	0.	9,600.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							68,786.	0.	9,600.
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 <b>0</b>									

CLIENT COPY

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 22,937.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 80,868.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2,012,471.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> 22,937.				
	<b>h Total.</b> Add lines 1a-1f .....	2,116,276.				
	<b>Program Service Revenue</b>	<b>2a</b> OTHER REVENUE .....	Business Code	251,836.	251,836.	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		251,836.				
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		-906,746.		-906,746.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6a</b> Gross rents .....	(i) Real	(ii) Personal			
		<b>6a</b> 553.				
		<b>b</b> Less: rental expenses .....	<b>6b</b>			
	<b>c</b> Rental income or (loss) .....	<b>6c</b> 553.				
	<b>d</b> Net rental income or (loss) .....		553.		553.	
	<b>7a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
		<b>7a</b>				
		<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>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ 22,937. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b> 60,806.				
	<b>b</b> Less: direct expenses .....	<b>8b</b> 49,818.				
	<b>c</b> Net income or (loss) from fundraising events .....		10,988.		10,988.	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>				
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
	<b>b</b> Less: cost of goods sold. ....	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11a</b> .....	Business Code				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions .....		1,472,907.	251,836.	0.	-895,205.	

CLIENT COPY

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,386.	78,386.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	115,839.	63,332.	52,507.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	21,649.	21,649.		
10 Payroll taxes	15,769.	11,511.	4,258.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	19,058.	19,058.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,396.		3,396.	
23 Insurance	20,566.	17,481.	3,085.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MGMT, OUTREACH, RESTORATION</u>	121,246.	121,246.		
b <u>MATERIALS AND SUPPLIES</u>	34,667.	18,327.	16,340.	
c -----				
d -----				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	430,576.	350,990.	79,586.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

CLIENT COPY

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	1 Cash – non-interest-bearing		1		
	2 Savings and temporary cash investments	617,165.	2	964,563.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,832,602.			
	b Less: accumulated depreciation	10b 19,077.	12,031,743.	10c	13,813,525.
	11 Investments – publicly traded securities		11		
	12 Investments – other securities. See Part IV, line 11		12		
	13 Investments – program-related. See Part IV, line 11	1,641,069.	13	1,448,128.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	9,388,281.	15	8,505,555.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	23,678,258.	16	24,731,771.		
<b>Liabilities</b>	17 Accounts payable and accrued expenses	15,592.	17	17,983.	
	18 Grants payable		18		
	19 Deferred revenue		19	82,500.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 <b>Total liabilities.</b> Add lines 17 through 25	15,592.	26	100,483.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27 Net assets without donor restrictions	2,587,769.	27	2,365,832.	
	28 Net assets with donor restrictions	21,074,897.	28	22,265,456.	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	23,662,666.	32	24,631,288.	
33 Total liabilities and net assets/fund balances	23,678,258.	33	24,731,771.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,472,907.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	430,576.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,042,331.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,662,666.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-73,709.
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	24,631,288.

**Part XII Financial Statements and Reporting**

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

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



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,031,947.	2,816,410.	1,993,367.	2,199,648.	2,010,432.	10,051,804.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>4 Total.</b> Add lines 1 through 3.	1,031,947.	2,816,410.	1,993,367.	2,199,648.	2,010,432.	10,051,804.
<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).						0.
<b>6 Public support.</b> Subtract line 5 from line 4.						10,051,804.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4.	1,031,947.	2,816,410.	1,993,367.	2,199,648.	2,010,432.	10,051,804.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	180.	509,243.	750,868.	1,362,702.	-906,209.	1,716,784.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	46,521.	54,681.	33,487.	93,188.	335,296.	563,173.
<b>11 Total support.</b> Add lines 7 through 10.						12,331,761.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.
<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 2022 (line 6, column (f), divided by line 11, column (f)).	<b>14</b>	81.51 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14.	<b>15</b>	76.19 %

**16a 33-1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15.	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2022.** 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—2021.** 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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 – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). 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 (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 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 (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			

CLIENT COPY

**Part VI**

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

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
RENT	\$ 553.	\$ 728.	\$ 178.	\$ 675.	\$ 903.
GROSS SPECIAL EVENTS	83,743.	82,118.	33,309.	54,006.	45,618.
OTHER SALES		10,342.			
SALE OF EASEMENT	251,000.				
<b>TOTAL</b>	<b>\$ 335,296.</b>	<b>\$ 93,188.</b>	<b>\$ 33,487.</b>	<b>\$ 54,681.</b>	<b>\$ 46,521.</b>

CLIENT COPY



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

FALLBROOK LAND CONSERVANCY

Employer identification number

33-0301237

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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).

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 14,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 26,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization <b>FALLBROOK LAND CONSERVANCY</b>	Employer identification number <b>33-0301237</b>
---	---

**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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

CLIENT COPY

Name of organization **FALLBROOK LAND CONSERVANCY** Employer identification number **33-0301237**

**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 information once. See instructions.)..... \$                      *N/A*  
 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
	<i>N/A</i>		

(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

CLIENT COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Open to Public Inspection

Employer identification number

FALLBROOK LAND CONSERVANCY

33-0301237

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 number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**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.

1 a 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	9,306,747.	6,393,564.	4,961,011.	2,196,964.	2,263,959.
b Contributions	198,583.	1,876,513.	1,767,426.	2,540,074.	168,949.
c Net investment earnings, gains, and losses	-774,299.	1,152,678.	716,581.	440,984.	-164,270.
d Grants or scholarships					
e Other expenditures for facilities and programs	225,476.	116,008.	162,896.	217,011.	71,674.
f Administrative expenses					
g End of year balance	8,505,555.	9,306,747.	7,282,122.	4,961,011.	2,196,964.

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 \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a 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?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

**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
1 a Land		13,570,120.		13,570,120.
b Buildings		200,000.		200,000.
c Leasehold improvements		62,482.	19,077.	43,405.
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,813,525.

**Part VII Investments – Other Securities.** N/A  
 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		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)	1,448,128.	

**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) ENDOWMENT FUNDS	8,505,555.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	8,505,555.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,472,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,472,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,472,907.

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

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

1	Total expenses and losses per audited financial statements		1	430,576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	430,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	430,576.

**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 II, LINE 5 - SUMMARIZED POLICY**

THE HOLDER OF THE EASEMENT MUST MONITOR CONSERVATION EASEMENTS AT LEAST ANNUALLY.  
 ANNUAL VISITS ARE TO REGULARLY GATHER INFORMATION ABOUT THE CONSERVED PROPERTY.  
 VISITS SHALL BE CONDUCTED EITHER BY INDIVIDUAL SITE VISITS OR BY AERIAL FLYOVER.

**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS**

THERE ARE 24 PRESERVES AND 7 CONSERVATION EASEMENTS. THE ORGANIZATION HAS THE FOLLOWING PRESERVES AND EASEMENTS:

**Part XIII** Supplemental Information (continued)**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)**

PRESERVES:

HELLERS BEND I &amp; II

APPLETON

BONSALL

DINWIDDIE

DURLING

ENGEL

GIRD VALLEY

GRANGER

HITT

LOS JILGUEROS

MARGARITA PEAK

MONSERATE MOUNTAIN

PALOMARES HOUSE/LAND

STEWART CREST PROPERTY

ROCK MOUNTAIN

LORETTA

MONSERATE PORTAL

PALA MESA OFFSITE

PALA MESA 36

WETZEL PROPERTY

FAIRVIEW

SYCAMORE SPRINGS

CLEVELAND CORRIDOR

MEADOWOOD

CLIENT COPY

THESE PRESERVES ARE COMPONENTS OF THE PERMANENTLY RESTRICTED NET ASSETS, WITH THE

**Part XIII Supplemental Information** (continued)**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)**

EXCEPTION OF HELLERS BEND II, HITT, WETZEL AND MONSERATE PORTAL .

EASEMENTS:

CREEKSID

SYCAMORE

TIERRA MIGUEL

RED MOUNTAIN

WILLOW ROAD (2 EASEMENTS)

BROOK FOREST

CONSERVATION EASEMENTS RESTRICT THE USE OF PROPERTIES AND ARE DISCLOSED IN THE NOTES.

PRESERVES ARE REPORTED ON THE BALANCE SHEET AND ARE RECORDED AT THEIR ESTIMATED FAIR MARKET VALUE AT THE TIME OF THE CONTRIBUTION. DONATED CONSERVATION EASEMENTS ARE NOT RECORDED AS AN ASSET DUE TO THE FACT THAT THE TYPICAL CONSERVATION EASEMENT PROVIDES THE ORGANIZATION WITH NO AFFIRMATIVE RIGHT EXCEPT THE RIGHT TO MONITOR AND ENFORCE THE EASEMENT. IN INSTANCES WHEREBY CONSERVATION EASEMENTS ARE ACQUIRED BY A SPECIFIC GRANT OR RESTRICTED DONATIONS, THE COSTS INCURRED BY THE ORGANIZATION TO ACQUIRE THE CONSERVATION EASEMENT ARE EXPENSED IN THE PERIOD INCURRED.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

THE PRIMARY PURPOSE OF THE ENDOWMENT FUNDS ARE TO PROVIDE A PERMANENT MEANS TO SUPPORT THE ORGANIZATION'S EFFORTS TO CONSERVE, MAINTAIN, AND MONITOR THE VARIOUS PRESERVES AND CONSERVATION EASEMENTS.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

FALLBROOK LAND CONSERVANCY

Employer identification number

33-0301237

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

CLIENT COPY

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

**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	
		STAGECOACH SUN (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	83,743.		83,743.	
	2	Less: Contributions	22,937.		22,937.	
	3	Gross income (line 1 minus line 2)	60,806.		60,806.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	22,937.		22,937.	
	6	Rent/facility costs				
	7	Food and beverages	10,181.		10,181.	
	8	Entertainment	500.		500.	
	9	Other direct expenses	16,200.		16,200.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				49,818.
	11	Net income summary. Subtract line 10 from line 3, column (d)				10,988.

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

CLIENT COPY

- 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: \_\_\_\_\_
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No
- b If "Yes," explain: \_\_\_\_\_

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

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

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ -----

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

CLIENT COPY

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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

**2022**

**Open to Public  
Inspection**

FALLBROOK LAND CONSERVANCY

Employer identification number

33-0301237

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

THE ORGANIZATION AMENDED ITS BYLAWS ON 02/24/2021

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE FORM 990 TAX RETURN IS GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ENFORCEMENT OF CONFLICT OF INTEREST POLICY INCLUDES ALL COVERED PERSONS, INCLUDING ALL EMPLOYEES, BOARD MEMBERS, MAJOR DONORS, OR VOLUNTEERS, WHO BY VIRTUE OF THEIR INVOLVEMENT WITH FALLBROOK LAND CONSERVANCY MAY HAVE ACCESS TO INSIDE INFORMATION THAT COULD PLACE THEM IN A CONFLICTED SITUATION. ALL INDIVIDUALS ARE REQUIRED TO REPORT ANY CONFLICTS AND THE EXECUTIVE COMMITTEE REVIEWS ALL TRANSACTIONS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

COMPENSATION FOR TOP OFFICIAL IS DONE THROUGH COMPARISON OF WAGES OF OTHER EXECUTIVE DIRECTORS OF COMPARABLE ORGANIZATIONS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS AND DISCLOSURE EXPLANATIONS ARE AVAILABLE UPON REQUEST.

## FALLBROOK LAND CONSERVANCY

33-0301237

	2022	2021	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	2,116,276	3,080,523	-964,247
PROGRAM SERVICE REVENUE.....	251,836	10,342	241,494
INVESTMENT INCOME.....	-906,746	1,436,132	-2,342,878
OTHER REVENUE.....	11,541	26,892	-15,351
TOTAL REVENUE.....	1,472,907	4,553,889	-3,080,982
<b>EXPENSES</b>			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	231,643	207,346	24,297
OTHER EXPENSES.....	198,933	278,067	-79,134
TOTAL EXPENSES.....	430,576	485,413	-54,837
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	1,042,331	4,068,476	-3,026,145
TOTAL ASSETS AT END OF YEAR.....	24,731,771	23,678,258	1,053,513
TOTAL LIABILITIES AT END OF YEAR.....	100,483	15,592	84,891
NET ASSETS/FUND BALANCES AT END OF YEAR.	24,631,288	23,662,666	968,622

CLIENT COPY



FALLBROOK LAND CONSERVANCY

33-0301237

	2022	2021	DIFF
<b>RECEIPTS AND REVENUES</b>			
GROSS SALES OR RECEIPTS.....	-593,551	1,509,698	-2,103,249
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	2,116,276	3,080,523	-964,247
TOTAL GROSS RECEIPTS.....	1,522,725	4,590,221	-3,067,496
TOTAL COSTS.....	0	0	0
TOTAL GROSS INCOME.....	1,522,725	4,590,221	-3,067,496
<b>EXPENSES</b>			
TOTAL EXPENSES.....	480,394	521,745	-41,351
EXCESS RECEIPTS OVER EXPENSES.....	1,042,331	4,068,476	-3,026,145
<b>FILING FEE</b>			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

CLIENT COPY

**FALLBROOK LAND CONSERVANCY  
FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**For the Year Ended  
December 31, 2022**

**(With Comparative Amounts as of December 31, 2021)**

**NIGRO & NIGRO<sup>PC</sup>**

**FALLBROOK LAND CONSERVANCY**  
*For the Year Ended December 31, 2022*  
*Table of Contents*

---

	<b><u>Page</u></b>
Independent Auditors' Report .....	1
Basic Financial Statements:	
Statement of Financial Position .....	3
Statement of Activities .....	4
Statement of Functional Expenses.....	6
Statement of Cash Flows .....	7
Notes to Financial Statements .....	8



## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Fallbrook Land Conservancy  
Fallbrook, California

### Opinion

We have audited the accompanying financial statements of the Fallbrook Land Conservancy (Conservancy) (a nonprofit corporation), which comprise the statements of financial position as of December 31, 2022, and the related statements of activities, functional expenses, and cash flows for the fiscal year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Conservancy as of December 31, 2022, and the results of its operations and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Conservancy and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Conservancy's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

**Prior-Year Comparative Information**

The financial statements include partial prior-year comparative information. Such information does not include sufficient detail to constitute a presentation in accordance with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Fallbrook Land Conservancy's financial statements for the year ended December 31, 2021, from which such partial information was derived.



Murrieta, California  
May 31, 2022

**FALLBROOK LAND CONSERVANCY***Statement of Financial Position**December 31, 2022**(With Comparative Information as of December 31, 2021)*

<b>ASSETS</b>	<b>2022</b>	<b>2021</b>
<b>Current assets:</b>		
Cash and cash equivalents	\$ 482,313	\$ 223,775
Restricted – cash and cash equivalents (Note 4)	482,250	393,390
<b>Total current assets</b>	<b>964,563</b>	<b>617,165</b>
<b>Non-current assets:</b>		
Investments (Note 3)	1,099,141	1,281,126
Restricted – investments (Note 3 and 4)	348,987	441,476
Restricted – endowment investments (Note 3 and 4)	8,505,555	9,306,747
Preserves (Note 5)	13,770,120	11,989,742
Property and equipment, net (Note 6)	43,405	42,001
<b>Total non-current assets</b>	<b>23,767,208</b>	<b>23,061,092</b>
<b>Total assets</b>	<b>\$ 24,731,771</b>	<b>\$ 23,678,257</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities:</b>		
Accounts payable and other accrued expenses	\$ 17,983	\$ 15,592
Unearned revenue	82,500	-
<b>Total liabilities</b>	<b>100,483</b>	<b>15,592</b>
<b>Net assets:</b>		
<b>Without donor restrictions:</b>		
Investment in preserves (Note 5)	841,456	1,056,456
Investment in property and equipment, net (Note 6)	43,405	42,001
Board designated – quasi-endowments (Note 7)	643,869	752,564
Undesignated	837,102	736,747
<b>Total without donor restrictions</b>	<b>2,365,832</b>	<b>2,587,768</b>
<b>With donor restrictions</b>		
Investment in preserves (Note 5)	12,928,664	10,933,286
Endowments (Note 4 and 8)	7,324,819	7,148,220
Time and purpose restrictions (Note 4 and 8)	2,011,973	2,993,392
<b>Total with donor restrictions</b>	<b>22,265,456</b>	<b>21,074,898</b>
<b>Total net assets</b>	<b>24,631,288</b>	<b>23,662,666</b>
<b>Total liabilities and net assets</b>	<b>\$ 24,731,771</b>	<b>\$ 23,678,257</b>

**FALLBROOK LAND CONSERVANCY**  
*Statement of Activities*  
For the Year Ended December 31, 2022

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2022 Total</u>
<b>Operating activities:</b>			
<b>Support and other revenue:</b>			
Contributions	\$ 140,141	\$ 1,857,466	\$ 1,997,607
Grants	80,868	-	80,868
Mitigation fees	14,864	-	14,864
Other	252,389	-	252,389
<b>Total support and other revenue</b>	<u>488,262</u>	<u>1,857,466</u>	<u>2,345,728</u>
<b>Fund-raising events:</b>			
Events	83,743	-	83,743
Costs of direct benefits to donors	(49,818)	-	(49,818)
<b>Total fund-raising events, net</b>	<u>33,925</u>	<u>-</u>	<u>33,925</u>
<b>Net assets released from restrictions</b>	<u>(158,819)</u>	<u>158,819</u>	<u>-</u>
<b>Total revenue</b>	<u>363,368</u>	<u>2,016,285</u>	<u>2,379,653</u>
<b>Program expenses:</b>			
Conservation and mitigation	350,990	-	350,990
<b>Total program expenses</b>	350,990	-	350,990
<b>Supporting services:</b>			
Management and general	79,586	-	79,586
<b>Total expenses</b>	<u>430,576</u>	<u>-</u>	<u>430,576</u>
<b>Change in net assets from operating activities</b>	<u>(67,208)</u>	<u>2,016,285</u>	<u>1,949,077</u>
<b>Non-operating activities:</b>			
Investment earnings (Note 3)	(154,728)	(825,727)	(980,455)
<b>Total non-operating activities</b>	<u>(154,728)</u>	<u>(825,727)</u>	<u>(980,455)</u>
<b>Change in net assets</b>	<u>(221,936)</u>	<u>1,190,558</u>	<u>968,622</u>
<b>Net assets:</b>			
Beginning of year	2,587,768	21,074,898	23,662,666
End of year	<u>\$ 2,365,832</u>	<u>\$ 22,265,456</u>	<u>\$ 24,631,288</u>

**FALLBROOK LAND CONSERVANCY***Statement of Activities**(Comparative Information for the Year Ended December 31, 2021)*

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>2021 Total</b>
<b>Operating activities:</b>			
<b>Support and other revenue:</b>			
Contributions	\$ 156,648	\$ 2,737,767	\$ 2,894,415
Grants	67,841	-	67,841
Mitigation fees	10,260	88,385	98,645
Other	11,070	-	11,070
<b>Total support and other revenue</b>	<b>245,819</b>	<b>2,826,152</b>	<b>3,071,971</b>
<b>Fund-raising events:</b>			
Events	82,118	-	82,118
Costs of direct benefits to donors	(36,332)	-	(36,332)
<b>Total fund-raising events, net</b>	<b>45,786</b>	<b>-</b>	<b>45,786</b>
<b>Net assets released from restrictions</b>	<b>534,917</b>	<b>(534,917)</b>	<b>-</b>
<b>Total revenue</b>	<b>826,522</b>	<b>2,291,235</b>	<b>3,117,757</b>
<b>Program expenses:</b>			
Conservation and mitigation	412,965	-	412,965
<b>Total program expenses</b>	<b>412,965</b>	<b>-</b>	<b>412,965</b>
<b>Supporting services:</b>			
Management and general	72,448	-	72,448
<b>Total expenses</b>	<b>485,413</b>	<b>-</b>	<b>485,413</b>
<b>Change in net assets from operating activities</b>	<b>341,109</b>	<b>2,291,235</b>	<b>2,632,344</b>
<b>Non-operating activities:</b>			
Investment earnings	173,123	1,263,049	1,436,172
<b>Total non-operating activities</b>	<b>173,123</b>	<b>1,263,049</b>	<b>1,436,172</b>
<b>Change in net assets</b>	<b>514,232</b>	<b>3,554,284</b>	<b>4,068,516</b>
<b>Net assets:</b>			
Beginning of year	2,073,536	17,520,614	19,594,150
End of year	\$ 2,587,768	\$ 21,074,898	\$ 23,662,666



**FALLBROOK LAND CONSERVANCY***Statement of Functional Expenses**For the Year Ended December 31, 2022**(With Comparative Information for the Year Ended December 31, 2021)*

<b>Expenses</b>	<b>Program Services</b>	<b>Management and General</b>	<b>2022 Total</b>
<b>Salaries and benefits:</b>			
Salaries and wages	\$ 141,718	\$ 52,507	\$ 194,225
Payroll taxes	11,511	4,258	15,769
Employee reimbursements	21,649	-	21,649
<b>Total salaries and benefits</b>	<b>174,878</b>	<b>56,765</b>	<b>231,643</b>
<b>Other expenses:</b>			
Contracted services	19,058	-	19,058
Insurance	17,481	3,085	20,566
Management, outreach and restoration	121,246	-	121,246
Materials and supplies	18,327	16,340	34,667
Depreciation	-	3,396	3,396
<b>Total other expenses</b>	<b>176,112</b>	<b>22,821</b>	<b>198,933</b>
<b>Total expenses</b>	<b>\$ 350,990</b>	<b>\$ 79,586</b>	<b>\$ 430,576</b>
<b>Expenses</b>	<b>Program Services</b>	<b>Management and General</b>	<b>2021 Total</b>
<b>Salaries and benefits:</b>			
Salaries and wages	\$ 136,412	\$ 42,025	\$ 178,437
Payroll taxes	10,865	2,635	13,500
Employee reimbursements	15,409	-	15,409
<b>Total salaries and benefits</b>	<b>162,686</b>	<b>44,660</b>	<b>207,346</b>
<b>Other expenses:</b>			
Contracted services	19,926	8,250	28,176
Insurance	15,721	2,859	18,580
Management, outreach and restoration	183,754	-	183,754
Materials and supplies	30,878	12,630	43,508
Depreciation	-	4,049	4,049
<b>Total other expenses</b>	<b>250,279</b>	<b>27,788</b>	<b>278,067</b>
<b>Total expenses</b>	<b>\$ 412,965</b>	<b>\$ 72,448</b>	<b>\$ 485,413</b>

**FALLBROOK LAND CONSERVANCY***Statement of Cash Flows**For the Year Ended December 31, 2022**With Comparative Information for the Year Ended December 31, 2021*

	<u>2022</u>	<u>2021</u>
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 968,622	\$ 4,068,516
<b>Adjustments to reconcile change in net assets to net cash provided by operating activities:</b>		
Depreciation expense	3,396	4,049
Donated property	(1,635,378)	(861,254)
Change in investments fair-value	1,273,098	(67,277)
Increase (Decrease) in liabilities:		
Accounts payable and other accrued expenses	2,391	5,267
Unearned revenue	82,500	-
<b>Total adjustments</b>	<u>(273,993)</u>	<u>(919,215)</u>
<b>Net cash provided by operating activities</b>	<u>694,629</u>	<u>3,149,301</u>
<b>Cash flows from investing activities:</b>		
Purchases of preserves	(145,000)	(360,000)
Purchases of investments, net	<u>(202,231)</u>	<u>(2,807,926)</u>
<b>Net cash used in investing activities</b>	<u>(347,231)</u>	<u>(3,167,926)</u>
<b>Net increase(decrease) in cash and cash equivalents</b>	347,398	(18,625)
<b>Cash and cash equivalents:</b>		
Beginning of year	617,165	635,790
End of year	<u>\$ 964,563</u>	<u>\$ 617,165</u>
<b>Reconciliation to statement of financial position:</b>		
Cash and cash equivalents	\$ 482,313	\$ 223,775
Restricted – cash and cash equivalents	<u>482,250</u>	<u>393,390</u>
<b>Total cash and cash equivalents</b>	<u>\$ 964,563</u>	<u>\$ 617,165</u>

## **FALLBROOK LAND CONSERVANCY**

### *Notes to Financial Statements*

*December 31, 2022*

---

#### **NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### **A. Nature of Activities**

Fallbrook Land Conservancy (Conservancy) is a California nonprofit corporation which was formed April 4, 1988, in order to preserve and enhance the rural lifestyle and natural beauty of the Fallbrook community. The Conservancy currently protects more than 4,083 acres of open space. The Conservancy owns 25 preserves and manages 2 preserves. The Save Our Forest group, a subordinate association reporting with the activities of the Conservancy, has planted more than 4,000 trees and the Conservancy's Land Management and Native Plant Restoration teams have completed numerous habitat restoration projects. The revenue sources used to provide these services primarily come from private donor contributions and endowment investment earnings.

##### **B. Basis of Presentation and Accounting**

The financial statements of the Conservancy have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). ASC 958-205 was effective January 1, 2020 and addresses general-purpose external financial statements appropriate for not-for-profit organizations.

Under the provisions of the ASC 958-205, net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Conservancy and changes therein are classified as follows:

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

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met either by the actions of the not-for-profit organization to satisfy a particular purpose restriction, or by the passage of time. Some donor restrictions are perpetual (or permanent) in nature, whereby the donor has stipulated the funds be maintained in perpetuity, whereby the corpus of the donation must remain unspent.

##### **C. Revenue Recognition**

The Conservancy has also adopted FASB ASC 958-605. The "Contributions Received" subsections of that standard provides guidance for contributions of cash and other assets received, including promises to give. Contributions, including sponsorships, are recognized as revenue at the earlier of the period promised or earned and received. Contributions received with the presence of donor-imposed restrictions are reported in the Statement of Activities in the column 'with donor restrictions,' subject to time, purpose or other conditionality. Once restrictions have been satisfied, amounts are reclassified to 'without donor restrictions.' If donor-imposed restrictions are satisfied within the same accounting period as revenue is earned, the Conservancy's policy is to present the amounts as without donor restrictions. Grants are recognized during the period the contract is entered and related services have been performed. Program fees and events revenues are recognized upon completed services performed.

## FALLBROOK LAND CONSERVANCY

### Notes to Financial Statements

December 31, 2022

---

#### NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

##### D. Donated Materials and Supplies

Donated materials and supplies are recorded as contributions at their estimated fair market value, in accordance with FASB ASC 958-605-30, at the date the contribution is made. Such donations are reported as increases in unrestricted net assets unless the donor has restricted the donated asset to a specific purpose.

##### E. Contributed Services

The Conservancy follows the recognition criteria for contributed services as stated in FASB ASC 958-605-25. During the year ended December 31, 2022, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Conservancy, but these services do not meet the criteria for recognition as contributed services.

##### F. Estimates

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

##### G. Fair Value Measurements

In accordance with fair value measurements, as stated in FASB ASC 820, the Conservancy categorizes its assets and liabilities measured at fair value into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement.

Financial assets and liabilities recorded on the statement of financial position are categorized based on the inputs to the valuation techniques as follows:

*Level 1* – Inputs that reflect unadjusted quoted prices in active markets for identical investments, such as stocks, corporate and government bonds. The Conservancy has the ability to access the holding and quoted prices as of the measurement date.

*Level 2* – Inputs, other than quoted prices, that are observable for the asset or liability either directly or indirectly, including inputs from markets that are not considered to be active.

*Level 3* – Inputs that are unobservable. Unobservable inputs reflect the Conservancy's own assumptions about the factors market participants would use in pricing an investment, and is based on the best information available in the circumstances.

The investments in the San Diego Foundation are measured using values provided by the Foundation. The values are based on the fair market value of underlying cash, securities, and investments. Although the conservancy classifies its investments in the Foundation as Level 3, the investments held in the San Diego Foundation are comprised of Level 1, 2, and 3 investments as reported by the Foundation.

## **FALLBROOK LAND CONSERVANCY**

### *Notes to Financial Statements*

*December 31, 2022*

---

#### **NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

##### **H. Cash and Cash Equivalents**

The Conservancy considers cash on hand, certificates of deposit with original maturity dates of three months or less at the date of investment, as well as money market funds and other similar instruments readily convertible to cash to be cash and cash equivalents.

##### **I. Custodial Credit Risk**

The Conservancy maintains its cash at one financial institution. Cash balances are insured up to \$250,000 by the Federal Deposit Insurance Corporation (FDIC). At various times during the year, the amount on deposit with a single financial institution may exceed federal depository insurance limits and be exposed to custodial credit risk. At December 31, 2022, the Conservancy had \$165,952 exposed to this risk.

##### **J. Investments**

Investments are stated at fair value at the Statement of Financial Position date, and are those instruments considered less liquid than cash and cash equivalents. Net realized and unrealized gains/losses on investments is presented on the Statement of Activities, with respect to any donor restrictions, as investment return. Investment return is presented net of related internal and external fees. Average cost method is used to determine the basis for computing realized gains/losses.

##### **K. Promises to Give**

Contributions are recognized when the donor makes a promise to give to the Conservancy that is, in substance, unconditional. Donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

##### **L. Property and Equipment**

The Conservancy currently does not have a policy defining a dollar threshold for determining costs that are capitalized and recorded as additions to property and equipment. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose or time of use. Property and equipment are depreciated using the straight-line method of depreciation over the estimated useful life of the related assets of 5 to 20 years.

##### **M. Income Taxes**

The Conservancy is a non-profit public-benefit corporation and has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code. Accordingly, no provision has been made for income taxes. Management has evaluated its tax positions and the certainty as to whether those positions will be sustained in the event of an audit by taxing authorities at the federal and state levels.

The primary tax positions evaluated are related to the Conservancy's continued qualification as a tax-exempt organization and whether there are unrelated business income activities conducted that would be taxable. Management has determined that all income tax positions are more likely than not of being sustained upon potential audit or examination; therefore, no disclosures of uncertain income tax positions are required. The Conservancy files informational returns in the U.S. federal jurisdiction and the state of California.

## FALLBROOK LAND CONSERVANCY

### Notes to Financial Statements

December 31, 2022

---

#### NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

##### N. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function, as shown in the Statement of Functional Expenses. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. Such allocations are determined by management on an equitable basis.

The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Salaries and benefits	Time and effort
Insurance	Policy type and nature of coverage
Management, outreach and restoration	Time and effort
Materials and supplies	Time and effort
Depreciation	Facilities square footage

#### NOTE 2 – LIQUIDITY AND AVAILABLE RESOURCES

The Conservancy's financial assets available within one year of the Statement of Financial Position date for general expenditure are as follows:

	<u>2022</u>
<b>Financial assets:</b>	
Cash and cash equivalents	\$ 482,313
Investments	<u>1,099,141</u>
<b>Total financial assets for liquidity</b>	<u><u>\$ 1,581,454</u></u>

The Conservancy's policy for liquidity management requires that it structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The amounts above have been reduced by amounts not available for general use because of the donor-imposed restrictions within one year of the financial statement date.

#### NOTE 3 – INVESTMENTS

Investments consisted of the following amounts at December 31, 2022 on the statement of financial position as follows:

<u>Description</u>	<u>2022</u>
Investments	\$ 1,099,141
Restricted – investments	348,987
Restricted – endowment investments	<u>8,505,555</u>
<b>Total investments</b>	<u><u>\$ 9,953,683</u></u>

## FALLBROOK LAND CONSERVANCY

### Notes to Financial Statements

December 31, 2022

---

#### NOTE 3 – INVESTMENTS (continued)

Investment balances at December 31, 2022, are reported at fair value and consisted of the following:

Description	2022 Balance	(Level 3)
<b>Held with:</b>		
San Diego Foundation	\$ 9,604,724	\$ 9,604,724
Community Foundation	348,959	348,959
<b>Total investments</b>	<b>\$ 9,953,683</b>	<b>\$ 9,953,683</b>

Funds held with the San Diego Foundation and Community Foundation are managed under those organizations' investment portfolio liquidity and concentration restrictions.

Investment earnings and changes for the fiscal year ended December 31, 2022, consisted of the following:

Description	San Diego Foundation	Community Foundation	2022
Fair value beginning	\$ 10,597,045	\$ 432,304	\$ 11,029,349
Investment earnings from invested funds	(839,524)	(67,222)	(906,746)
Investment expenses	(65,938)	(7,771)	(73,709)
Contributions from donors (endowment)	202,231	-	202,231
Investment earnings transferred to Conservancy	(289,090)	(8,352)	(297,442)
Fair value ending	<b>\$ 9,604,724</b>	<b>\$ 348,959</b>	<b>\$ 9,953,683</b>

#### NOTE 4 – RESTRICTED CASH AND INVESTMENTS

Restricted cash and investments consisted of the following amounts at December 31, 2022 on the statement of financial position as follows:

Description	2022
Restricted – cash and cash equivalents	\$ 482,250
Restricted – investments	348,987
Investments – endowments	8,505,555
<b>Total restricted cash and investments</b>	<b>\$ 9,336,792</b>

Net assets – with donor restrictions consisted of the following amounts at December 31, 2022 on the statement of financial position as follows:

Description	2022
<b>Net assets – with donor restrictions:</b>	
Endowments	\$ 7,324,819
Time and purpose restrictions	2,011,973
<b>Total net assets – with donor restrictions</b>	<b>\$ 9,336,792</b>

## FALLBROOK LAND CONSERVANCY

### Notes to Financial Statements

December 31, 2022

---

#### NOTE 5 – PRESERVES

Preserves held in fee title are comprised of the following as of December 31, 2022:

<u>Description</u>	<u>Balance</u>
<b>Preserves – without donor restrictions:</b>	
Heller's Bend II	\$ 299,000
Hitt Property	166,460
Monserate Portal	230,996
Wetzel Property	145,000
<b>Total preserves – without donor restrictions</b>	<b>841,456</b>
<b>Preserves – with donor restrictions:</b>	
Appleton Property	1
Bonsall Preserve	214,000
Dinwiddie Preserve	284,738
Durling De Luz Preserve	331,542
Engel Preserve	105,000
Fairview Preserve	515,000
Gird Valley	446,015
Granger Preserve	270,000
Heller's Bend I	282,000
Loretta Street Preserve	1,953,600
Los Jilgueros Preserve	800,000
Margarita Peak Property	3,349,325
Monserate Mountain Preserve	1,471,802
Pala Mesa Highlands Offsite	246,254
Palomares House	200,000
Rock Mountain	93,983
Stewart Crest	270,026
Sycamore Springs Preserve	100,000
Pala Mesa 36	360,000
Clevelend Corridor Preserve	535,378
Meadowood Preserve	1,100,000
<b>Total preserves – with donor restrictions</b>	<b>12,928,664</b>
<b>Total preserves</b>	<b>\$ 13,770,120</b>

#### NOTE 6 – PROPERTY AND EQUIPMENT

Property and equipment as of December 31, 2022 consisted of the following:

<u>Description</u>	<u>Balance</u>
Property and equipment	\$ 62,482
Accumulated depreciation	(19,077)
<b>Property and equipment, net</b>	<b>\$ 43,405</b>

Depreciation expense for the year ending December 31, 2022 was \$3,396.



## FALLBROOK LAND CONSERVANCY

### Notes to Financial Statements

December 31, 2022

---

#### NOTE 7 – NET ASSETS – BOARD DESIGNATED – QUASI-ENDOWMENTS

Board designated – quasi-endowment net asset composition, by type of funds, as of December 31, 2022, consisted of the following:

<u>Funds Held</u>	<u>Balance</u>
<b>Community Foundation:</b>	
Din/Pal	\$ 175,662
<b>Total with Community Foundation</b>	<u>175,662</u>
<b>San Diego Foundation:</b>	
Dinwiddie	53,871
Engel Family Preserve	40,923
Heller's Bend	149,659
Los Jilgueros	106,072
LJ Sculpture	8,792
Preserve Fund	44,578
Rock Mountain	64,312
<b>Total with San Diego Foundation</b>	<u>468,207</u>
<b>Total board designated – quasi-endowment</b>	<u>\$ 643,869</u>

The amount of board designated – quasi-endowment funds are classified as designated, without donor restrictions because in the absence of explicit donor stipulations, the governing board determined that the endowment must be retained (preserved) permanently. The quasi-endowment funds are held either by the Community Foundation or the San Diego Foundation, and these organizations have full control of the management of the funds; however, they cannot exercise substantial variance power and thus cannot redirect use of funds to another organization. As such, rights and beneficial interest to the assets remain with the Conservancy and the fair values are reported on the statement of financial position.

Changes in the board designated – quasi-endowment balance were as follows:

<u>Change in Balance</u>	<u>Balance</u>
Beginning of year	\$ 752,564
Contributions	1,000
Investment earnings, net	(81,401)
Investment earnings transferred to Conservancy	(28,294)
End of year	<u>\$ 643,869</u>

## **FALLBROOK LAND CONSERVANCY**

### *Notes to Financial Statements*

*December 31, 2022*

---

#### **NOTE 8 – ENDOWMENTS AND TIME AND PURPOSE RESTRICTIONS NET ASSETS**

The Conservancy's endowments consist of numerous individual funds established for a variety of purposes. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

##### **A. Interpretation of the Relevant Laws**

The Board of Directors of the Conservancy has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of the interpretation, the Conservancy classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is classified in net assets with donor restrictions until those amounts are appropriated for expenditure by the Conservancy in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Conservancy considers the following factors in making a determination to appropriate donor-restricted endowment funds:

1. Duration and preservation of the endowment fund
2. The purpose of the institution and the endowment fund
3. General economic conditions
4. Possible effect of inflation or deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the institution
7. The investment policy of the Conservancy

The Conservancy's objectives and risk management parameters for investment of all endowment funds include the following:

- Preservation of purchasing power and the need to protect against inflation
- Investment time horizon and liquidity needs
- Overall investment strategy, considering the need for access, income, growth and security
- Appropriate instruments taking into account the objectives

All funds shall be invested in the name of the Conservancy and allocations of funds into specific investments shall be reviewed by the Finance Committee of the Board of Directors at least annually. A target total return percentage has not been established as part of this policy.

##### **B. Strategies for Achieving Objectives**

The Conservancy utilizes the administrative and investment expertise of the San Diego Foundation as well as the Community Foundation, both public benefit corporations exempt under Section 501 (c)(3) of the Internal Revenue Code, to prudently manage the restricted endowments as a fiduciary agent of the Conservancy. These fiscal agents' objectives are to obtain reasonable rates of return on the investment of the funds similar to those of other prudent investors for endowment funds and will manage the funds in good faith with care in accordance with UPMIFA.

## FALLBROOK LAND CONSERVANCY

### Notes to Financial Statements

December 31, 2022

---

#### NOTE 8 – ENDOWMENTS AND TIME AND PURPOSE RESTRICTIONS NET ASSETS (Continued)

##### C. Spending Policy

Distributions from the endowment funds may be made from earnings and so much of the net gains (realized and unrealized) in the fair value of the assets of the funds as prudent under UPMIFA. All distributions are subject to the review of the respective boards of directors of the fiscal agents holding the funds on behalf of the Conservancy. Distributions shall be made each year to the extent needed to cover the management and maintenance requirements of the respective resource management plans. There shall be no requirement that all earnings and net gains be distributed each year; earnings and net gains may be accumulated and added to principal, and shall not later be available for distribution.

Endowment and time and purpose restrictions net asset composition, by type of funds, as of December 31, 2022, consisted of the following:

<u>Funds Held</u>	<u>Original Endowments</u>	<u>Time and Purpose Restrictions</u>
<b>San Diego Foundation:</b>		
Brook Forest	\$ 73,538	\$ 19,521
Cleveland Corridor	535,378	106,948
CP Natural Resources	932,117	151,006
Fairview Biological Open Space	708,797	263,812
Granger	174,059	35,421
Loretta Street Preserve	647,160	312,201
Malabar/Appleton	45,000	10,556
Meadowood Open Space Preserve	1,197,189	223,262
Monserate Mountain	234,568	63,382
Pala Mesa - Off-site	289,319	52,971
Pala Mesa - On-site	246,254	190,267
San Marcos Highlands	1,174,892	71,016
San Marcos Skylark	701,621	(33,401)
Sycamore Springs	181,928	35,934
Tierra Miguel	6,400	1,365
Darling 6.5 Acre	176,599	25,462
<b>Total with San Diego Foundation</b>	<b>7,324,819</b>	<b>1,529,723</b>
<b>Edward Jones:</b>		
Cleveland Corridor	-	31,136
Fairview Biological Open Space	-	86,890
Granger	-	30,582
Meadowood Open Space Preserve	-	118,652
Monserate Mountain	-	16,582
Pendleton	-	87,040
Pala Mesa - Off-site	-	24,828
San Marcos Skylark	-	74,348
Sycamore Springs	-	12,192
<b>Total with Edward Jones</b>	<b>-</b>	<b>482,250</b>
<b>Total</b>	<b>\$ 7,324,819</b>	<b>\$ 2,011,973</b>

## FALLBROOK LAND CONSERVANCY

### Notes to Financial Statements

December 31, 2022

---

#### NOTE 8 – ENDOWMENTS AND TIME AND PURPOSE RESTRICTIONS NET ASSETS (continued)

Changes in endowment and time and purpose restrictions net assets for the year ended December 31, 2022, consisted of the following:

<u>Change in Balance</u>	<u>Original Endowments</u>	<u>Time and Purpose Restrictions</u>
<b>Beginning of year</b>	<u>\$ 7,148,220</u>	<u>\$ 2,993,392</u>
Contributions	176,599	21,983
Investment earnings, net	-	(825,727)
Satisfaction of time and purpose restrictions	-	(177,675)
<b>Total adjustments</b>	<u>176,599</u>	<u>(981,419)</u>
<b>End of year</b>	<u>\$ 7,324,819</u>	<u>\$ 2,011,973</u>

The portion of perpetual endowment funds that is required to be retained permanently either by explicit donor stipulation or by UPMIFA is \$7,324,819.

#### NOTE 9 – PAYROLL PROTECTION PROGRAM LOAN FORGIVENESS

In 2021, the Conservancy received a Paycheck Protection Program (PPP) loan from the Small Business Administration (SBA) for \$29,040 due to the COVID-19 global pandemic. The loan is fully forgivable if expended on allowable purposes. The Conservancy met the allowable expenditures and was granted forgiveness of the loan by the SBA and has recognized the loan forgiveness as grant revenue on the statement of activities.

#### NOTE 10 – COMMITMENTS AND CONTINGENCIES

##### Excluded Leases – Short-Term Leases and De Minimis Leases

The Conservancy does not recognize a lease receivable and a deferred revenue for short-term leases. Short-term leases are certain leases that have a maximum possible term under the lease contract of 12-months (or less), including any options to extend, regardless of their probability of being exercised.

Also, *de minimis* lessor or lessee leases are certain leases (i.e., room rental, copiers, printers, postage machines) that regardless of their lease contract period are *de minimis* with regards to their aggregate total dollar amount to the financial statements as a whole.

#### NOTE 11 – SUBSEQUENT EVENTS

Events subsequent to December 31, 2022, have been evaluated through May 31, 2023, the date at which the Organization's audited financial statements were available to be issued.

**Fallbrook Land Conservancy**  
**Balance Sheet**  
As of December 31, 2023

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
<b>Operating Funds</b>	
Edward Jones - 11788 - CD	100,000.00
Edward Jones - 11788-1-2	121,633.05
Pacific Western Bank - #0731	157,944.31
Save Our Forest - PWB - 5954	53,097.86
<b>Total Operating Funds</b>	<b>\$ 432,675.22</b>
<b>Restricted Funds</b>	
EJ - Cleveland 884-1-7	54,479.37
EJ - Darling - 220-1-6	33,664.15
EJ - Fairview 882-1-9	47,602.90
EJ - Granger - CD	30,000.00
EJ - Granger 9879-1-4	5,823.11
EJ - Meadowood - CD	60,000.00
EJ - Meadowood 881-1-0	81,990.16
EJ - Mons Mtn 880-1-1	6,261.50
EJ - Pendleton 878-1-5	114,514.17
EJ - PM Offsite 877-1-6	35,319.09
EJ - Skylark 886-1-5	75,602.96
EJ - SM Highlands - 219-2-7	45,617.08
EJ - SM Highlands -CD	75,000.00
EJ - Sycamore Spr 887-1-4	8,857.76
<b>Total Restricted Funds</b>	<b>\$ 674,732.25</b>
<b>Total Bank Accounts</b>	<b>\$ 1,107,407.47</b>
<b>Other Current Assets</b>	
<b>Endowment Funds</b>	
Legacy Endowment - Din/Pal	175,661.69
Legacy Endowment - SOF	152,726.38
SD Found Engel Family	40,922.50
SD Found Los Jilgueros	106,071.64
SD Foundation AC - Brook Forest	93,058.63
SD Foundation ClevelandCorridor	642,326.98
SD Foundation CP Natural Resour	1,083,123.31
SD Foundation Darling 6.5 Acre	202,061.01
SD Foundation Dinwiddie	53,870.69
SD Foundation Durling Preserve	0.00
SD Foundation Fairview Biologic	837,711.12
SD Foundation Gird Valley Prese	0.00
SD Foundation Granger	209,479.69

SD Foundation Heller's Bend		149,659.51
SD Foundation LJ Sculpture		8,792.33
SD Foundation Loretta St Preser		745,271.57
SD Foundation Malabar/Appleton		55,556.25
SD Foundation Meadowood Open SM		1,420,450.71
SD Foundation Monserate Mtn		297,950.25
SD Foundation Pala Mesa Offsite		342,290.01
SD Foundation Pala Mesa Onsite		436,520.73
SD Foundation Preserve Fund		44,578.55
SD Foundation Rock Mtn		64,312.03
SD Foundation San Marcos Highla		1,245,908.26
SD Foundation San Marcos Skylar		668,219.64
SD Foundation Sycamore Springs		217,862.42
SD Foundation Tierra Miguel		7,764.52
<b>Total Endowment Funds</b>	<b>\$</b>	<b>9,302,150.42</b>
Inventory Asset		0.00
<b>Non-Endowment Fund</b>		
Legacy Endowment - RMCE-Defense		20,570.44
SD Fdn Fairview		134,898.24
SD Fdn Long Term Acq Fund		184,644.10
SD Fdn Loretta St Long Tm Maint		212,232.00
SD Fdn Loretta St Shrt Tm Maint		1,856.49
SD Fdn Medium Term Acq Fund		22,337.83
SD Fdn Non-Endowmt Defense Fund		74,993.38
<b>Total Non-Endowment Fund</b>	<b>\$</b>	<b>651,532.48</b>
Other Asset		-1,026.97
Other Current Assets		-1,003.71
Undeposited Funds		0.00
<b>Total Other Current Assets</b>	<b>\$</b>	<b>9,951,652.22</b>
<b>Total Current Assets</b>	<b>\$</b>	<b>11,059,059.69</b>
<b>Fixed Assets</b>		
Deluz Vacant Land		0.00
<b>Total Fixed Assets</b>	<b>\$</b>	<b>0.00</b>
<b>Other Assets</b>		
Accumulated Depr - Equipment		-109.60
Accumulated Depreciation - impr		-18,967.00
<b>Properties &amp; Buildings</b>		
Arbor/Patio improvements		57,681.95
<b>Non-Restricted</b>		
East Mission		0.00
Hellers Bend II Preserve		299,000.00
Hitt Property		166,460.00
North Stage Coach		0.00
Rock Mountain APN 49		0.00
Rock Mountain APN 61		0.00
Wenzel Property		230,996.18
Wetzel Property		145,000.00

Total Non-Restricted	<b>\$ 841,456.18</b>
<b>Restricted</b>	
Appleton Preserve	1.00
Bonsall Preserve	214,000.00
Cleveland Corridor Preserve	535,378.00
Dinwiddie Preserve	284,738.18
Durling De Luz Preserve	331,542.15
Engel Preserve	105,000.00
Fairview	515,000.00
Gird Valley Preserve	446,015.00
Granger Preserve	270,000.00
Hellers Bend I Preserve	282,000.18
Loretta Street Preserve	1,953,600.00
Los Jilgueros Preserve	800,000.00
Margarita Peak Preserve	3,349,325.00
Meadowood Preserve	1,100,000.00
Monserate Mountain Preserve	1,471,802.00
Pala Mesa 36	360,000.00
Pala Mesa Highlands Offsite	246,254.00
Pala Mesa Offsite	0.00
Palomares House & Land	200,000.00
Rock Mountain - APN 62	93,983.10
Stewart Crest Property	270,026.20
Sycamore Springs	100,000.00
<b>Total Restricted</b>	<b>\$ 12,928,664.81</b>
Security System	5,268.00
<b>Total Properties &amp; Buildings</b>	<b>\$ 13,833,070.94</b>
<b>Total Other Assets</b>	<b>\$ 13,813,994.34</b>
<b>TOTAL ASSETS</b>	<b>\$ 24,873,054.03</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	0.00
<b>Total Accounts Payable</b>	<b>\$ 0.00</b>
<b>Other Current Liabilities</b>	
Accrued Expenses - Other	125.00
Deferred Revenue	82,500.00
Garnishment	0.00
Other Current Liability	0.00
Payroll Protection Program	0.00
<b>Total Other Current Liability</b>	<b>\$ 0.00</b>
Payable Sales Tax	389.54
Payroll Liabilities	-132.25
Payroll Liability	151.31
CA SDI & PIT	-416.08
CA SUI & ETT	-174.72

Federal Withholding Tax		-16,771.96
<b>Total Payroll Liability</b>	<b>-\$</b>	<b>17,211.45</b>
SD Foundation Payable		0.00
Security Deposit - FLC		325.00
Vacation Payable		14,012.18
<b>Total Other Current Liabilities</b>	<b>\$</b>	<b>80,008.02</b>
<b>Total Current Liabilities</b>	<b>\$</b>	<b>80,008.02</b>
<b>Long-Term Liabilities</b>		
Accrued Liability - Legal Fees		-3,858.27
Accrued Liability - Loretta St		14,316.00
Note - CCES		0.00
<b>Total Long-Term Liabilities</b>	<b>\$</b>	<b>10,457.73</b>
<b>Total Liabilities</b>	<b>\$</b>	<b>90,465.75</b>
<b>Equity</b>		
Audit Adjustments		0.00
Opening Bal Equity		0.00
Retained earnings		24,631,289.77
Suspense		0.00
Net Income		151,298.51
<b>Total Equity</b>	<b>\$</b>	<b>24,782,588.28</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$</b>	<b>24,873,054.03</b>

Wednesday, Feb 21, 2024 03:04:48 PM GMT-8 - Cash Basis



# Fallbrook Land Conservancy

## Profit and Loss

January - December 2023

	TOTAL
Income	
DONATIONS.	
Corporate Donations	15,922.15
Private Donations	66,751.02
<b>Total DONATIONS.</b>	<b>82,673.17</b>
ENDOWMENT INCOME	
Arthur Appleton Cons Area Fund	2,485.91
Brook Forest CE	4,139.00
Dinwiddie Preserve Fund	2,407.58
Engel Family Preserve Fund	1,791.11
FLC Preserve and Defense Fund	1,930.05
Hellers Bend Preserve Fund	6,703.38
Ingold Fund Donation	3,143.01
Legacy Foundation	11,559.27
Los Jilgueros Preserve Fund	4,737.00
Los Jilgueros Sculpture Maint Fund	393.88
Rock Mountain Preserve Fund	2,880.54
Tierra Miguel Agricultural Easement Fund	347.72
<b>Total ENDOWMENT INCOME</b>	<b>42,518.45</b>
FUNDRAISING.	
Dinner Event	24,309.56
SCS Sales - Non-Taxable	7,120.51
SCS Sales - Taxable	4,115.48
Stagecoach Sunday	33,170.85
<b>Total FUNDRAISING.</b>	<b>68,716.40</b>
GRANT INCOME.	
Fish & Wildlife	15,000.00
<b>Total GRANT INCOME.</b>	<b>15,000.00</b>
INCOME - SOF	
Corporate Donations - SOF	100.00
Interest Income - SOF	79.30
Private Donations - SOF	10,725.00
<b>Total INCOME - SOF</b>	<b>10,904.30</b>
OTHER INCOME.	3,224.50
Interest Income	7,232.78
Other Income - PAR	6,675.00
Overhead Income SOF	400.00
Rental Income	850.00
<b>Total OTHER INCOME.</b>	<b>18,382.28</b>
REIMBURSEMENTS	
MM County	1,725.00
Reimbursement from Restricted Funds	237,130.78
SDSU Gavilan Mtn HCR Off Site	6,903.78
Willow Road CE	2,764.16

	TOTAL
<b>Total REIMBURSEMENTS</b>	<b>248,523.72</b>
RESTRICTED FUNDS INCOME..	
Prop Inc - Cleveland Corr RF	22,973.51
Prop Inc - CP Natural Res RF	-172.70
Prop Inc - Darling 6.5 acre Cons Area	33,664.15
Prop Inc - Fairview RF	-27,200.50
Prop Inc - Granger RF	5,249.20
Prop Inc - HOPM RF	-10,284.35
Prop Inc - Loretta St RF	27,690.43
Prop Inc - Meadowood RF	23,399.12
Prop Inc - San Marcos Highl RF	120,617.08
Prop Inc - Skylark San Marc RF	1,254.62
Prop Inc - Sycamore Springs RF	-3,389.33
Prop Inc -PM High Off Site RF	10,491.31
<b>Total RESTRICTED FUNDS INCOME..</b>	<b>204,292.54</b>
SALES INCOME.	
Other Sales - Taxable	876.06
<b>Total SALES INCOME.</b>	<b>876.06</b>
<b>Total Income</b>	<b>\$691,886.92</b>
GROSS PROFIT	<b>\$691,886.92</b>
Expenses	
FUNDRAISING EXPENSE.	
Dinner Event	10,204.51
Fundraising Expense	1,062.89
Sales Tax Expense	9.83
Stagecoach Sunday	19,294.83
<b>Total FUNDRAISING EXPENSE.</b>	<b>30,572.06</b>
GENERAL OPERATING EXPENSES.	
Administrative Wages	32,468.01
Bank/PayPal Fees	1,480.02
Janitorial.	1,500.00
Office Expense - Supplies	9,693.84
Office Expense - Utilities	8,292.66
PH Repairs and Maintenance	2,765.39
<b>Total GENERAL OPERATING EXPENSES.</b>	<b>56,199.92</b>
OTHER EXPENSE.	
Overhead Expense.	2,630.00
<b>Total OTHER EXPENSE.</b>	<b>2,630.00</b>
Program Services - SOF	444.69
Educational & Outreach - SOF	1,989.69
Overhead Expense - SOF	400.00
Property Management - SOF	5,374.16
Repairs and Maintenance - SOF	116.33
<b>Total Program Services - SOF</b>	<b>8,324.87</b>
PROGRAM SERVICES.	
Asst Preserve Mgr - Wages	47,290.40
Bookkeeper - Wages	16,987.34
Cell Phone Stipend	2,800.00
CPA - Audit, Tax Prep	10,000.00

	TOTAL
Education & Outreach	9,505.17
Executive Director - Salary	75,500.11
Insurance - General Liability	10,401.00
Insurance - Health	5,896.37
Insurance - Terrafirma	1,485.00
Insurance - Workers Comp	14,188.00
New Maintenance Shed	75,000.00
Payroll Tax Expense	4,600.42
Preserve Mgr - Wages	66,135.17
Property Management	51,725.20
Seminars / Workshops	1,195.10
Subscriptions, Dues, Fees	21,791.31
Taxes - Property & Water Avail	7,788.25
Utilities - Preserve Water	3,070.90
Vehicle Allowance - ED	10,560.00
Vehicle Mileage - Labor	5,006.77
Vehicle Mileage - PM	2,854.37
<b>Total PROGRAM SERVICES.</b>	<b>443,780.88</b>
Unapplied Cash Bill Payment Expense	50.00
<b>Total Expenses</b>	<b>\$541,557.73</b>
<b>NET OPERATING INCOME</b>	<b>\$150,329.19</b>
<b>NET INCOME</b>	<b>\$150,329.19</b>

## Karla

---

**From:** Karla <karla@fallbrooklandconservancy.org>  
**Sent:** Monday, July 11, 2022 2:12 PM  
**To:** Karla Standridge  
**Subject:** RE: Volunteer with the FLC This March!

---





Spring is coming and it's a great time to volunteer with the FLC! This month we have our regular volunteer opportunities PLUS we are assisting the Fallbrook Union Elementary School District with their Outdoor Education program at Los Jilgueros Preserve on several weekday mornings. Please email us for dates and to sign up for this fun experience! To join any of the events listed below, simply show up with water, gloves, and sun protection and we'll show you what to do. All ages and abilities are welcome!

**Tuesdays, March 1, 8, 15, 22 @ 10 am** - Sculpture Garden Volunteers meet at Palomares House & Park

**Wednesdays, March 2, 9, 16, 23 @ 8:30 am** - Native Plant Restoration Team meets at Los Jilgueros Preserve

**Saturday, March 5 @ 9 am** - Monserate Mountain Preserve volunteers meet at the trailhead

**Sunday, March 13 @ 8 am** - Save Our Forest Old Highway 395 cleanup across 395 from Pala Mesa Resort

**Wednesday, March 16 @ 8:30 am** - Save Our Forest meets at Village Square

\*\* March Trails Committee Work Party is cancelled but will resume in April

**Sunday, March 27 @ 8:30 am - Save Our Forest meets at Village Square**

None of these convenient for you? Want to volunteer independently or with your own group? Just let us know and we can find a volunteer opportunity that works for you! [Email us](#) or call the office with any questions at 760-728-0889.

Thank you to the Fallbrook Regional Healthcare District for supporting our Trail Improvements!



---

Fallbrook Land Conservancy | 1815 S Stagecoach Lane, Fallbrook, CA 92028

[Unsubscribe franklin-charles@outlook.com](mailto:franklin-charles@outlook.com)

[Update Profile](#) | [Constant Contact Data Notice](#)

Sent by flc@fallbrooklandconservancy.org powered by



**FRHD CHC GRANT BUDGET FORM**

Agency Name:	<b>Fallbrook Land Conservancy</b>	PROGRAM NAME:	<b>Community Trails for Health and Wellness</b>
--------------	-----------------------------------	---------------	---

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	A1	Administrative Support	20,000.00	20,000.00	-	-
	A2	General Insurance (not program specific)	12,000.00	12,000.00	-	-
	A3	Accounting & audit expenses	12,000.00	12,000.00	-	-
	A4	Consultant/Contractor Fees	-	-	-	-
	A5	Physical Assets (Rent, Facility Costs)	-	-	-	-
	A6	Utilities	8,000.00	8,000.00	-	-
	A7	IT & Internet	-	-	-	-
	A8	Marketing & Communications	5,000.00	5,000.00	-	-
	A9	Office Supplies	1,000.00	1,000.00	-	-
	A10	Training & Education	-	-	-	-
	A11	Other: specify	-	-	-	-
		<b>TOTAL INDIRECT EXPENSE</b>	<b>58,000.00</b>	<b>58,000.00</b>	-	-
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	B1	Salary Preserve Manager	35,000.00	25,000.00	-	10,000.00
	B2	Salary Land Manager	47,000.00	30,000.00	-	17,000.00
	B3	Salary Executive Director	35,000.00	32,000.00	-	3,000.00
	B4	Salary Communications Coordinator	15,000.00	12,000.00	-	3,000.00
	B5	Payroll Expenses (WC, taxes)	12,400.00	10,000.00	-	2,400.00
	B6	Benefits				
	B7	Other: specify				
		<b>TOTAL PERSONNEL EXPENSE</b>	<b>144,400.00</b>	<b>109,000.00</b>	-	<b>35,400.00</b>
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	C1	Equipment	-	-	-	-
	C2	Program/Project Supplies	25,000.00	22,000.00	-	3,000.00
	C3	Printing/Duplicating	15,000.00	14,000.00	-	1,000.00
	C4	Travel/Mileage	1,500.00	1,500.00	-	-
	C5	Program Specific Insurance	12,000.00	10,000.00	-	2,000.00
	C6					
	C7					
	C8					
	C9					
	C10					
	C11					
	C12					
	C13					
	C14					
	C15					
		<b>TOTAL OTHER EXPENSES</b>	<b>53,500.00</b>	<b>47,500.00</b>	-	<b>6,000.00</b>

	W	X	Y	Z
<b>D TOTAL ALL EXPENSES</b>	PROGRAM COST	% REQUESTED FROM FRHD		
	<b>\$ 255,900.00</b>	<b>16%</b>		

**2) FUNDING SOURCES**

<b>E FUNDS FOR PROGRAM</b>			
E1	APPLYING ORGANIZATION	<b>X</b>	214,500.00
E2	OTHER FUNDERS	<b>Y</b>	-
E3	REQUESTED FROM FRHD	<b>Z</b>	41,400.00
	<b>TOTAL FUNDING SOURCES</b>		<b>\$ 255,900.00</b>

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

**3) % OF AGENCY BUDGET**

<b>F</b>			
<b>CALCULATE % of Total Agency budget that this Program represents.</b>	<b>\$ 521,000.00</b>	<b>\$ 255,900.00</b>	<b>49%</b>
	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

\*\* Agency budget is your agency's entire budget for the year. Fill in the amount.