### 990 **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

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

Α	For the	2022 calend	dar year, or tax year beginning	01/01/2022	and ending		12/31/20	)22		
В	Check if	applicable:	C Name of organization CORPOR	ATION FOR THE CONSERVA	ATION OF T	HE SA	AN JUAN B	D Employer id	entification number	
	Address	change	Doing business as					66-	0657150	
	Name cl	hange	Number and street (or P.O. box if	mail is not delivered to street addr	ess)	Room	n/suite I	<b>E</b> Telephone ու	ımber	
	Initial ref	turn	PO Box 9509					787-	725-8165	
	Final retu	urn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal co	de					
	Amende	ed return	San Juan, Puerto Rico 00908-	9509 Puerto Rico				<b>G</b> Gross receip	ts\$ 2,999,763	
	Applicat	ion pending	F Name and address of principal offi	icer: Brenda Torres			H(a) Is this a grou	p return for subord	inates? Yes V No	
			P O Box 9509, San Juan, PR 0	0908-9509			H(b) Are all sub	oordinates inclu	uded? Yes No	
ı	Tax-exe	mpt status:	✓ 501(c)(3)	) (insert no.)	1) or 527		If "No," attach	a list. See instr	uctions.	
J	Website	: www.esti	uario.org				H(c) Group exe	emption numbe	er	
		organization:		tion Other	L Year of for	mation	: 2005 I	M State of lega	l domicile: PR	
_	art I	Summa					•			
	1		cribe the organization's missi	ion or most significant activ	vities: Enga	aed i	n the manage	ement, prese	rvation and	
é			of the San Juan Bay Estuary as							
Activities & Governance										
eru	2	Check this	box  if the organization di	scontinued its operations of	r disposed	of m	ore than 259	% of its net	assets.	
Š	3		voting members of the gove		-			3	4	
ø	4		independent voting member					4	4	
es	5		per of individuals employed in					5	6	
Ĭ	6		per of volunteers (estimate if r		-			6	50	
Act	7a		ated business revenue from F	= :				7a	0	
-	b		ted business taxable income					7b	0	
_						Ť	Prior Year	1.0	Current Year	
•	8	Contributio	ons and grants (Part VIII, line	1h)				6,604	2,984,999	
Revenue	9		ervice revenue (Part VIII, line				1,71	0	0	
Š	10	_	t income (Part VIII, column (A)		0	0				
æ	11		nue (Part VIII, column (A), line	•			3	32,827	14,764	
	12		ue—add lines 8 through 11 (m					9,431	2,999,763	
_	13	_	d similar amounts paid (Part I)				1,74	0	2,999,700	
	14		aid to or for members (Part IX					0	0	
"	15	-	her compensation, employee b				54	6,475	404,209	
Expenses	16a		al fundraising fees (Part IX, co		-		34	0		
Sen	b		aising expenses (Part IX, colu					0	0	
Ä	17		enses (Part IX, column (A), line				1.06	0.069	2,655,627	
	18	-	nses. Add lines 13–17 (must		 na 25)			06,544	3,059,836	
	19	-	ess expenses. Subtract line 1		-			2,887	-60,073	
- Se		Tiovorido io	233 expenses. Gubiraet line 1	O HOHI IIIIC 12	<del></del>	Bea	inning of Curre		End of Year	
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)			209		52.082	692,761	
Asse	21		ties (Part X, line 26)					55,037	355,789	
Net	22		or fund balances. Subtract li	ne 21 from line 20				7,045	336,972	
	art II		re Block		<u> </u>			77,040	000,072	
Un	der pena	alties of perjury	, I declare that I have examined this re. Declaration of preparer (other than						wledge and belief, it is	
Sig	an	Signature of	officer				Late			
He	-						24.0			
			rres, Executive Director name and title							
_		1 7'	preparer's name	Preparer's signature		Date			PTIN	
Pa	id	'		i reparer a signature		Dale		Check 🗾 if self-employed		
Pr	epare	er <del></del>	cisco Santiago					1 01303303		
	e On	ly Firm's nan					Firm's E			
		Firm's add	dress andorra 1027, san juan,				Phone	no. 7	87-460-2643	
시	v tna il	A CHECHES 1	THIS PATHER WITH THA PROPARAY C	COUNT STOUGH SEE INCTINCT	one				I VAC IVINA	

Cat. No. 11282Y

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this	Part III
1	Briefly describe the organization's mission:	
	The program objective is to improve the water quality of the San Juan Bay throu	gh the implementation of a comprehensive
	conservation programs and management plan	
2	Did the examination undertake any significant program convices during the	waar which ware not listed on the
2	Did the organization undertake any significant program services during the prior Form 990 or 990-EZ?	
	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?	
	If "Yes," describe these changes on Schedule O.	_ 100 _ 100
4	Describe the organization's program service accomplishments for each of i	ts three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to repo	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,173,937 including grants of \$	2,173,937 ) (Revenue \$ 2,173,937 )
	The program objective is to improve the water quality of the San Juan Bay throu	
	conservation programs and management plan.	
4b	(Code: \(\)\(\((\)\)\((\)\)\(\)\(\)\(\)\(\)\(\	711 425 ) (Payanua \$ 712 929 )
TU	O (Code:) (Expenses \$711,435 including grants of \$	ne plane and green infractructure projects at the
	Con Juan Boy Fatuary	
4-	(O-d ) / [	a ) (Davis on the control of the con
4C	(Code:) (Expenses \$	0 ) (Revenue \$0 )
	n/a	
4d	7	t 2
	(Expenses \$ 83,584 including grants of \$ 83,584 ) (Revenu	e\$ 98,234)
4e	Total program service expenses 2,968,956	

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Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	res	INC
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	<i>V</i>	
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		•
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		-
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		,
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		,
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	,	
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		·
	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		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
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		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 . . . . .

20a

20b

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		~
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 Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
28	persons? If "Yes," complete Schedule L, Part III	27		<i>'</i>
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	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	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		,
34	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	34		_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		~

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	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		~
b	If "Yes," enter the name of the foreign country			
<b>-</b> -	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		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<i>-</i>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
d	required to file Form 8282?	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	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?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring 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 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
_ b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	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?	4-		
		15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
. •	If "Yes," complete Form 4720, Schedule O.	.0		
17	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		
	If "Yes," complete Form 6069.			

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official . . . . . . 15a Other officers or key employees of the organization . . . . . . . . . . . . 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed UT 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Brenda Torres, (787)725-8165

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

#### 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 no	r any relate	d org	aniz	atic	n c	ompe	ensa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	
Brenda Torres	40.00									
Executive Director	0.00	~						73,255	7,234	0
Pedro Gelabart	2.00									
Director	0.00	~						0	0	0
Carlos Fernandez Lugo	2.00									
Secretary	0.00	~						0	0	0
Maria I Jimenez	2.00									
President	0.00	~						0	0	0
Carl Soderbereg	2.00									
Vice President	0.00	~						0	0	0
Friedel Stubbe	2.00									
Director	0.00	~						0	0	0
Blas Fonalledas	2.00									
Director	0.00	~						0	0	0
Rafael Velez	2.00									
Treasurer	0.00							0	0	0
	<del></del>									
	<b></b>	1								

(B)

Average

(A)

Name and title

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

Position (do not check more than one

box, unless person is both an

(D)

Reportable

(E)

Reportable

Estimated amount

		nours	office	d a c	direct	or/trust	tee)	compensation from the	from related			r otner		
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-M 1099-N	ns (W-2/ ISC/	fro organi	oensation om the ization and organizatio	าร
														_
			-											
1b c d	Subtotal	VII, Section	n A 				 	ted	73,255 73,255 above) who re	eceived n	7,234 7,234 nore t	han \$1	00,000	0 0 of
	reportable compensation from the organ	ization							0				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Did the organization list any <b>former</b> employee on line 1a? <i>If "Yes," complete</i>								loyee, or highes	-		3	Yes N	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatic							
5	Did any person listed on line 1a receive of for services rendered to the organization								_	tion or ind				,
Secti	on B. Independent Contractors													_
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	Iress							<b>(B)</b> Description of serv	vices		<b>(C)</b> Compens	ation	
Agric	ultural Experiment Station, 1193 Guayacan S	treet, South	Bota	nica	l Ga	arde	n, San	De	evelopment and im	plementa			292,5	50
														_
2	Total number of independent contractor						ted to	th	nose listed abov	e) who				
	received more than \$100,000 of compens	auon from	uie or	yan	ıı∠at	ION			0			Forr	n <b>990</b> (20	22)

	,
Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
, Si	1a	Federated campaign	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ع ق	С	Fundraising events			1c	0				
ts, Ā	d	Related organization			1d	0				
를 ಪ	e	Government grants			1e	1,457,873				
s, in	f	All other contribution				1,457,075				
r S	•	and similar amounts no			4.5	4 507 400				
t e	_	Noncash contribution			1f	1,527,126				
불하	g	lines 1a–1f			١.					
ou					1g					
OB	h	Total. Add lines 1a-	-1t .		•		2,984,999			
						Business Code				
اق	2a									
e Z	b									
gram Ser Revenue	С									
an	d									
P R	е									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-	-2f .				0			
	3	Investment income								
		other similar amoun	its) .							
	4	Income from investr	nent o	of tax-exem	not ba	nd proceeds				
	5				•					
			Ė	(i) Rea		(ii) Personal				
	6a	Gross rents	6a			( )				
	b	Less: rental expenses	6b							
		Rental income or (loss)			0	0				
	c d	Net rental income o		c)						
			1 (105	(i) Securit	ios	(ii) Other				
	7a	Gross amount from		(i) Securit	.162	(ii) Other				
		sales of assets other than inventory								
			7a							
Revenue	b	Less: cost or other basis								
le l		and sales expenses .	7b							
ě		Gain or (loss)	7c		0	0				
	d	Net gain or (loss)								
Other	8a	Gross income from		ndraising						
0		events (not including		0						
		of contributions rep								
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expense	es .		8b					
	С	Net income or (loss)	) from	n fundraisin	g eve	nts				
	9a	Gross income f	from	gaming						
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
		Net income or (loss)			ctivitie	es				
		Gross sales of ir								
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	C	Net income or (loss)				orv				
<u></u>			, 5.11		. 5.100	Business Code				
jo (	11a					2451000 5040				
ne	_									
scellaneo Revenue	b									
Se Se	C	All other revenue							-	_
Miscellaneous Revenue	d	All other revenue					14,764	14,764	0	0
		Total. Add lines 11a					14,764	, . == :	-	-
	12	Total revenue. See	ınstr	uctions .			2,999,763	14,764	0	0

### 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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		<u>/</u>
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and	0			
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	73.255	73,255	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	259,646	254,102	5,544	0
8	Pension plan accruals and contributions (include	, -	, -	,	
	section 401(k) and 403(b) employer contributions)	19,160	18,795	365	0
9	Other employee benefits	20,946	19,314	1,632	0
10	Payroll taxes	31,202	30,675	527	0
11	Fees for services (nonemployees):	2 : ,=30=	22,3.0		
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	45,329	42,979	2,350	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	862,070	850,485	11,585	0
12	Advertising and promotion	815	732	83	0
13	Office expenses	70,989	70,071	918	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	31,099	27,824	3,275	0
17	Travel	902	0	902	
18	Payments of travel or entertainment expenses	302	U	302	
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	175	175	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	34,794	34,598	196	
24	Other expenses. Itemize expenses not covered	34,734	34,330	190	
	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.)				
а	In kind contributions expense	1,432,500	1,432,500	0	0
a b		3,069	2,962	107	0
C		3,009	2,302	107	0
d					
e	All other expenses	173,885	110,489	63,396	
25	Total functional expenses. Add lines 1 through 24e	3,059,836	2,968,956	90,880	0
26	<b>Joint costs.</b> Complete this line only if the	3,038,036	2,300,330	30,000	0
	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)				
					Form <b>990</b> (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		📙
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	75,525	1	191,742
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	466,907	3	491,369
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
S	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
•	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	9,650		9,650
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	552,082		692,761
_	17	Accounts payable and accrued expenses	155,037		355,789
	18	Grants payable	0	18	0
	19	Deferred revenue	0	_	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		0
'n	22	Loans and other payables to any current or former officer, director,	0	21	U
ţi		trustee, key employee, creator or founder, substantial contributor, or 35%			
þ		controlled entity or family member of any of these persons	0	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
_	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third	0	24	0
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	155,037	26	355,789
·n	20	Organizations that follow FASB ASC 958, check here	155,057	20	333,769
Ç		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	246,157	27	179,847
Ba	28	Net assets with donor restrictions	150,888		157,125
Þ	20	Organizations that do not follow FASB ASC 958, check here	130,000	20	137,123
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	207.045	32	336,972
Ne	33	Total liabilities and net assets/fund balances	397,045		
_	JJ	TOTAL HADINITES AND THE ASSETS/TUTIO DATATIVES	552,082	J	692,761

Form 990 (2022) Page **12** 

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	9,763 9,836 0,073 7,045
2 3,05 3 Revenue less expenses. Subtract line 2 from line 1	9,836 0,073
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  2a	0,073
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
Net unrealized gains (losses) on investments	7,045
6 Donated services and use of facilities 7 Investment expenses	
7 Investment expenses	0
Prior period adjustments	0
Other changes in net assets or fund balances (explain on Schedule O)	0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	0
32, column (B))	0
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
Check if Schedule O contains a response or note to any line in this Part XII	6,972
1 Accounting method used to prepare the Form 990: Cash Accrual 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? 2a	
1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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? 2a	
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? 2a	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	<b>'</b>
reviewed on a separate basis, consolidated basis, or both:	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
separate basis, consolidated basis, or both:	
☐ Separate basis ☐ Consolidated basis ☐ 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? .	
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?	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b	

Form **990** (2022)

## SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization CORPORATION FOR THE CONSERVATION OF THE SAN JUAN BAY ESTUARY 66-0657150 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

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

Sacti	on A. Public Support	quality diluci	110 10313 113	ica below, pic	sase complet	.c r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,394,091	1,041,561	1,374,119	1,749,431	1,567,263	7,126,465
3	The value of services or facilities furnished by a governmental unit to the organization without charge	700,000	0	1,452,400	1,606,544	1,432,500	5,191,444
4	Total. Add lines 1 through 3	2,094,091	1,041,561	2,826,519	3,355,975	2,999,763	12,317,909
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)						
6	Public support. Subtract line 5 from line 4						12,317,909
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,094,091	1,041,561	2,826,519	3,355,975	2,999,763	12,317,909
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	•	third, fourth,		12 ar as a section	12,317,909 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	)				
14	Public support percentage for 2022 (line 6	6, column (f), di	vided by line 1	1, column (f))		14	100 %
15 16a	Public support percentage from 2021 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2022. If the organia box and stop here. The organization qual	zation did not o	check the box	on line 13, and	d line 14 is 33້		
b	331/3% support test—2021. If the organization this box and stop here. The organization						ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization means the representation organization meets the representation in the control of th	eets the facts- facts-and-circu	and-circumsta mstances tes	inces test, che t. The organiza	ck this box ar ation qualifies	nd <b>stop here</b> . I as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the face facts-and-circ	cts-and-circun cumstances te	nstances test, o st. The organiz	check this box ation qualifies	and <b>stop her</b> as a publicly s	e. Explain supported
18	<b>Private foundation.</b> If the organization of instructions	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see

Schedule A (Form 990) 2022 Page **3** 

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

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

Secti	on A. Public Support			, 1		,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees			,	,		
2	received. (Do not include any "unusual grants.")  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						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	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						
8	<b>Public support.</b> (Subtract line 7c from						
Coot:	line 6.)						
	on B. Total Support	(-) 0010	(I-) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-+-I
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9 10a							
IUa	payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	s first, second		-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line						%
16	Public support percentage from 2021 Sch	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (			-			%
18	Investment income percentage from 202						%
19a	331/3% support tests—2022. If the organ						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	_	_	-		=	_
b	33 <sup>1</sup> /3% support tests—2021. If the organize line 18 is not more than 33 <sup>1</sup> /3%, check this						
20	<b>Private foundation.</b> If the organization di	_	=	•	-		_
20	i iivate iouiiuatioii. Ii tile organization di	u noi check a	DUA UIT III IE 14	, 13a, UL 13D, (	SITECK LITTS DOX	and see mistlu	ULIUI 10 . 🔲

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(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.)

### Se

Jecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
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).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 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 Section 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. 1 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 Section C. Type II Supporting Organizations Yes No 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 Section D. All Type III Supporting Organizations Yes No 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 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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. 2a 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022 Page 6

				. ago <del>-</del>
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	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		
Sect	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):			
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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

# 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CORP	ORATION FOR THE CONSERVATION OF THE SAN JUA	66-0657150							
Par									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
1 2 3 4	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts						
5	Did the organization inform all donors and donor a								
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, ar only for charitable purposes and not for the benefit conferring impermissible private benefit?	nd donor advisors in writing that gra t of the donor or donor advisor, or f	nt funds can be used for any other purpose						
Par		V" F 000 B+ N/ E 7							
4	Complete if the organization answered "								
2	Purpose(s) of conservation easements held by the conservation of land for public use (for example, recreation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization hele easement on the last day of the tax year.	ation or education) Preservation Preservation	of a historically important land area of a certified historic structure on in the form of a conservation  Held at the End of the Tax Year						
а									
b c d	Total acreage restricted by conservation easements Number of conservation easements on a certified hi Number of conservation easements included in (c) a historic structure listed in the National Register .	storic structure included in (a)	2c						
3	Number of conservation easements modified, transtax year	ferred, released, extinguished, or tel	rminated by the organization during the						
4 5	Number of states where property subject to conserve Does the organization have a written policy regulations, and enforcement of the conservation east	arding the periodic monitoring, ins	spection, handling of						
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	ng conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year						
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·						
9	In Part XIII, describe how the organization repobalance sheet, and include, if applicable, the text organization's accounting for conservation easemer	of the footnote to the organization's							
Part	Organizations Maintaining Collections Complete if the organization answered "								
	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote t If the organization elected, as permitted under FAS	held for public exhibition, educatio o its financial statements that descri	n, or research in furtherance of public bes these items.						
b	art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or reas:	esearch in furtherance of public service,						
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$						
2	(ii) Assets included in Form 990, Part X	historical treasures, or other similar	r assets for financial gain, provide the						
а	Revenue included on Form 990, Part VIII, line 1 .		\$						

	le D (Form 990) 2022									Page 2
Part										
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and ot	her recor	ds, chec	k any of th	e follov	ving that make	signific	ant use	of it
а	☐ Public exhibition		d	Loan	or exchang	e progi	ram			
b	Scholarly research									
	☐ Preservation for future generations									
4	Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.									
5	During the year, did the organization solid assets to be sold to raise funds rather than								Yes	□No
Part										
	Complete if the organization and 990, Part X, line 21.		" on For	m 990, F	Part IV, lin	e 9, or	reported an a	amount	on Fo	rm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							_	Yes	□ No
b	If "Yes," explain the arrangement in Part X	III and comple	ete the fo	llowing ta	able:					
	, 1	•		J				Amoun	t	
С	Beginning balance					10	:			
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amount or							itv2	Ves	No
	If "Yes," explain the arrangement in Part X							•		∣ ''`
	Endowment Funds.	in. Oneck her	e ii tile ez	Пріапапо	ii iias beeii	provid	ed off i art Affi	<u> </u>	• !	
ı aı	Complete if the organization ans	swered "Ves	" on For	m 99∩ F	Part IV lin	<u>1</u> 0 م				
		Current year		or year	(c) Two yea		(d) Three years ba	nok (a)	Four year	o book
4.		Gurrent year	(0) FII	or year	(C) Two yea	15 Dack	(d) Three years ba	ack (e)	rour year	SDACK
_	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the c	urrent vear er	nd balanc	e (line 1a	. column (a	a)) held	as:			
а	Board designated or quasi-endowment	•		` `	,	"				
b	Permanent endowment %		, ,							
c	Term endowment %									
Ü	The percentages on lines 2a, 2b, and 2c s	hould equal 1	nn%							
3a	Are there endowment funds not in the po			zation tha	at are held	and ad	lministered for	the		
ou	organization by:	330331011 01 11	ic organi.	zation the	at are ricid	and ac	iriiiiistoroa ioi	tilo	Yes	No
	_							0.		, 140
	(i) Unrelated organizations							. 38		
	( )							-	(ii)	
b	If "Yes" on line 3a(ii), are the related organ		•					. 3	b	
4	Describe in Part XIII the intended uses of t		on's endo	wment to	unds.					
Part			., –	665			0 5 5		v	4.0
	Complete if the organization and									
	Description of property	(a) Cost or ot (investm		· ,	or other basis ther)		Accumulated epreciation	(d)	Book val	ue
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment									
e	Other									

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

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments-Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See Fo	orm 990, Part X, line 13.
	(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1. (1) Factorial in	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<del></del>	
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		
organization	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the foothote has b	een provided in Part XIII . 🔲

Schedule D (Form 990) 2022 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 2,999,763 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 0 Donated services and use of facilities 0 Recoveries of prior year grants . . . 0 Other (Describe in Part XIII.) . . . . . 0 Add lines 2a through 2d . . . . 2e 3 Subtract line **2e** from line **1** . . . . 3 2,999,763 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4b 0 Add lines 4a and 4b 4c Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 2,999,763 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 1 3,059,836 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 0 Prior year adjustments 2b 0 Other losses . . . . . 2c 0 Other (Describe in Part XIII.) . . . 0 Add lines 2a through 2d . . . 2e 0 Subtract line 2e from line 1 . . . . 3 3 3,059,836 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 4a 0 Other (Describe in Part XIII.) . . . . . . . . . . 4b 0 Add lines **4a** and **4b** . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,059,836 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part XI, Line 2d - The other revenue small contribution received during the tax year.

# 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.

Employer identification number

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CORPORATION FOR THE CONSERVATION OF THE SAN JUAN BAY ESTUARY	66-0657150
Form 990, Part VI, Section A, Line 6 - SJBE is non profit organization and the board of directors composed	of six individuals
Form 990, Part VI, Section A, Line 7a - The board of directors has the power to elect or appoint one or more	e members of the governing body
Form 990, Part VI, Section B, Line 11b - 990 form is reviewed by Executive Director and SJBE Accountant	
Total Goo, Fait Vi, Goodin D, Elife Fib Good form in Toviowad by Exceeding Director and Gobe Accountant	
Form 990, Part VI, Section B, Line 12c - SJBE received federal funds from various programs that requiring	monitoring and compliance with
laws and regulations. In annual basis SJBE perform single audit and submit its report according to 2 CFR	
Form 990, Part VI, Section B, Line 15 - The Executive Director compensation is approved by the board of d	irector. The officer and
employee's compensation are reviewed by Executive Director and approved by board of directors.	
Form 990, Part VI, Section C, Line 19 - SJBE has its organization governing documents, conflict of interest	policy, and financial statements
in the Estuary administrative office available for public examination or evaluation.	
Francisco De de IV. L'and de la Defendancia de la descripción de la CORDE de la dela 2000.	
Form 990, Part IX, Line 11g - Professional service contractor for services in SJBE programs during 2022	

Schedule O, Statement 1

## CORPORATION FOR THE CONSERVATION OF THE SAN JUAN BAY ESTUARY

Form: Form 990 (2022) EIN: 66-0657150

Page: 1 Header Section

#### **Reasonable Cause Explanations**

#### **Explanation**

SJBE request an extension through form 8868 accepted by IRS. The management of SJBE decided to change their accounting period of reporting to conform to the pattern of federal funds award year; the reporting period will change to start on October 1. This return is for the nine-month periods from January1, 2022 to September 30, 2022. The first annual reporting period after the change will be from October 1, 2022 to September 30, 2023.

# CORPORATION FOR THE CONSERVATION OF THE SAN JUAN BAY ESTUARY

Form: **Form 990 (2022)** EIN: **66-0657150** 

Page: 2 Part III, Line 4d

#### Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other contributions revenues	83,584	83,584	98,234
Total:		83,584	83,584	98,234