## Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	ror t	ne 2023 calen	dar year, or tax year begin	ining	, 2023,	and endin	g		, 20					
В	Check	if applicable:	C				D i	mployer ider	tification number					
	ПА	ddress change	FRIENDS OF THE F	ISCALINI RANCH	PRESERVE			91-216:	1009					
	Пи	ame change	P.O.BOX 1664			<b>!</b>	E Telephone number							
	Пи	itial return	CAMBRIA, CA 9342			805 92	7-2856							
	-	nal return/terminated						000 72	, 2000					
	H	mended return					ا م	iross receipts	\$ 485,343.					
		oplication pending	F Name and address of principa	l officer:			H(a) Is this a grou							
	^	opiication pendatg	, ,	r onicer.			-		<u> </u>					
_	Tay	exempt status:	SAME AS C ABOVE   X 501(c)(3)   501(c) (	\ (input va\ T	4047(0)(1) or	E07	H(b) Are all subor If "No," attac	n a list. See ii	nstructions.					
<del>!</del>				) (insert no.)	4947(a)(1) or	527	_							
<u>J</u>			SCALINIRANCHPRESI	THE PERSON NAMED IN COLUMN 1			H(c) Group exemp	T						
K		of organization:	X Corporation Trust	Association Other	LY	ear of formati	on: 2006	M State of	legal domicile: CA					
Pa	rt I	Summar	<u>y</u>											
	1	Briefly descri	be the organization's miss	on or most significant a	ctivities: THE	MISSI	ON IS TO	PROTEC:	<u>r and sustain</u>					
e.		THE DIAF	RSITY OF LIFE AND	THE BEAUTY OF	THE FISC	CALINI_	RANCH PRI	ESERVE	FOR EVERYONE.					
ano														
ern		5												
Activities & Governance	2	Check this bo	x I if the organizatio	n discontinued its opera	ations or dispo	sed of mo	re than 25% o	of its net a						
8 (	3 4	Number of in	iting members of the gover dependent voting members	TITING DOOY (Part VI, line	(Ia) (PortVIlling	110		3	14					
es	5	Total number	of individuals employed in	s of the governing body	ort V line 20)	10)	,	5	14					
viti	6	Total number	of volunteers (estimate if	rcalciluai yeai 2023 (Fi necessarv)	ait v, iiile zaj			6	160					
\cti	72		ed business revenue from I						0.					
1			business taxable income						0.					
_			TTOMICO CONCEDIO MICOLATO	101111 01111 330 1,1 4111	1, 1110 11 1111		Prior '	<del></del>	Current Year					
	8	Contributions	and grants (Part VIII, line	16)	•			9,668.	L					
ne	9		ice revenue (Part VIII, line						211,827. 42,765.					
Revenue	10		come (Part VIII, column (A				1	2,425.						
Re	11		e (Part VIII, column (A), lir					.6,073.	199,758.					
_	12		- add lines 8 through 11					7,543.	14,397.					
			milar amounts paid (Part I					5,709.	468,747.					
	14		to or for members (Part I)						4.05 4.05					
S	15		er compensation, employee					1,544.	125,407.					
Expenses			fundraising fees (Part IX, o			• • • • • • • • •								
ĝ	b	Total fundrais	ing expenses (Part IX, col	umn (D), line 25)	2	4,401.								
m)	17	Other expens	es (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			1,117,296.		-388,604.					
			es. Add lines 13-17 (must e					8,840.	-263,197.					
			expenses. Subtract line 1					3,131.	731,944.					
x 8							Beginning of (		· · · · · · · · · · · · · · · · · · ·					
Net Assets or Fund Balances	20	Total assets (	Part X, line 16)					6,634.	5,497,585.					
88	21		s (Part X, line 26)					3,716.	2,723.					
Ę¢.	22		fund balances. Subtract li											
	rt II	Signatur		ne 21 Hourt line 20			4,76	2,918.	5,494,862.					
Comp	r penal dete. Di	ties of perjury, I de ectaration of prepa	clare that I have examined this retu rer (other than officer) is based on a	rn, including accompanying sch all information of which prepare	iedules and statem r has any knowledo	ents, and to t ge.	he best of my know	vledge and be	elief, it is true, correct, and					
					-		- 1							
C:		Signature of	officer				Date							
Sig He	jn	•												
пе	r <del>C</del>	MARY M	AHER name and title			<u>'l'</u>	REASURER							
		1 - 1		I		I								
			reparer's name	Preparer's signature		Date	Chec	≺ ∐if	PTIN					
Pai			F. SINGER				self-e	mployed	P01205931					
	pare			·										
Us	e On	y Firm's addre	ss 2289 MAIN ST,	SUITE D			Firm'	SEIN 81	L-0963477					
			CAMBRIA, CA				Phon		5) 927-2507					
May	the I	RS discuss thi	s return with the preparer		ructions				X Yes No					

		FISCALINI RANCH PRESERVE	91-2161009 Page 2
Par		Service Accomplishments	
		a response or note to any line in this Part III	
. 1	Briefly describe the organization's mi		
	IS TO PROTECT AND SUSTA	AIN THE DIVERSITY OF LIFE AND BEAUTY O	OF THE FISCALINI RANCH
	PRESERVE FOR EVERYONE.		
2	-	nificant program services during the year which were not listed or	•
	If "Yes," describe these new services or	n Sahadida O	Yes 🗓 No
9	•		wan aandaaa? Vaa V Na
	If "Yes," describe these changes on Sch	ng, or make significant changes in how it conducts, any prog	gram services? Yes X No
4			an partiage of managed by synamos
7	Section 501(c)(3) and 501(c)(4) orga	service accomplishments for each of its three largest progra nizations are required to report the amount of grants and al m service reported.	llocations to others, the total expenses,
	and revenue, if any, for each program	m service reported.	, ,
4a	(Code:) (Expenses \$	140,693. including grants of \$	) (Revenue \$)
	IS MONITORING THE PROPE	ERTY FOR ENVIRONMENT, PUBLIC SERVICE A	AND EASEMENT COMPLIANCE
	PURPOSES. THE ORGANIZAT	TION MAINTAINS AND IMPROVES HISTORIC T	RAILS, PROVIDES FREE
		JCATE THE PUBLIC ABOUT THE WILDLIFE, F	
4.		IVE WEED REMOVAL AND NATIVE PLANT REST	CORATION, AND SUPPORTS
	GRANTS AND FUND RAISING	FOR FOREST HEALTH AND FIRE SAFETY.	
•			
	(O.1)		A
46	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
. *			
	/Cada: \ \ /F &	1	\ m \ d
40	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
A.,			
•			
:			
Ad	Other program services (Describe on	Schedule (1)	
-+01	(Expenses \$	including grants of \$ ) (Reve	nue \$
Λe	Total program service expenses	140, 693.	nue y
70	LOTAL PLANTALL SOLVING CVACIOES	14U, UJJ.	

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

FRIENDS OF THE FISCALINI RANCH PRESERVE 91-2161009 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J..... 23 Х Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I................. 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L, Part I 25b 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? If "Yes," complete Schedule L, Part II. Х 26 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? If "Yes," complete Schedule L, Part III...... X Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, Instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 28a "Yes," complete Schedule L, Part IV ...... b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV...... 28b Х c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes." complete Schedule L, Part IV..... Х 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M..... Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.... 24 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2...... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2...... 36 Х 36 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Х 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

Check in Schedule of Contains a response of note to any line in this Fart v		• • • • •	٠ ا
		Yes	N
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....

Form 990 (2023) FRIENDS OF THE FISCALINI RANCH PRESERVE

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

			Yes	NO
<b>2</b> a	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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country			
14 <u>[</u>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," dld the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		••
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Vol. (1995) of coming	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	76		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		= %	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- Alexandr	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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?	15		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	- 0		**
	Section 501(c)(21) organizations. 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?	17		
AA	TEEA0105L 08/23/23	Form	990	2023)

Form 990 (2023) FRIENDS OF THE FISCALINI RANCH PRESERVE 91-2161009 

Sec	ction A. Governing Body and Management			<u></u>					
			Yes	No					
1a	a Enter the number of voting members of the governing body at the end of the tax year								
	b Enter the number of voting members included on line 1a, above, who are independent 1b 14								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	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?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\lambda}{X}$					
6	Did the organization have members or stockholders?	6		X					
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	••••	X					
ŀ	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b	22077091400	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.								
	The governing body?	8a	X						
	Cach committee with authority to act on behalf of the governing body?	8b	_X_						
	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	9		Х					
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu							
			Yes	No					
	a Did the organization have local chapters, branches, or affiliates?	10a		X					
	operations are consistent with the organization's exempt purposes?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
C	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 Q	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X					
b	o If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Sec	ction C. Disclosure	,							
	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 50 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(	3)s on	ly)					
	Own website								
19	the public during the tax year. SEE SCHEDULE O	able to							
20	State the name, address, and telephone number of the person who possesses the organization's books and records.								
	MARY MAHER PO BOX 1664 CAMBRIA CA 93428 805 927-2856								

# 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.

(C)

Position
(do not check more than one box, unless person is both an officer and a director/trustee)
Name and title

(B)

Average hours per week (list any nours per week (list any nours for nours

	hours			id a d	irecto	r/trust	ee)	compensation from	compensation from	of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) KATHLEEN CONNOLLY	40									
EXECUTIVE DIREC	0	<u> </u>						103,490.	0.	0.
(2) JOYCE RENSHAW	11									
DIRECTOR	0	X			L			0.	0.	0.
(3) CATHLEEN CAMPE	1							_	_	
DIRECTOR	0	X					_	0.	0.	0.
(4) DR ROBERT DETWEILER DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(5) MARK LARSEN	1	┝	$\vdash$	_		-	ļ	<u> </u>	<u> </u>	
DIRECTOR	<del> </del>	x						0.	0.	0.
(6) SHERYLL EBBS	1									
DIRECTOR	7-0-	1 x						0.	0.	0.
(7) ELLIE ETTER	1									
DIRECTOR	0	X						0.	0.	0.
(8) MARVIN JOSEPHSON	2							_	_	_
DIRECTOR	0	X			ļ		L	0.	0.	0.
(9) RUSSELL BURNS	1-1-	١								
DIRECTOR	0	X			ļ			0.	0.	0.
(10) SHARI ROBASCIOTTI DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0
(11) JOSE LUIS SANCHEZ	1	<u> </u>	$\vdash$				<del> </del>	<u> </u>	<u> </u>	0.
DIRECTOR		X						0.	0.	0.
(12) DIANNE ANDERSON	3	<del>                                     </del>						<u> </u>	-	
CHAIR PERSON		1		х				0.	0.	0.
(13) TOM LOGANBILL	3									
VICE PRESIDENT	0	1		Х				0.	0.	0.
(14) JOHN NIXON	1_1_									
SECRETARY	0			Х				0.	0.	0.

BAA

Part VII Section A. Officers, Directors, 11	istees,	ney	En	npi	oye	es,	ane	a Hignest Con	ipensated Emp	loyees (continued)
	(C)									
(A)	(B)	l		Pos	ition			(D)	(E)	(F)
Name and title	Average	(do box.	(do not check more than one box, unless person is both an				one i an	Reportable	Reportable	Estimated amount
	boure	offic	er an	dad	lirecto	or/trust	ee)	compensation from	compensation from related organizations	of other
	per week (list any hours for	토則	Sul	읔	<u>@</u>	등문	For	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
	hours for related	黃藍	ğ	Officer	9	Highest co	Former	IIII30110354420)	IVII DOSTNEO)	and related organizations
:	organiza- tions	Individual trustee or director	Institutional trustee	•	Key employee	Highest compensated employee	Ι΄			
	below dotted	1. g	ᄪ		惫	3				
	line)	l B	ast.		"	ᅜ				
			άδ			l g				
(15) MARY MAHER	6	1								
TREASURER	10	1		Х				0.	0.	0.
(16)	<u> </u>	1			<del> </del>	1	$\vdash$	0.	<u> </u>	· ·
		1								
(17)	<del> </del>	<del> </del>			$\vdash$	<del> </del>	$\vdash$			
	<del> </del>	1								
		<u> </u>			ļ		<u> </u>			
(18)		1								
	<u> </u>	<u> </u>		L		ļ	L			
(19)		]								
		<u> </u>								
(20)	]			1						
		]		l						
(21)										
	1	1								
(22)										
		1								
(23)		$\vdash$				<u> </u>				
	1	1								-
(24)	<del> </del>	<del>                                     </del>			<del>                                     </del>					
	<del> </del>	1								
(25)		<del> </del>			$\vdash$	╁─╴	_			
		1								
1b Subtotal		<u> </u>	1		<u> </u>		İ	103,490.	0.	0.
c Total from continuation sheets to Part VII, Secti								0.	0.	0.
d Total (add lines 1b and 1c)									0.	
Total number of individuals (including but not limited								103,490.		O.
£	to those ii	isteu	ano	ve) v	WHO	recer	veu	more man \$100,00	o or reportable com	pensation
from the organization 1										IV I II
										Yes No
3 Did the organization list any former officer, direct	tor, truste	e, ke	у е	mple	oyee	e, or	high	nest compensated	employee	2
on line 1a? If "Yes,"complete Schedule J for suc	h individu	al	• • •	• • • •	• • • •		• • • •		• • • • • • • • • • • • • • • • • • • •	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportable	le co	mpe	ensa	tion	and	oth	er compensation	from	
the organization and related organizations greate such individual	er than \$1	50,0	00?	If "	Yes,	" cor	nple	ete Schedule J for	•	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e compen	satio	n fr	om	any	unre	late	ed organization or	individual	. 5 X
Section B. Independent Contractors	s, compre	, ie 0	CITC	uuic		or su	CII L	JEI 3011		
1 Complete this table for your five highest compen	sated inde	enen	den	t co	ntra	ctors	tha	t received more ti	han \$100 000 of	
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax yea	r.
,, (A)								(B)	), ,	(C)
Name and business add	ress							Description (	of services	Compensation
2 Total number of independent contractors (including t	out not limi	ted to	o the	se I	iste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization		•	,				,			
BAA	U	TEEAC	ารดา	08/	23/23				W. W	Form <b>990</b> (2023)
-:										

Form 990 (2023) 91-2161009 Page 9 FRIENDS OF THE FISCALINI RANCH PRESERVE Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections 512-514 function revenue revenue 1a Federated campaigns ....... ts, Grants, Amounts 1a **b** Membership dues..... 1b c Fundraising events..... 1c Contributions, Gifts, d Related organizations...... 1d e Government grants (contributions) . . . . 1e All other contributions, gifts, grants, and similar amounts not included above . . . 1f 211,827 Noncash contributions included in 1g lines 1a-1f....... h Total. Add lines 1a-1f. 211,827 **Business Code** Program Service Revenue 42,765 42,765 MEMBERSHIP\_DUES & ASSESSMENTS All other program service revenue... Total. Add lines 2a-2[ ...... 42,765. Investment income (including dividends, interest, and other similar amounts) ...... 199,758 199,758. Income from investment of tax-exempt bond proceeds Royalties . . . . . . . . (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a b Less: rental expenses 6Ь c Rental income or (loss) 6c d Net rental income or (loss)..... (i) Securities (ii) Other Gross amount from sales of assets 7a other than inventory Less: cost or other basis and sales expenses c Gain or (loss)..... 7c d Net gain or (loss)..... 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). 8a 10,886 8b b Less: direct expenses..... 4.386 c Net income or (loss) from fundraising events...... 6,500 9a Gross income from gaming activities. See Part IV, line 19...... b Less: direct expenses..... 9b c Net income or (loss) from gaming activities...... 10a Gross sales of inventory, less . . . . returns and allowances. . . . . . . 10a 20,107 b Less: cost of goods sold.... 10b 12,210 c Net income or (loss) from sales of inventory....... 7,897 7,897

Business Code d All other revenue ..... e Total. Add lines 11a-11d ..... Total revenue. See instructions..... 468,747 50,662 199,758

Miscellaneous

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 r	<del></del>			X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		· ·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				ENGLANDED STEELS
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	103,490.	52,780.	38,291.	12,419.
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	13,005.	6,632.	4,812.	1,561.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,003.	0,032.	4,012.	1,301.
9	Other employee benefits				
10	Payroll taxes	8,912.	5,080.	2,406.	1,426.
	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	2,605.		2,605.	
	Lobbying				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
	Office expenses	2,675.		2,675.	
14	Information technology	_,			
15	Royalties	:			· · · · · · · · · · · · · · · · · · ·
16	Occupancy	15,537.	7,768.	7,769.	
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	2,156.	2,017.	139.	
23 24	Other expenses. Itemize expenses not	4,618.	1,540.	1,540.	1,538.
	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.).	Andrew Est of Street Supplied to a Street Supplied to a Street			
а	BOARDWALK EXPENSES	22,546.	22,546.		
	TRAIL EXPENSES	21,023.	21,023.		
c	INVESTMENT FUND EXPENSES	20,199.	21,023.	20,199.	
d	RANCH EXPENSES	11,750.	11,750.	20/2331	
	All other expensesSEE .SCH O	-491,713.	9,557.	-508,727.	7,457.
25	Total functional expenses. Add lines 1 through 24e	-263,197.	140,693.	-428,291.	24,401.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	o any lii	ne in this Part X	********		.,		
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			74,081.	1	51,928.		
ĺ	2	Savings and temporary cash investments			67,722.	2	231,058.		
	3	Pledges and grants receivable, net			,	3			
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contrib	er, director, outor, or 35%		5			
	6	Loans and other receivables from other disqualified po	ersons	(as defined under					
		section 4958(f)(1)), and persons described in section	4958(c)	(3)(B)		6			
	7	Notes and loans receivable, net				7			
ţ	8	Inventories for sale or use			9,318.	8	12,101.		
Assets	9	Prepaid expenses and deferred charges				9			
Ř	10a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	42,265.					
		Less: accumulated depreciation		21,903.	11,668.	10c	20,362.		
	11	Investments – publicly traded securities				11			
	12	Investments - other securities. See Part IV, line 11			4,603,845.	12	5,182,136.		
	13	Investments - program-related. See Part IV, line 11.				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, Ilne 11		15					
	16	Total assets. Add lines 1 through 15 (must equal line	33)		4,766,634.	16	5,497,585.		
٠.	17	Accounts payable and accrued expenses		3,716.	17	2,723.			
	18	Grants payable			•	18			
	19	Deferred revenue				19	" '		
	20	Tax-exempt bond liabilities				20			
es	21	Escrow or custodial account liability. Complete Part I				21			
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	iicer, di utor, or rsons	rector, trustee, 35%		22			
	23	Secured mortgages and notes payable to unrelated th				23			
	24	Unsecured notes and loans payable to unrelated third	parties	i	· · · · · · · · · · · · · · · · · · ·	24			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25			
	26	Total liabilities. Add lines 17 through 25			3,716.	26	2,723.		
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	makis opision od kolednik. Die kolednik opision deskiert				
ala	27	Net assets without donor restrictions			4,762,918.	27	5,494,862.		
8	28	Net assets with donor restrictions				28			
Net Assets or Fund Balano		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.			Berger parker seggitte der Konstantieren seggitte der Sch				
₽.	29		Capital stock or trust principal, or current funds						
é E	30	Paid-in or capital surplus, or land, building, or equipm	d		30				
. 83	31	Retained earnings, endowment, accumulated income,		<u>t</u>		31			
3t/	32	Total net assets or fund balances			4,762,918.	32	5,494,862.		
	33	Total liabilities and net assets/fund balances		<b>!</b>	4,766,634.	33	5,497,585.		
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		STOTOOS			<del>90</del>
Pa	rt XI Reconciliation of Net Assets				<b></b>
	Check if Schedule O contains a response or note to any line in this Part XI				<u>: []</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		4 (	58,7	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2	-26	53,1	97.
3	Revenue less expenses. Subtract line 2 from line 1	3	73	31,9	44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,76	52,9	18.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	- 4		
Da	column (B))t XIII Financial Statements and Reporting	10	5,49	94,8	62.
<u>F</u> a					
, <u></u>	Check if Schedule O contains a response or note to any line in this Part XII				
			**************************************	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
. 1	Were the organization's financial statements audited by an independent accountant?		2b		Х
·	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ate			
	basis, consolidated basis, or both.			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
(	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	За		Х
ı	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			j	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
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#### 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 for instructions and the latest information.

Name of the organization

Open to

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

2023

FRIENDS OF THE FISCALINI RANCH PRESERVE 91-2161009 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.) 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). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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 10 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). 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. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (described on lines 1-10 above (see instructions)) do EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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Schedule A (Form 990) 2023 FRIENDS OF THE FISCALINI RANCH PRESERVE 91-2161009

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	
	to qualify under the tests listed below inlease complete Part III.)	

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,362.	125,994.	274,901.	412,093.	254,592.	1,171,942.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	104,362.	125,994.	274,901.	412,093.	254,592.	1,171,942.
5	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.
6	Public support. Subtract line 5 from line 4						1,171,942.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	104,362.	125,994.	274,901.	412,093.	254,592.	1,171,942.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	104,088.	77,331.	102,443.	96,687.	147,236.	527,785.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,,		20,00:		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE FART VI.	58,792.	49,059.	12,011.	19,386.	52,523.	191,771.
11	Total support. Add lines 7 through 10				Argentine and the		1,891,498.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)	• • • • • • • • • • • • • • • • • • • •		12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	🔲
	tion C. Computation of Pu						
	Public support percentage for 20						61.96%
· · ·	5 Public support percentage from 2022 Schedule A, Part II, line 14						
16a	6a 33-1/3% support test—2023. 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.						
Ь	b 33-1/3% support test—2022. 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						
1 <i>7</i> a	'a 10%-facts-and-circumstances test—2023. 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						
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this be ion qualifies as a	oox and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions
RΔΔ			TEE40402i	09/14/22		Schedule	A (Form 990) 2023

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

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

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.			,				
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
` <b>`</b>	facilities furnished by a governmental unit to the organization without charge	:						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11 :	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).			,				
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)		
	Bublic support percentage for 20			no 19 notices (0)		1 4- 1	<u> </u>	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •		·		%	
	Public support percentage from					16	%	
	tion D. Computation of Inv				(6)	ابسير	0.	
	Investment income percentage f			-			% %	
	Investment income percentage f							
	33-1/3% support tests – 2023. If is not more than 33-1/3%, check	this box and <b>sto</b> p	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	l	
	33-1/3% support tests—2022. If fine 18 is not more than 33-1/3% Private foundation. If the organi	, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported orga	nization	
	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	Ora	anizations	
つこいいい	A. All	Supporting	Old	annzauons	

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 Part VI.
- 7 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).
- 8 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).
- 9a 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 Part VI.
- 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 Part VI.
- c 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

		Yes	No
	1		
	2		
	3a		
,	2000		
	3b		
	4a		
	4b 4c		
	5a		
	5b		
	5c 6		
	7		
5,"	8		
	9a		
	9b		
	9c		
s, "	10a		
_	10b		
Α Λ	/Ear	000	2022

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139			1	
11	1 Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
•	a 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?	11a		
	b A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ection B. Type I Supporting Organizations			
	scholl B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		100	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Se	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ə instru	uctions	5).
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a		
	<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2</b> b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
· · · .	a 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? If "Yes" or "No," provide details in Part VI.	3a		
	<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>	3b		

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Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		· · · · · · · · · · · · · · · · · · ·
. 7	Other expenses (see instructions)	7		
- 8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			Street Association
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
	Multiply line 5 by 0.035.	6		
. 7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C — Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	A CONTRACTOR OF THE PARTY OF TH	
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	es apos en compos por porto	
5	Income tax imposed in prior year	5		
6 	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting org	anization
BAA			Sche	dule A (Form 990)

JULI	EXTENDS OF THE FISCALINI RANCH PRESERVE	31-2101	009 rage /
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D — Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

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Schedule A (Form 990) 2023

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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

NATURE AND SOURCE	2023	2022	2021	2020	2019				
REALIZED GAINS FROM INVESTMENTS									
	\$ 52,523.	\$ 19,386.	\$ 12,011.	\$ 49,059.	\$ 58,792.				
TOTAL	\$ 52,523.	\$ 19,386.	\$ 12,011.	\$ 49,059.	\$ 58,792.				

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FI	RIENDS OF THE FISCALINI RANCH P	PRESERVE	91-2161009
	art Source Organizations Maintaining Do	onor Advised Funds or Other Similar	Funds or Accounts
,,,,,,,,	Complete if the organization a	nswered "Yes" on Form 990, Part IV	line 6,
	Total number of and of one	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
,	Did the organization inform all donors and do		donor advised funds
	are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
•	5 Did the organization inform all grantees, done for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writing that grant for it of the donor or donor advisor, or for any oth	unds can be used only her purpose conferring Yes No
P	Conservation Easements	nswered "Yes" on Form 990, Part IV	line 7
-	Purpose(s) of conservation easements held b		, 1110 / .
	X Preservation of land for public use (for exam		ation of a historically important land area
	X Protection of natural habitat	Preserv	ation of a certified historic structure
	X Preservation of open space	·	
. 2	2 Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribution in the f	orm of a conservation easement on the
	idot day or the tax year.		Held at the End of the Tax Year
	a Total number of conservation easements	• • • • • • • • • • • • • • • • • • • •	2a 1
	<b>b</b> Total acreage restricted by conservation ease		
	c Number of conservation easements on a cert	ified historic structure included on line 2a	2c
	d Number of conservation easements included a historic structure listed in the National Regi	on line 2c acquired after July 25, 2006, and n	ot on 2d
	Number of conservation easements modified, tra tax year	nsferred, released, extinguished, or terminated by	y the organization during the
4	Number of states where property subject to c	onservation easement is located	1
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring, inspection, l	nandling of violations,
E			
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing cons	ervation easements during the year
. 8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2d above satisfy the requirements of s	ection 170(h)(4)(B)(i) Yes No
9	include, if applicable, the text of the footnote	to the organization's financial statements that	and expense statement and balance sheet, and t describes the organization's accounting for
P	conservation easements. SEE PART X	llections of Art. Historical Treasure	s. or Other Similar Assets
	Complete if the organization a	llections of Art, Historical Treasure nswered "Yes" on Form 990, Part IV	, line 8.
1	a If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	er FASB ASC 958, not to report in its revenue ald for public exhibition, education, or researc al statements that describes these items.	statement and balance sheet works of art, h in furtherance of public service, provide in
	b If the organization elected, as permitted under historical treasures, or other similar assets held to following amounts relating to these items.	for public exhibition, education, or research in fur	therance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	\$ \$
_			
2	amounts required to be reported under FASB		
	a Revenue included on Form 990, Part VIII, line		
	o Asseis included in Form 990. Part X		S

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.					
<b>b</b> Buildir	ngs				
	hold improvements				
<b>d</b> Equip	ment		4,107.	3,949.	158.
e Other			38,158.	17,954.	20,204.
Total. Add I	ines 1a through 1e. (Column (d) must e	qual Form 990, Part X, I	ine 10c, column (B))		20,362.

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Schedule D (Form 990) 2023

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 er	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other CHARLES SCHWAB	451,253.	END OF YEAR MARKET VAI	UE
(A) VANGUARD		END OF YEAR MARKET VAI	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))	5,182,136.	Market Control of the	
Part VIII Investments — Program Related Complete if the organization answered "Yes" on	Form 000 Part IV line	N/A	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)	(2) 2011 10100	(-)	goarainwe raido
(2)			
(3)			
(4)			
(5)			
(6)			
(/)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))			
Part IX Other Assets	N/A		
Complete if the organization answered "Yes" on	Form 990, Part IV, line scription	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	onphon		(b) Book Value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	dumn (P))		
Part X Other Liabilities	nanın (D))		
Complete if the organization answered "Yes" on	Form 990. Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
	ption of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)	<u>.</u>		
Total. (Column (b) must equal Form 990, Part X, line 25, co	lumn (B))		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for tax positions under FASB ASC 740. Check here if the text of the footnote has	otnote to the organization's fi	nancial statements that reports the organization	on's liability for uncertain

Schedule D (Form 990) 2023	FRIENDS	OF	THE	FISCALINI	RANCH	PRESERVE

Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per R	eturn N/A
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	a Net unrealized gains (losses) on investments	2a	
b	b Donated services and use of facilities	2b	1
C	Recoveries of prior year grants	2c	1
C	d Other (Describe in Part XIII.)	2d	1 1
e	e Add lines 2a through 2d	*************	2e
3			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	b Other (Describe in Part XIII.)	4b	1
c	c Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5
Pai	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	Return N/A
Par	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 99		Return N/A
Par 1		0, Part IV, line 12a.	Return N/A
	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements	0, Part IV, line 12a.	··
1 2	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements	0, Part IV, line 12a.	··
1 2 a	Complete if the organization answered "Yes" on Form 99 Total expenses and losses per audited financial statements	0, Part IV, line 12a. 	··
1 2 a	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements	0, Part IV, line 12a 2a 2b	··
1 2 a b	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements	0, Part IV, line 12a	··
1 2 a b	Complete if the organization answered "Yes" on Form 99 Total expenses and losses per audited financial statements	0, Part IV, line 12a 2a 2b 2c 2d	··
1 2 a b	Complete if the organization answered "Yes" on Form 99 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Of Prior year adjustments Of Other losses Of Other (Describe in Part XIII.) Add lines 2a through 2d.	O, Part IV, line 12a.	1
1 2 a b c	Complete if the organization answered "Yes" on Form 99 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d.	O, Part IV, line 12a.	1 2e
1 2 a b c d d e 3 4 a	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses.  d Other (Describe in Part XIII.)  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.	O, Part IV, line 12a.	1 2e
1 2 a b c d e e 3 4 a b	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1 2e
1 2 a b c d e 3 4 a b c c	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  Other (Describe in Part XIII.)  Add lines 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 99  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2e 3

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 XI, 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 WRITTEN POLICIES ARE CONTAINED IN AN 86 PAGE REPORT THAT DISCUSSES ALL ASPECTS OF MANAGING THE PROPERTY HELD IN THE CONSERVATION EASEMENT. THE TOPICS COVERED INCLUDE MONITORING, INSPECTION AND ENFORCEMENT OF THE RULES. THE MANAGEMENT PLAN IS INTENDED AS A GUIDANCE DOCUMENT FOR THE RANCH MANAGER IN THEIR STEWARDSHIP OF THE PROPERTY.

THE PLAN SETS FORTH THE COMMUNITY'S VISION FOR THE RANCH AND IDENTIFIES OBJECTIVES AND METHODS FOR RESTORATION AND ENHANCEMENT OF BIOLOGICAL COMMUNITIES AND PUBLIC

ACCESS TO THE RANCH.

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

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

CONSERVATION EASEMENT IS NOT REPORTED ON THE BALANCE SHEET BECAUSE THERE IS NO ASSET VALUE RELATING TO THE EASEMENT. CONSERVATION EASEMENT HAS NO REPORTED REVENUE. THE EXPENSES FOR THE EASEMENT ARE LISTED AS RANCH EXPENSES AND RANCH OUTSIDE SERVICES AND A PORTION OF THE EXECUTIVE DIRECTOR'S SALARY.

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

TO SUPPORT THE FRIENDS OF THE FISCALINI RANCH PRESERVE MISSION, INCLUDING:

ENFORCE THE CONSERVATION EASEMENT

MAINTAIN THE RANCH PROPERTY

PROMOTE FOREST HEALTH AND SAFETY

PROVIDE RECREATIONAL OPPORTUNITIES FOR LOCAL RESIDENTS AND VISITORS.

#### SCHEDULE O (Form 990)

### 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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

FRIENDS OF THE FISCALINI RANCH PRESERVE

Employer identification number 91-2161009

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

FORM 990 IS PROVIDED TO ALL OFFICERS AND DIRECTORS FOR REVIEW PRIOR TO BEING FILED.

TREASURER SOLICITS INPUT PRIOR TO FINAL REVIEW AND APPROVAL.

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

DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS AND THE BOARD MUST APPROVE ANY WAIVERS.

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

AVAILABLE UPON REQUEST

## FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
CREDIT CARD FEES/BANK SC DUES/SUBSCRIPTIONS	3,051. 5,275.	1,017.	1,017. 5,275.	1,017.
INTERNET INVASIVE PLANT CONTROL	6,131. 2,100.	2,044. 2,100.	2,043.	2,044.
POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS	2,647. 10,542.	882. 3,514.	883. 3,514.	882. 3,514.
PROFESSIONAL DEVELOPMENT SALES TAX PENALTY	432. 23.	5,514.	432. 23.	5,014.
UNREALIZED GAINS ON PORTFOLIO TOTAL	-521,914.	9,557.	-521,914. \$ -508,727.	\$ 7,457.