

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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

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

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

Open to Public Inspection

**A For the 2023 calendar year, or tax year beginning and ending**

<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> Name of organization <b>SANTA FE CONSERVATION TRUST</b>		<b>D</b> Employer identification number <b>85-0418988</b>
	Doing business as		<b>E</b> Telephone number <b>505-989-7019</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>P.O. BOX 23985</b>		<b>G</b> Gross receipts \$ <b>1,504,794.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SANTA FE, NM 87502</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>SARAH NOSS</b> <b>400 KIVA COURT, SUITE B, SANTA FE, NM 87505</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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		If "No," attach a list. See instructions	
<b>J</b> Website: <b>SFCT.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>1993</b>	<b>M</b> State of legal domicile: <b>NM</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE PART III LINE 1</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> <b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>300</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>1,202,932.</b> <b>1,114,753.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>46,885.</b> <b>257,276.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>15,340.</b> <b>25,738.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-58,811.</b> <b>-49,581.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>1,206,346.</b> <b>1,348,186.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>559,418.</b> <b>683,150.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>90,462.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>289,645.</b> <b>373,200.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>849,063.</b> <b>1,056,350.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>357,283.</b> <b>291,836.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>7,631,627.</b> <b>8,219,417.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>316,232.</b> <b>271,695.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>7,315,395.</b> <b>7,947,722.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>SARAH NOSS, EXECUTIVE DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>MICHAEL D. SWAIN, CPA</b>				<b>P00120406</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no. (505) 988-3770	
	<b>SWAIN &amp; GRIECO, LLC</b>	<b>85-0455053</b>			
Firm's address					
<b>2050 BOTULPH ROAD, SUITE A</b>					
<b>SANTA FE, NM 87505</b>					

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 [X]

1 Briefly describe the organization's mission: THE SANTA FE CONSERVATION TRUST PARTNERS WITH OUR COMMUNITY TO KEEP NORTHERN NEW MEXICO'S LIVING LANDS AND PEOPLE FLOURISHING TOGETHER. WE PROTECT CULTURALLY AND ENVIRONMENTALLY SIGNIFICANT LANDSCAPES, IGNITE PEOPLE'S PASSION FOR NATURE AND ENABLE THE CONTINUAL

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

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

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

4a (Code: ) (Expenses \$ 512,922. including grants of \$ ) (Revenue \$ 227,020.) LAND PROGRAM - SINCE ITS INCEPTION IN 1993, SFCT HAS PROTECTED OVER 45,000 ACRES IN NORTHERN NEW MEXICO, IN RIO ARRIBA, SAN MIGUEL, SANTA FE, AND TAOS COUNTIES, WORKING WITH LANDOWNERS TO CREATE VOLUNTARY LAND PROTECTION AGREEMENTS USING CONSERVATION EASEMENTS, AS WELL AS PURCHASING FEE TITLE LAND WITH HIGH CONSERVATION VALUE. CONSERVATION EASEMENTS ARE LEGAL DOCUMENTS THAT PERMANENTLY PROTECT PRIVATE LAND, ENSURING IT REMAINS PRISTINE AND BEAUTIFUL FOR FUTURE GENERATIONS WHICH BENEFITS THE PUBLIC AT LARGE. SFCT WORKS WITH LANDOWNERS AND THEIR FAMILIES TO PRESERVE THE NATURAL ENVIRONMENT FOR POSTERITY AND FUTURE GENERATIONS.

4b (Code: ) (Expenses \$ 128,614. including grants of \$ ) (Revenue \$ 4,932.) TRAILS PROGRAM - SFCT HAS BEEN INVOLVED IN THE CREATION OF OVER 80 MILES OF TRAILS, INCLUDING: THE DALE BALL TRAILS, ATALAYA TRAIL, SANTA FE RAIL TRAIL, THE SPUR TRAIL, LA TIERRA TRAILS, LA PIEDRA TRAIL AND, ALONG WITH COMMONWEAL CONSERVANCY, THE GALISTEO BASIN PRESERVE TRAILS. SFCT TRAILS PROGRAM WORKS IN PARTNERSHIP WITH THE CITY OF SANTA FE AND IT'S VOLUNTEER GROUP, ALONG WITH OTHER ENTITIES, TO COORDINATE TRAIL DEVELOPMENT AND CONSTRUCTION, ORGANIZE VOLUNTEER TRAIL WORK, IDENTIFY AND PRIORITIZE TRAIL LINKAGES, PROMOTE THE TRAILS, AND PROVIDE THE PUBLIC WITH TRAIL INFORMATION AND ACCESS THROUGH EDUCATIONAL PROGRAMS AND EVENTS. SFCT IS ALSO LEADING A PARTNERSHIP SUPPORT FOR THE GRAND UNIFIED SANTA FE TRAIL ORGANIZATION (GUSTO). SFCT IS IN CHARGE OF CONVENING PARTNERS, RESEARCHING AND MAPPING EXISTING TRAILS,

4c (Code: ) (Expenses \$ 233,890. including grants of \$ ) (Revenue \$ 25,324.) COMMUNITY CONSERVATION - BECAUSE CONSERVATION EASEMENTS ARE PERMANENT AND RUN WITH THE LAND, SFCT MUST MONITOR AND ENFORCE ITS CONSERVATION EASEMENTS FOREVER. THIS DUTY OF PERPETUAL CARE PRESENTS UNIQUE CHALLENGES TO LAND TRUSTS EVERYWHERE. SFCT MUST HAVE BROAD COMMUNITY SUPPORT TO ENSURE ITS LONGEVITY AND VIABILITY. SFCT IS WORKING TO STRENGTHEN THE ORGANIZATION THROUGH THE IMPLEMENTATION OF "COMMUNITY CONSERVATION PROGRAMS" THAT HELP SFCT BROADEN AND DIVERSIFY ITS CONSTITUENCY. SFCT PROGRAMS ARE DESIGNED TO GIVE EVERYONE OUTDOOR EXPERIENCES THAT WILL HELP THEM BECOME PASSIONATE DEFENDERS OF NATURE AND OF CONSERVATION. SFCT'S LEGACY OF TRAILS WORK IS THE NATURAL WAY TO IMPLEMENT COMMUNITY CONSERVATION PROGRAMS. AS SUCH, SFCT OFFERS PROGRAMS TO ENSURE EQUITABLE ACCESS TO NATURE AND SANTA FE'S TRAIL

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

4e Total program service expenses 875,426.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c detailing Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited 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

**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> 16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		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	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 NM
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MCALLISTER YEOMANS - 505-989-7019**  
**400 KIVA COURT, SUITE B, SANTA FE, NM 87505**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH A. NOSS EXECUTIVE DIRECTOR	40.00	X		X				109,590.	0.	17,265.
(2) QUINN SIMONS PRESIDENT	4.00	X		X				0.	0.	0.
(3) DENNIS ROMERO VICE PRESIDENT	4.00	X		X				0.	0.	0.
(4) MARIANNE DWIGHT TREASURER	4.00	X		X				0.	0.	0.
(5) BRENT GOODMAN SECRETARY	4.00	X		X				0.	0.	0.
(6) MICHAEL AVERY AT LARGE	2.00	X		X				0.	0.	0.
(7) GINNY OLCOTT AT LARGE	2.00	X		X				0.	0.	0.
(8) NANCY COOK DIRECTOR	2.00	X						0.	0.	0.
(9) SAM FIN DIRECTOR	2.00	X						0.	0.	0.
(10) MARK FISHER DIRECTOR	2.00	X						0.	0.	0.
(11) SANDRA MASSENGILL DIRECTOR	2.00	X						0.	0.	0.
(12) PETER MARTIN DIRECTOR	2.00	X						0.	0.	0.
(13) JULIE MARTINEZ DIRECTOR	2.00	X						0.	0.	0.
(14) CARLA MATTIX DIRECTOR	2.00	X						0.	0.	0.
(15) CARMELO NINO DIRECTOR	2.00	X						0.	0.	0.
(16) LUKE PIERPONT DIRECTOR	2.00	X						0.	0.	0.
(17) ALBERT REED DIRECTOR	2.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	195,306.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	224,017.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	695,430.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 1,200.					
	<b>h Total.</b> Add lines 1a-1f .....			1,114,753.				
<b>Program Service Revenue</b>	<b>2 a</b> LAND CONSERVATION PROJ	<b>Business Code</b>	813312	227,020.	227,020.			
	<b>b</b> COMMUNITY CONSERVATION		611710	25,324.	25,324.			
	<b>c</b> TRAIL MAINTENANCE		237990	4,932.	4,932.			
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			257,276.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			99,610.			99,610.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities					
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	73,872.					
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-73,872.					
<b>d</b> Net gain or (loss) .....			-73,872.	-73,872.				
<b>8 a</b> Gross income from fundraising events (not including \$ 195,306. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		33,155.					
			82,736.					
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....			-49,581.			-49,581.		
<b>9 a</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>10 a</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>11 a</b> _____	<b>Business Code</b>						
	<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 .....			1,348,186.	183,404.	0.	50,029.		

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	126,855.	98,947.	13,954.	13,954.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	455,910.	355,610.	50,150.	50,150.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	57,454.	44,814.	6,320.	6,320.
<b>10</b> Payroll taxes	42,931.	33,487.	4,722.	4,722.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,689.	1,317.	186.	186.
<b>c</b> Accounting	13,362.	10,422.	1,470.	1,470.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	3,881.	3,027.	427.	427.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,165.	13,389.	1,888.	1,888.
<b>12</b> Advertising and promotion	5,388.	4,202.	593.	593.
<b>13</b> Office expenses	34,717.	27,077.	3,820.	3,820.
<b>14</b> Information technology	7,533.	5,875.	829.	829.
<b>15</b> Royalties				
<b>16</b> Occupancy	34,475.	26,891.	3,792.	3,792.
<b>17</b> Travel	8,105.	8,105.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	13,773.	13,773.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,475.	1,475.		
<b>23</b> Insurance	9,651.	7,527.	1,062.	1,062.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> TRAILS, EASEMENTS, & OU	210,633.	210,633.		
<b>b</b> LICENSES AND FEES	11,353.	8,855.	1,249.	1,249.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,056,350.	875,426.	90,462.	90,462.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	797,843.	<b>2</b>	703,727.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	216,605.	<b>4</b>	196,565.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,029.	<b>9</b>	12,913.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,677,459.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,796.	<b>10c</b>	3,651,663.
	<b>11</b> Investments - publicly traded securities .....	2,564,177.	<b>11</b>	3,274,597.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	145,138.	<b>12</b>	157,057.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	251,696.	<b>15</b>	222,895.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,631,627.	<b>16</b>	8,219,417.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	67,036.	<b>17</b>	51,300.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	249,196.	<b>25</b>	220,395.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	316,232.	<b>26</b>	271,695.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,136,805.	<b>27</b>	5,413,068.
	<b>28</b> Net assets with donor restrictions .....	2,178,590.	<b>28</b>	2,534,654.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,315,395.	<b>32</b>	7,947,722.
<b>33</b> Total liabilities and net assets/fund balances .....	7,631,627.	<b>33</b>	8,219,417.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,348,186.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,056,350.
3	Revenue less expenses. Subtract line 2 from line 1	3	291,836.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,315,395.
5	Net unrealized gains (losses) on investments	5	340,491.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,947,722.

**Part XII Financial Statements and Reporting**

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

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