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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2018 calen	dar year, or tax	year begin	ning 7/	01	, 20	118, and	d endin	g 6/	30		, 2019
В	Check if a	pplicable:	С								D Employ	yer iden	ntification number
	Addre	ess change	AUDUBON CA	ANYON R	ANCH. I	NC.					94-	6069	9140
	Name	e change	4900 HIGH								E Teleph		
	\vdash	l return	STINSON BE										
	\vdash			, -							415	-868	8-9244
	\vdash	eturn/terminated											
	\vdash	nded return									G Gross	<u> </u>	., ,
	Applic	cation pending	F Name and addre		officer: JOF	IN PETER	SEN		1		a group retui		163 140
			SAME AS C	ABOVE						H(b) Are all	subordinate: * attach a list	s include	ed? Yes No
1	Tax-exe	empt status:	X 501(c)(3)	501(c) () ▼ (i	nsert no.)	4947(a)(1) or	527	,	attaon a no	(500 11	not detions)
J	Websi	ite: ► WW	W.EGRET.OR	:G						H(c) Group	exemption n	umber l	▶
K	Form of	organization:	X Corporation	Trust	Association	Other >		L Year o	of formati	on: 196	2 M:	State of	legal domicile: CA
Pa	art l	Summar	V					•					
				ion's missi	on or most	significant a	activities: A	UDUBO	ON CA	NYON F	RANCH.	TNC	. ("ACR"), IS A
40	CALTEORNIA MONDPORTE DIDLIC DENERTE CORDODATION ACRICAL CARREST OF MILETER												
JC.	S	ANCTUAR	IES AND CE	NTERS C	F NATUF	RE EDUCA	TION I	N THE	COU	NTTES	OF MAI	₹ŢŊ_	AND SONOMA,
ma	l c	ALIFORN	IA. <conti< th=""><th>NUED ON</th><th>SCHEDU</th><th>JLE O></th><th></th><th></th><th></th><th>-11-2-1-1</th><th></th><th></th><th></th></conti<>	NUED ON	SCHEDU	JLE O>				-11-2-1-1			
Şe.	2 Cr		x F if the o				ations or d	isposed	d of mo	re than 2	5% of its	net as	ssets.
ၓ	3 Nu	umber of vo	ting members o	f the gover	ning body (Part VI, line	: 1a)					3	13
ං ජ	4 Nu	umber of inc	dependent votin	g members	of the gove	erning body	(Part VI, I	line 1b)		60 + 1 6000000	0.0000000000000000000000000000000000000	4	13
Activities & Governance	5 To	otai number	of individuals e	mployed in	calendar y	ear 2018 (P	art V, line	2a)		xxxx • xxx • x		5	41
ξ	6 To	otal number	of volunteers (e	estimate if i	necessary) .					5 (.)		6	450
Ac		otal unrelate	ed business reve	nue from F	art VIII, co	lumn (C), lii	ne 12		4 4 4 4 4 4	8		7a	0.
	b Ne	et unrelated	business taxab	le income f	rom Form 9	990-T, line 3	8			<u> </u>		7b	0.
											rior Year		Current Year
ф			and grants (Par								,867,0	12.	2,596,361.
Revenue	9 Pr	ogram serv	ice revenue (Pa	rt VIII, line	2g)			00000000000					
eve			come (Part VIII,								,052,8	81.	1,548,579.
Œ.			∍ (Part VIII, colu								589,1	27.	610,190.
			 add lines 8 t 							4	,509,0	20.	4,755,130.
			milar amounts p										
			to or for member										
,n	15 Sa	alaries, othe	r compensation	, employee	benefits (P	art IX, colu	mn (A), lir	nes 5-10	0)	2	,433,9	80.	2,461,028.
se	16a Pr	ofessional f	undraising fees	(Part IX, c	olumn (A),	line 11e)							
Expenses	b To	tal fundrais	ing expenses (F	art IX. colu	umn (D), lin	e 25) 🕨		548 6	647				
ŭ	1		es (Part IX, colu					340,0	347.	1	24F F	F2	1 510 000
			s. Add lines 13-								,345,5		1,518,280.
			expenses. Subt							3	,779,5		3,979,308.
_ 80		veriue less	expenses. Subt	Tact line 10	TOTT THE	14	*******				729,4		775,822.
te o	20 To	tal accote (Part X, line 16).							_	g of Curren		End of Year
388	21 To	tal liabilitia	(Part X, line 16).	ev							,989,6		43,908,662.
Net Assets or Fund Balances	21 10									4	,339,5	12.	3,933,378.
			fund balances.	Subtract lin	ie 21 from l	ine 20				39	,650,1	17.	39,975,284.
Pa	rt II	Signature	Block										
Jnde	r penalties	of perjury, I dec	clare that I have exam	nined this retur	n, including acc	companying sch	edules and st	tatements	, and to t	he best of m	ny knowledge	and be	lief, it is true, correct, and
		T.	Cr (carer aran onicer)	13 based on a	II IIIIOI III ation o	- which prepare	i ilas aliy kilo	wiedye.					
		Signatur	e of officer	rece							2-1	3-	<u>ナ0</u>
Sig										Dat	te		
Hei	re	JOHN								EXECU	JTIVE I	IR.	
			orint name and title			1							
		Print/Type pr	eparer's name		Preparer's sign	5\/s (DX/	u. CF	24 Date	2	$_{\prime}$	Check X	if	PTIN
Pai	d	LISA D	ORAN, CPA		LISA DO	RAN, CP.	A	11/	27	12015	self-employe	d l	P00791709
	parer	Firm's name	DORAN 8										
Use	e Only	Firm's addres				D, STE.	3				Firm's EIN	26	2769279
			s address 55 MITCHELL BOULEVARD, STE. 3 SAN RAFAEL, CA 94903					Firm's EIN ► 262769279 Phone no. 415-491-1130					
Vlay	the IRS	discuss this	s return with the			e? (see inst	ructions						X Yes No
200		1.0	1 11 A 1 11			(-300							140

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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

	ic 6 Month Extension of Time Only					
All corpora	ic 6-Month Extension of Time. Only su tions required to file an income tax return other 7004 to request an extension of time to file income	than Form O	00 T (including 1100 0 ft)	PENIO LI	· ·	
use Form 7	7004 to request an extension of time to file incor	me tax return	13.			
	Name of exempt organization or other filer, see instructions.		Enter filer's iden	tifying number, see		
Type or	of other filer, see instructions.			Employer identification	number (EIN) o	
print	AUDURON CANYON BANGU TNG					
File by the	AUDUBON CANYON RANCH, INC. Number, street, and room or suite number. If a P.O. box, se	e instructions		94-6069140 Social security number		
due date for		4900 HIGHWAY ONE				
filing your return. See	City, town or post office, state, and ZiP code. For a foreign a	address, see instr	ructions.			
instructions.	STINSON BEACH, CA 94970					
Enter the R	eturn Code for the return that this application is	for (file a se	parate application for each return)		01	
Application Is For		Return Code	Application Is For		Return	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		Code	
Form 990-B		02	Form 1041-A		07	
Form 4720 (i		03	Form 4720 (other than individual)		08	
Form 990-P	·	04	Form 5227		10	
	(section 401(a) or 408(a) trust)	05	Form 6069		11	
orm 990-T	(trust other than above)	06	Form 8870		12	
Telephon If the org If this is check thi	e No. 415-868-9244 ganization does not have an office or place of but for a Group Return, enter the organization's four is box	r alait Group	e United States, check this box	Ballata Professional Control		
► X	st an automatic 6-month extension of time until organization named above. The extension is for the calendar year 20 or tax year beginning	, and ending	g _ <u>6/3</u> 0 , 20 19 .	zation return		
Z IT the ta	ax year entered in line 1 is for less than 12 mon ange in accounting period	ths, check re		al return		
	pplication is for Forms 990-BL, 990-PF, 990-T, 4 and able credits. See instructions.	· • • · · · · · · · · · · · · · · · · ·		3a\$	0.	
tax pay	pplication is for Forms 990-PF, 990-T, 4720, or ments made. Include any prior year overpaymer	6069, enter ant allowed as	any refundable credits and estimated a credit	3b\$	0.	
c Balance EFTPS	e due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	r payment wi	th this form, if required, by using	3c \$		
aution: If yo ayment instr	ou are going to make an electronic funds withdra- ructions.	awal (direct d	lebit) with this Form 8868, see Form 84	53-EO and Form 887	79-EO for	

Forn	m 990 (2018) AUDUBON CANYON RANCH, INC.	94-6069140	Page 2
Pal	Rt 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:		
	AUDUBON CANYON RANCH, INC. ("ACR"), IS A CALIFORNIA NONPROFIT	PUBLIC BENEFIT	
	CORPORATION. ACR IS A SYSTEM OF WILDLIFE SANCTUARIES AND CEN		'ATTON
	IN THE COUNTIES OF MARIN AND SONOMA, CALIFORNIA.		4111011
2	Did the organization undertake any significant program services during the year which were not listed on t	he 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 progra	am 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	n services, as measured by ex	penses.
	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed revenue, if any, for each program service reported.	cations to others, the total exp	enses,
	and revenue, if any, for each program service reported.		
	- (Code)		
4 8	a (Code:) (Expenses \$1,433,991. including grants of \$	_) (Revenue \$ 1,094	<u>, 497.</u>)
	THE ACR STEWARDSHIP PROGRAM DEVELOPS SCIENCE-BASED APPROACHES	_TO_TAKING_CARE_OF	OUR
	LANDS AND THE HABITATS THEY ENCOMPASS. WE CONTROL INVASIVE PL		
	MONITOR HABITAT CONDITIONS, TRACK RARE AND SENSITIVE SPECIES,	AND IMPLEMENT	
	RESTORATION PROJECTS USING BOTH OUR TRAINED STAFF AND OUR CAD	RE OF STEWARDSHIP	
	VOLUNTEERS. IN ADDITION TO STEWARDING THE LANDS THAT ACR OWNS	<u>, ACR STEWARDSHIP T</u>	AKES_
	A LANDSCAPE-SCALE APPROACH AND WORKS IN PARTNERSHIP WITH OTHE	R ORGANIZATIONS, LA	$\overline{\text{ND}}$
	MANAGERS, AND PRIVATE LANDOWNERS ON REGIONAL STRATEGIES TO IM	PROVE HABITAT	
	CONNECTIVITY, INCREASE CLIMATE RESILIENCE, RESTORE NATIVE HAB	ITATS, AND CONTROL	
	INVASIVE SPECIES. <continued o="" on="" schedule=""></continued>		-
4 b	(Code:) (Expenses \$ 765,756. including grants of \$	_) (Revenue \$)
	THE ACR CONSERVATION SCIENCE PROGRAM ACTIVITIES INCLUDED SEVE	RAL_SCIENTIFIC	
	INVESTIGATIONS ON HERONS & EGRETS, SHOREBIRDS, WATERBIRDS, AN	D LANDBIRDS. WE	
	CONDUCTED AVIAN POINT-COUNT AND BREEDING BIRD SURVEYS AT ACR'	S MODINI MAYACAMAS	
	PRESERVES AND SURROUNDING AREAS OF THE CENTRAL MAYACAMAS MOUN	TAINS, COMPLETED EI	GHT
	BAYWIDE SHOREBIRD SURVEYS AND FOUR BAYWIDE WATERBIRDS SURVEYS	ON TOMALES BAY, AN	D
	BAYWIDE SHOREBIRD SURVEYS AND FOUR BAYWIDE WATERBIRDS SURVEYS MONITORED THE NESTING PERFORMANCE OF HERONS AND EGRETS AT ALL	ON TOMALES BAY, AN KNOWN COLONY SITES	D IN
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Form 990 (2018) AUDUBON CANYON RANCH, INC. Part IV Checklist of Required Schedules

	1.11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		170	
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	x	Fa
I	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.	11 Ь		X
	bid the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
ŀ	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	1.41-		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	14b		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>	16	+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		<u>х</u> х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		<u></u>
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
ΛΛ	, , , , , , , , , , , , , , , , , , , ,			

Form 990 (2018) AUDUBON CANYON RANCH, INC. Part IV | Checklist of Required Schedules (continued)

21	2. Did the organization report more than CE 000 of annuts at 11		Yes	No
24	2 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		Х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	
24	1a 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		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246	_	├ ^
	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?	240		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240		
25	is a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			\$1 ₀₇
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Schedule N, Part II.	32		Х
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
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? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		_	
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to yearlars and the control of the control o			
BAA	(gambling) withings to prize winners?	1 c	X	
		Form	990 (2	2018)

Form 990 (2018) AUDUBON CANYON RANCH, INC.

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		v	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2 b	X	BINGS:
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b	-	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
	b If 'Yes,' enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	CALCON CO.	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	a 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?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			A.
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	20	Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of care, hoats, airplanes, or other vehicles, did the arraping till	/9		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
_	organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
1	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь	-	—
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
i	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			7
	a Gross income from members or shareholders			
1	against amounts due or received from them.)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	70	5200	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12a	UH DOGGE	- 1011
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	(· · · ·	Sec. S
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
Ŀ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	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? If 'Yes,' see instructions and file Form 4720, Schedule N.	15		X
16				Tire.
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X
BAA		Form !	7	010
	1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	OHILLS	100 (2	U10)

Form 990 (2018) AUDUBON CANYON RANCH, INC. 94-6069140 Page 6 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 in 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 1 a Enter the number of voting members of the governing body at the end of the tax year..... 13 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent. . . . 1 b 13 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?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?..... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body?.... X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... X 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 X 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... SEE . SCHEDULE .O. 12c X 13 Did the organization have a written whistleblower policy?..... X 13 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... X 15a X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16a X **b** 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA 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. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

GARY SCHICK 4900 HIGHWAY ONE

STINSON BEACH CA 94970 415-868-9244

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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more (A) Name and Title (B) than one box, unless person is both an officer and a Estimated amount of other compensation from the organization and related Average hours Reportable compensation from Reportable compensation from director/trustee) Highest compensated employee per the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer Institutional Key employee week Individual (list any hours for related organizations organiza-tions trustee .l trustee below line) (1) PHILLIP CARLSEN 0.5 PRESIDENT 0 Χ X 0 0 0. (2) BRYANT HICHWA 0.5 DIRECTOR 0 X 0 0. 0. (3) WILLIAM BRIDGES 0.5 TREASURER 0 Χ X 0. 0. 0. 0.5 (4) BARBARA WINTER 0. Χ DIRECTOR 0 0. 0. (5) JOAN TURNER 0.5 X 0._ SECRETARY 0 X 0. 0. 0.5 (6) JANE WICKLUND DIRECTOR 0 X 0. 0. 0. (7) CY WILCOX 0.5 0. DIRECTOR 0 X 0. 0 (8) REBECCA SIMON 0.5 DIRECTOR Χ 0._ 0. 0. 0 0.5 NANCY LILLY VICE PRESIDENT 0 X X 0 0 0. (10) JEFF REICHEL 0.5 DIRECTOR 0. 0 X 0. 0 (11) JUDY PROKUPEK 0.5 DIRECTOR 0 X 0. 0 0. CAROL LYNN WOOD 0.5 DIRECTOR 0 X 0. 0 0. 0.5 ANNE MONTGOMERY DIRECTOR 0 X 0. 0 0. (14) JULIA CLOTHIER 38 67,965. C00 0 0. 12,909.

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Form 990 (2018)

Part vit Section A. Officers, Directors, 17t	,	ney				es,	and	nignest Com	ipensated Emp	oloyees (continued)
(A) Name and title	Average hours per	box	, unle	Pos check	erson	e than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	inte)		Ò			ted				
(15) GARY SCHICK CFO	38			Х				106,455.	0.	28,475.
(16) JOHN PETERSEN	_ 38									
EXECUTIVE DIR. (17) HUGH ROBERTSON	38			X				155,271.	0.	8,807.
DIR. FIN. & OPS	0			X				131,279.	0.	22,840.
(18)										
(19)							- 2			
(20)										
(21)										
(22)										
(23)										
(24)			_							
(25)										
1 b Sub-total							>	460,970.	0.	73,031.
c Total from continuation sheets to Part VII, Section	оп А		<i></i>				• [0.	0.	0.
d Total (add lines 1b and 1c)							ed r	460,970. more than \$100,000	0.) of reportable comp	73,031.
from the organization > 3										
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus	stee,	key	em	ploy	ee, o	or hi	ighest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportabler than \$15	e con	npei	nsat	tion	and	othe	er compensation f	50 0000000000	
Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'				om a	any	unrel	ated	d organization or i	ndividual	4 X
Section B. Independent Contractors										. 5 X
1 Complete this table for your five highest compens compensation from the organization. Report compens	sated indes sation for t	pend he ca	lent lend	con lar y	itrac ear	tors endin	that ig w	received more th	an \$100,000 of anization's tax year	
(A) Name and business addr								(B) Description of		(C) Compensation
							4			
		-		_			+			
2 Total number of independent contractors (including but \$100,000 of compensation from the organization)		ed to	thos	se lis	sted	abov	e) w	ho received more t	han	
BAA		FFA01	081	08/03	3/18					Form 990 (2018)

	Check if Schedule O contains a response or note to	any line in this Part V	/111		
		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts es	1 a Federated campaigns				
E H	b Membership dues 1b				
S. F.	c Fundraising events				
ar iff	d Related organizations 1d				
mil G	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 2,596,36	1.			
F O	g Noncash contributions included in lines 1a-1f: \$ 25,29				
Sor	h Total. Add lines 1a-1f.	2,596,361.			
Program Service Revenue	2a		3	2	er a fill we are yet a come to
Be a	b				
20	c				
Se S	d				
E	e				
gra	f All other program service revenue				
Pro	g Total. Add lines 2a-2f.	•			
	3 Investment income (including dividends, interest and			3-1-1	
	other similar amounts)				1,063,132.
	4 Income from investment of tax-exempt bond proceeds	S			
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 2,907,344.				
	b Less: cost or other basis				
	and sales expenses 2, 421, 897.			GENERAL CONTROL	
	c Gain or (loss)				
	d Net gain or (loss).	▶ 485,447.	485,447.		
\$	8a Gross income from fundraising events				
ē	(not including \$ of contributions reported on line 1c).				
Other Reven	See Part IV, line 18				
7	b Less: direct expenses b				
#	c Net income or (loss) from fundraising events				
0	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b 2,48; c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	1,140.	V		1,140.
		E00 201	E00 201		
	110011111111111111111111111111111111111	599,321.	599,321.		
	b MISCELLANEOUS 611710	9,729.	9,729.		
	d All other revenue.				
	e Total. Add lines 11a-11d	600 050			
		609,050.	1 004 105		
	12 Total revenue. See instructions	4,755,130.	1,094,497.	0.1	1.064.272.

Form 990 (2018) AUDUBON CANYON RANCH, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	417,785.	189,526.	189,231.	39,028.
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	1,497,868.	1,144,369.	87,395.	266,104.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)				
_	employer contributions)	75,154.	52,331.	10,852.	11,971.
9	Other employee benefits	309,544.	215,540.	44,699.	49,305.
10		160,677.	111,882.	23,202.	25,593.
11	Fees for services (non-employees):	100.000		405.000	
	Management Legal	106,079.		106,079.	
	Accounting.	4,990.	4,990.	45.040	
	_	17,010.		17,010.	
	Lobbying				
	Investment management fees	05 006		05.006	
	Other. (If line 11g amount exceeds 10% of line 25, column	85,006.		85,006.	
_	(A) amount, list line 11g expenses on Schedule 0.)	7,560.		7,560.	
13	Office expenses	49,690.	34,600.	7,175.	7,915.
14	Information technology.	131,490.	91,558.	18,988.	20,944.
15	Royalties	131,470.	31,330.	10,980.	20,344.
16	Occupancy	239,471.	211,238.	13,425.	14,808.
17	Travel	109,141.	107,084.	1,669.	388.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	103,141.	107,004.	1,005.	300.
19	Conferences, conventions, and meetings				-
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	236,403.	164,611.	34,137.	37,655.
23	Insurance	68,675.	47,818.	9,918.	10,939.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	RESEARCH AND SPECIAL PROJECTS	238,066.	238,066.	A STATE OF THE STA	and the second s
	OTHER	66,618.	55,884.	10,223.	511.
	LIBRARY AND PUBLIC EDUCATION	54,063.	54,063.		V 4 4 1
	COMMUNITY OUTREACH AND RECOG.	53,707.	3,023.		50,684.
	All other expenses	50,311.	37,509.		12,802.
25	Total functional expenses. Add lines 1 through 24e	3,979,308.	2,764,092.	666,569.	548,647.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				
BAA		TECA01101 09/0			Form 900 (2019)

A. III.	11.7	Check if Schedule O contains a response or note to any line in this Part X			
		Check in deficultie of contains a response of flote to drift line in this indicate.	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	341,516.	1	488,829.
	2	Savings and temporary cash investments	5,156,280.	2	4,606,338.
	3	Pledges and grants receivable, net	474,291.	3	642,417.
	4	Accounts receivable, net	5,320.	4	40,485.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20,871.	8	1,487.
Ä	9	Prepaid expenses and deferred charges	57,195.	9	55,543.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	10,674,011.	10 c	11,106,227.
	11	Investments – publicly traded securities	27,178,532.	11	26,873,158.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	81,613.	15	94,178.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	43,989,629.	16	43,908,662.
	17	Accounts payable and accrued expenses	216,865.	17	323,044.
	18	Grants payable		18	
	19	Deferred revenue.		19	
	20	Tax-exempt bond liabilities.		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	4,122,647.	25	3,610,334.
	26	Total liabilities. Add lines 17 through 25	4,339,512.	26	3,933,378.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	11,748,830.	27	12,352,341.
Sal	28	Temporarily restricted net assets	8,628,473.	28	13,035,129.
P	29	Permanently restricted net assets	19,272,814.	29	14,587,814.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	en a 2000 to 10 to	30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	39,650,117.	33	39,975,284.
4	34	Total liabilities and net assets/fund balances	43,989,629.	34	43,908,662.
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OH	1 990 (2010) RODODON CANTON MANCH, INC. 94	0003	7140		_ I U	90 1
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	, 97	9,3	08.
3	Revenue less expenses. Subtract line 2 from line 1	3		77	5,8	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39		0,1	
5	Net unrealized gains (losses) on investments	5			0,6	
6	Donated services and use of facilities	6				
7	Investment expenses					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	39	<u>, 97</u>	5,2	84.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
				7	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				ř	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	in Schedule O.					
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		993	2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on :	a	e di		
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			200		Jan 17
I	Were the organization's financial statements audited by an independent accountant?		3/3/SES	2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate				
	basis, consolidated basis, or both:				88	
	X Separate basis Consolidated basis Both consolidated and separate basis					2403
•	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?	55884 • • •	837.0	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				7	
3 :	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		s -: "			
				3 a	_	X
П	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	5555		3 b		2245
2 / 0	TEEAUTEZE 08/03/18		E-6	vrm 6	on /	2012

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	f the	organization					Employer id	entifica	tion number
AUDI	JB(ON CANYON RANCH, IN	rc.				94-606		
Part	I	Reason for Public Cha	rity Status (All or	ganizations must o	omple	te this	part.) See ins	truct	tions.
The o	rga	nization is not a private found	ation because it is: (F	or lines 1 through 12,	check o	nly one	box.)		
1	П	A church, convention of churche	es, or association of ch	urches described in sect	ion 170(b)(1)(A)(i).		
2	П	A school described in section 1	70(b)(1)(A)(ii). (Attach 5	Schedule E (Form 990 or	990-EZ)	.)			
3	П	A hospital or a cooperative he	ospital service organi	zation described in sec	tion 170)(b)(1)(A)(iii).		
4	П	A medical research organizat	tion operated in conju	nction with a hospital o	iescribe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	_	name, city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (Col	the benefit of a collection					nit de	scribed in
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).		
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust described	in section 170(b)(1)(/	A)(vi). (Complete Part I	l.)				
9		An agricultural research organize or university or a non-land-granuniversity:	zation described in sec at college of agriculture	tion 170(b)(1)(A)(ix) operations (see instructions). Enter	ated in c the nam	onjunctione, city, a	on with a land-gran and state of the col	t colle lege c	ge ir
10		An organization that normally re		22 1/20/ of the suspend for					rocc roccipte
10	L	from activities related to its e investment income and unrelude June 30, 1975. See section 5	exempt functions—sub lated business taxable	ject to certain exception income (less section	ns. and	(2) no i	more than 33-1/39	% of i	ts support from gross
11	Г	An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).		
12		An organization organized ar or more publicly supported or lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	r sectio	n 509(a	X2). See section :	509(a	ut the purposes of one (X3). Check the box in
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect	I or controlled by its sur	norted a	rganizati	ion(s), typically by	aivina	the supported on. You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s the supported orga), by anizati	having control or on(s). You
С		Type III functionally integrated. organization(s) (see instruction	A supporting organizat	on operated in connection	n with, an A. D. an	nd function	onally integrated wit	th, its	supported
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting organization generally	anization operated in cor must satisfy a distribu	nection	with its	supported organiza t and an attentive	tion(s) eness	that is not requirement (see
е		Check this box if the organize integrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II	, Тур	e III functionally
f	Er	nter the number of supported	organizations		 				
		ovide the following information							
	i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza	s the tion listed poverning ment?	(v) Amount of mone support (see instruction		(vi) Amount of other support (see instructions)
					Yes	No			
					.63	.10			
(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.)

Sec	tion A. Public Support					_	
begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	693,878.	1,145,966.	1,110,362.	1,867,012.	2,596,361.	7,413,579.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			ı			0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4	Total. Add lines 1 through 3	693,878.	1,145,966.	1,110,362.	1,867,012.	2,596,361.	7,413,579.
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)						901,127.
6	Public support. Subtract line 5 from line 4.						6,512,452.
Sec	tion B. Total Support			S. 3			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ndar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	693,878.	1,145,966.	1,110,362.	1,867,012.	2,596,361.	7,413,579.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	846,752.	925,046.	742,279.	817,236.	1,063,132.	4,394,445.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI.	17,081.	6,052.	3,844.	7,514.	9,729.	44,220.
11	Total support. Add lines 7 through 10						11,852,244.
12	Gross receipts from related activ	rities, etc. (see in	structions)	*********		12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
Sec	tion C. Commutation of Du	hlia Cummard 🖪	loveontone				
14	Public support percentage for 20	18 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	54.95%
	Public support percentage from						56.76%
16a	33-1/3% support test—2018. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	k this box
b	b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
1 7 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	est—2018. If the or meets the 'facts-a s-and-circumstand	rganization did no and-circumstance: es' test. The orga	ot check a box on s' test, check this anization qualifies	line 13, 16a, or 1 box and stop he as a publicly sup	6b, and line 14 is re. Explain in Part ported organization	10% : VI how on
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization	: VI how the
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			احجا
RAA					Sc	hedule A /Form 99	90 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					erica estado en	
Sec	tion B. Total Support				Υ		
	dar year (or fiscal year beginning in) 🟲	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-							
	Amounts from line 6						
	Amounts from line 6						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is						
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).						
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c	s)(3)
10a b c 11 12 13 14 Seci	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here olic Support P	Percentage				······· • [_]
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10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 2	stop here blic Support F 18 (line 8, colum 2017 Schedule A,	Percentage n (f), divided by li Part III, line 15.	ne 13, column (f))		8
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes, complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)) If 'Yes,' provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes No
	2
	3a
on	3b
	3c
	4a
	4b
at	4c
e	5a 5b
е	5c 6
	7
s,'	8
?	9a
	9b
	9c
es,'	10a
	10b

***************************************	edule A (Form 990 or 990-EZ) 2018 AUDUBON CANYON RANCH, INC. 94-6069	140	F	Page 5
Pa	irt IV Supporting Organizations (continued)		1	
11	Has the organization accepted a gift or contribution from any of the following persons?	S.Aur.	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	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		
Sec	ction 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1				
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instruc	tions).	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
ā	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	10	
t	Did the activities described in (a) 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
z	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? <i>Provide details in Part VI.</i>	3a		
t	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on N	Nov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	ction A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
- 0	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	THE RESERVE TO THE PARTY OF THE	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	8	
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ (see instructions).	grated	Type III supporting orga	anization
BAA			Schedule A (For	m 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 AUDUBON CANYON RANCE	I, INC.	94-606	9140	Page :
Pai	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)		
Sec	tion D - Distributions			Current	Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizatio	ns,		
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations	0		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provid	e details		
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
500	tion F Dictribution Allocations (ass instructions)	(i)	(ii)	(iii))

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			and the state of t
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
PAA	The state of the s	A second of the	34

BAA

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

AUDUBON CANYON RANCH, INC.

94-6069140

Page 8

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		 _2018	 2017	 2016	 2015	 2014
MISCELLANEOUS	TOTAL	\$ 9,729. 9,729.	\$ 7,514. 7,514.	\$ 3,844. 3,844.	\$ 6,052. 6,052.	\$ 17,081. 17,081.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Name of the organization		Employer identification number			
AUDUBON CANYON RANCH, INC.		94-6069140			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private treated as a private trust trust treated as a private trust trus	ate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General	Rule or a Special Rule.				
Note: Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a	Special Rule. See instructions.			
General Rule					
For an organization filing Form 990, 990-Ez property) from any one contributor. Comple	Z, or 990-PF that received, during the year, contributions tot te Parts I and II. See instructions for determining a contribu-	aling \$5,000 or more (in money or utor's total contributions.			
Special Rules					
under sections 509(a)(1) and 1/0(b)(1)(A)(vi)	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supported that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000; or (30-EZ, line 1. Complete Parts I and II.	16a or 16b and that			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.					
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete and the charitable is	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received r religious, charitable, etc., purposes, but no such contribution total contributions that were received during the year for many of the parts unless the General Rule applies to this organole, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, lization because			
990-Pr), but it must answer No on Part IV, lin	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-F7 or on its Form 990.DF			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

AUDUBON CANYON RANCH, INC. 94-6069140 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate value of contributions to (during year)..... 3 Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a b Total acreage restricted by conservation easements..... 2b 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1..... b Assets included in Form 990, Part X ▶\$

Part III Organizations Iviainta	ining Collections	S Of Art, mistori	cai Treasures, o	Other Similar Ass	ets (contin	iuea)			
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any	of the following that a	re a significant use of its	collection				
a Public exhibition		d Loan or	exchange programs						
b Scholarly research		e Other							
c Preservation for future gener	ations								
أسيبا	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in								
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	e donations of art, I I as part of the org	historical treasures, c anization's collection	or other similar assets	Yes	No			
Part IV Escrow and Custodia line 9, or reported an	l Arrangements. amount on Form	Complete if the 990, Part X, lir	e organization an ne 21.	swered 'Yes' on Fo	rm 990, Pa	art IV,			
1 a Is the organization an agent, trus	stee, custodian or oth	ner intermediary fo	r contributions or oth	er assets not included					
on Form 990, Part X?					Yes	No			
.					Amount				
c Beginning balance				. 1c	741104111				
d Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an a				-	Yes	No			
b If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explanat	ion has been provide	d on Part XIII					
Part V Endowment Funds. C									
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four ye				
1 a Beginning of year balance	28,599,458.	27,998,292	2. 26.232,70	9. 28,035,242.	29,815	,181.			
b Contributions	800,919.	496,284	4. 227,55	3. 211,552.	. 84	,090.			
c Net investment earnings, gains,									
and losses	967,442.	1,959,90	7. 3,143,56	8. 238,073.	531	,047.			
d Grants or scholarships						· · · · · · · · · · · · · · · · · · ·			
e Other expenditures for facilities									
and programs	2,406,652.	1,855,02	5. 1,605,53	8. 2,252,158.	2,395	,076.			
f Administrative expenses									
g End of year balance	27,961,167.	28,599,458	3. 27,998,29	2. 26,232,709.	28,035	,242.			
2 Provide the estimated percentage						·			
a Board designated or quasi-endowment	ent ► 28	3.00%							
b Permanent endowment ►	52.00%								
c Temporarily restricted endowmen		በ %							
The percentages on lines 2a, 2b, ar									
The percentages on times 2a, 2b, at	ia 20 should equal To	770.							
3 a Are there endowment funds not in the	ne possession of the c	rganization that are	held and administered	for the	Yes	No.			
organization by:						No			
(i) unrelated organizations					3a(i) X				
(ii) related organizations						X			
b If 'Yes' on line 3a(ii), are the rela					3b				
4 Describe in Part XIII the intended		ation's endowment	funds. SEE PAR	T XIII					
Part Vi Land, Buildings, and I									
Complete if the organi	zation answered	'Yes' on Form	990, Part IV, line	11a. See Form 99	0, Part X,	line 10.			
Description of property	(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue			
1 a Land		·	7,890,270.	a opi coladori	7 000	770			
b Buildings				2 004 224		7,270.			
			5,972,304.	3,084,334.	2,88	7,970.			
c Leasehold improvements.	CONTRACTION OF THE PROPERTY OF								
d Equipment	202-21010-2010-201		927,778.	599,791.	327	7,987.			
e Other.	Annual State of the State of th								
Total. Add lines 1a through 1e. (Colum	n (d) must equal For	m 990, Part X, col	umn (B), line 10c.)		11,106				
BAA				Sched	ule D (Form 99	0) 2018			

Part VII	Investments -	Other Securities.		N/A	D 1 1 1 10
				, Part IV, line 11b. See Form 990,	
		gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
		, , , , ,			
	y-neia equity interes	ts			
(3) Other					
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
	nn (b) must equal Form 9	90, Part X, column (B) line 12.) 🕨			
Part VIII	Investments -	Program Related.	'Yes' on Form 990	N/A , Part IV, line 11c. See Form 990,	Part X, line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end-of-ye	
(1)					
(2)					
(3)					_
(4)					
(5)			,		
(6)					·
_(7)					
(8)					
(9)					
(10)	nn (h) must equal Form 9	90, Part X, column (B) line 13.).		VIDEOTORIA CONTRACTORIO CONTRACTORIO CONTRACTORIO CONTRACTORIO CONTRACTORIO CONTRACTORIO CONTRACTORIO CONTRACT	w.
Part IX	Other Assets.		N/A		
	Complete if the			, Part IV, line 11d. See Form 990,	Part X, line 15.
/1\		(a) Des	cription		(b) Book value
(1)					
(3)					
(4)					
(5)					
(6)		·			
(8)					
(9)			· · · · · · · · · · · · · · · · · · ·	-	
(10)					
	lumn (b) must equa	l Form 990, Part X, column (B) line 15.)		
Part X	Other Liabilitie	es.			
				e or 11f. See Form 990, Part X, line 25.	are the second of the second o
(1) Fede	ral income taxes	tion of liability	(b) Book value		
	PENT INSURAN	CE PROCEEDS	3,610,33	<u> </u>	
(3)	THAT INDUITED	CH TROCHEDO	5,010,55		
(4)					
(5)					
(6)					
(7)					
(8) (9)					
(10)					
(11)					
	nn (b) must equal Form 9	90, Part X, column (B) line 25.)	3,610,33		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	11	4,286,387.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	4	4,200,307.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	- Company	
c Recoveries of prior year grants 2c	-	
d Other (Describe in Part XIII.).		
e Add lines 2a through 2d	2 e	-383,737.
3 Subtract line 2e from line 1	3	4,670,124.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		4,070,124.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	85,006.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,755,130.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	- 10 1011	•••
1 Total expenses and losses per audited financial statements	1	3,961,220.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		3, 301, 220.
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses		
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d	2 e	66,918.
3 Subtract line 2e from line 1	3	3,894,302.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,034,302.
a Investment expenses not included on Form 990, Part VIII, line 7b	· · · · ·	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4 c	85,006. 3,979,308.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS ARE HELD FOR THE PURPOSES DEFINED BY THE DONOR, AS APPLICABLE, OR FOR THE GENERAL BENEFIT OF ACR.

PART X - FIN 48 FOOTNOTE

ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE CORPORATION TO REPORT INFORMATION

REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE CORPORATION. THE

Schedule D (Form 990) 2018

Part XIII | Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

CORPORATION HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION
THRESHOLD AND HAS MEASURED THE CORPORATION'S EXPOSURE TO THOSE TAX POSITIONS.

MANAGEMENT BELIEVES THAT THE CORPORATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX
POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL AND STATE TAX
AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS
OF TAX RETURNS FILED (FOUR YEARS FOR CALIFORNIA). ANY INTEREST OR PENALTIES
ASSESSED TO THE CORPORATION ARE RECORDED IN OPERATING EXPENSES. NO INTEREST OR
PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING
FINANCIAL STATEMENTS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AUDUBON CANYON RANCH, INC.

Employer identification number 94-6069140

Part I Questions Regarding Compensation							
				Yes	No		
1	a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele	the following to or for a person listed on Form 990, Part vant information regarding these items.					
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	- 100	11.27			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain							
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director,	regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the filing organization used	to establish the compensation of the organization's					
	3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee	Written employment contract		634			
	Independent compensation consultant	X Compensation survey or study					
	Form 990 of other organizations	X Approval by the board or compensation committee			D200		
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:							
	a Receive a severance payment or change-of-control payment		4a		Х		
	b Participate in, or receive payment from, a supplemental non		4b		X		
1	Participate in, or receive payment from, an equity-based con		4 c		X		
	If 'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.		1000			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
_	_	- I			4		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did t contingent on the revenues of:						
	a The organization?		5 a		X		
,	Any related organization?		5 b		X		
	If 'Yes' on line 5a or 5b, describe in Part III.			1			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did to contingent on the net earnings of:						
a The organization?					X		
-	Any related organization?		6 b		Х		
	If 'Yes' on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe in	did the organization provide any nonfixed n Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or action in the initial contract of the initial	ccrued pursuant to a contract that was subject					
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III					Х		
9	9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations						
	section 53.4958-6(c)?		9				

Schedule J (Form 990) 2018 AUDUBON CANYON RANCH, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	Breakdown of W-2 and/or 1099-MISC compensation	C compensation				
(A) Name and Title	·		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Eorm 990
	Θ	155,271.	0.	0.		1.448.	164.078	0
1 EXECUTIVE DIR.	€		0	0.	0	0.		
ROBERTSON	Θ	131,279.	0.	0.	6,535.	16,305.	154.119.	
2 DIR. FIN. & OPS	€			0.	10	0.		
	Θ							
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	€							
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BAH			TEEA4102L 10/29/18	8			Schedule J	Schedule J (Form 990) 2018

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Part III Supplemental Information

Schedule J (Form 990) 2018

AUDUBON CANYON RANCH, INC.

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

AUDUBON CANYON RANCH, INC.

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

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2018

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Employer identification number

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Pa	rt Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of deterr contribution	mining n amounts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	1	21,299.	FMV		
7	Boats and planes			21,233.			
8	Intellectual property						
9	Securities — Publicly traded	X	1	4,000.	FMV		
10	Securities - Closely held stock			4,000.	1114		
11	Securities - Partnership, LLC, or trust interests.						
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures.						
14	Qualified conservation contribution — Other						
15	Real estate — Residential						
16	Real estate — Commercial.						
17	Real estate — Other.						
18	Collectibles						
19	Food inventory.						
20	Drugs and medical supplies.						-
21	Taxidermy						
22	Historical artifacts				 -		
23	Scientific specimens .						
24	Archeological artifacts.						
25							-
26	Other ()						
27	Other ()						
	Other ()						
28	Other► ()						
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Dones	uring the tax	year for contributions for	which the	-		
	organization completed form 6265, Fart IV, Doller	e Ackilowiec	igement		29		
					E	Yes	No
30a	During the year, did the organization receive by contri	oution any pr	operty reported in Part I,	lines 1 through 28, that			
	it must hold for at least three years from the date	of the initial	contribution, and which	h isn't required to be us	sed		
	for exempt purposes for the entire holding period?					30 a	X
	If 'Yes,' describe the arrangement in Part II.						
	Does the organization have a gift acceptance police				ns?	31	X
	Does the organization hire or use third parties or r noncash contributions?	elated orgar	nizations to solicit, proc	ess, or sell	0000	32 a	Х
	If 'Yes,' describe in Part II.						
33	If the organization didn't report an amount in colur describe in Part II.	nn (c) for a	type of property for wh	ich column (a) is check	ked,		

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

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AUDUBON CANYON RANCH, INC

Employer identification number

94-6069140

PART I, LINE 1

<CONTINUED FROM FORM 990, PAGE 1>: ACR HAS FIVE PRIMARY PROPERTIES: THE MARTIN GRIFFIN PRESERVE, BOUVERIE PRESERVE, CYPRESS GROVE RESEARCH CENTER, MAYACAMAS MOUNTAIN SANCTUARY, AND MODINI-INGALLS ECOLOGICAL PRESERVE. ACR PROTECTS THE NATURAL RESOURCES OF ITS SANCTUARIES WHILE FOSTERING AN UNDERSTANDING AND APPRECIATION OF THESE ENVIRONMENTS. WE EDUCATE CHILDREN AND ADULTS, PROMOTE ECOLOGICAL LITERACY THAT IS GROUNDED IN DIRECT EXPERIENCE AND CONDUCT RESEARCH AND RESTORATION THAT ADVANCES CONSERVATION SCIENCE.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS DETAIL

[A] ACR'S STEWARDSHIP PROGRAMS (CONTINUED):

LIVING WITH LIONS - THIS IS A COMMUNITY CONSERVATION AND STEWARDSHIP PROJECT BUILDING ON THE INTENSE INTEREST AND CURIOSITY GENERATED BY ACR'S FIELD RESEARCH ON GPS COLLARED MOUNTAIN LIONS AND THEIR OFFSPRING IN THE SAN FRANCISCO NORTH BAY AREA. THE PROJECT WAS LAUNCHED IN JANUARY 2016 AND WE RECEIVED OUR PERMIT TO CAPTURE AND COLLAR MOUNTAIN LIONS IN JULY 2016. TO DATE, WE HAVE CAPTURED 20 MOUNTAIN LIONS AND FITTED 15 (10 FEMALES AND 5 MALE) WITH GPS COLLARS UNDER A PERMIT ISSUED BY THE CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE. WE ALSO DEVELOPED A SPECIAL EDUCATIONAL COMPONENT, "OUR WILD NEIGHBORS," PROVIDED SPECIAL TRAINING TO HAND-PICKED EDUCATION VOLUNTEERS, AND HAVE CONDUCTED PRESENTATIONS FOR 3,000 ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS SINCE SPRING 2017.

FIRE FORWARD (FORMERLY ACR FIRE ECOLOGY PROGRAM) - ACR LAUNCHED ITS FIRE FORWARD PROGRAM IN JANUARY 2017 TO FACILITATE A RENEWED APPROACH TO OUR RELATIONSHIP WITH FIRE IN THE NORTH BAY AREA -- ONE THAT ACKNOWLEDGES OUR FIRE-ADAPTED AND FIRE-DEPENDENT LANDSCAPES AND INCORPORATES THIS UNDERSTANDING INTO ALL ASPECTS OF OUR REGIONAL CULTURE. SINCE THEN, WE HAVE CONDUCTED 9 PRESCRIBED BURNS ACROSS THE

NORTH BAY, IN COOPERATION WITH LOCAL, COUNTY, STATE, AND FEDERAL FIRE AGENCIES AND

94-6069140

THROUGH COORDINATION WITH THE AIR QUALITY MANAGEMENT DISTRICT, TRAINED 40 NEW LOCAL FIRE PRACTITIONERS, AND ADDRESSED FUEL MANAGEMENT AND ECOLOGICAL RESTORATION. THE PROGRAM ALSO CREATED THE SECOND PRESCRIBED BURN ASSOCIATION IN THE STATE, THE GOOD FIRE ALLIANCE, AND THE BAY AREA PRESCRIBED FIRE COUNCIL, BRINGING TOGETHER THE COMMUNITY AROUND SOLVING OUR FIRE ISSUES AND MAKING A CHANGE. THE PROGRAM CONTINUES TO EXPAND AS WE COLLABORATE WITH AGENCIES, NONPROFITS AND LANDOWNERS TO PROVIDE "FIRE SMART" EDUCATION, PREPARATION, AND WILDFIRE READINESS, AND IN THE PROCESS, HAS BECOME A KEY LEADER IN THE REGION ON WILDLAND FIRE MANAGEMENT.

[B] ACR'S EDUCATION PROGRAM (CONTINUED):

THE SCHOOL PROGRAM ENGAGED 3891 STUDENTS IN 157 CLASSES FROM 81 SCHOOLS FROM 6 BAY AREA COUNTIES. 23% OF PARTICIPATING STUDENTS WERE ENGLISH LANGUAGE LEARNERS AND 44% LIVE AT OR BELOW THE FEDERAL POVERTY LINE. ACR NATURALIST VOLUNTEERS RECEIVE 120 HOURS OF CORE NATURAL SCIENCE AND ENVIRONMENTAL EDUCATION TRAINING DESIGNED TO INSPIRE LEARNERS OF ALL AGES AND BACKGROUNDS TO ENGAGE THEIR SENSES AS THEY EXPLORE ECOLOGICAL CONNECTIONS IN MULTIPLE HABITATS. ACR SUBSIDIZES BUS TRANSPORTATION COSTS FOR UNDER-RESOURCED SCHOOLS, WHICH ELIMINATES THE PRIMARY BARRIER TO SCHOOL PARTICIPATION AND ENSURES THAT ALL STUDENTS CAN TAKE PART.

THE JUNIPER PROGRAM IS NOW IN ITS 26TH YEAR AND IS A LONG-TERM ENGAGEMENT THAT
OFFERS A HEAD START TO THE NEXT GENERATION OF ENVIRONMENTAL STEWARDS BY PROVIDING
HANDS-ON CONSERVATION EXPERIENCES AND PEER MENTORING FOR PARTICIPANTS THROUGH GRADE
TWELVE.

CONSERVATION SCIENCE INTENSIVE 2019

THIS PROGRAM IS LED BY ACR'S FEMALE CONSERVATION, STEWARDSHIP, AND EDUCATION STAFF.

ON THIS 5-DAY, 4-NIGHT RESIDENTIAL PROGRAM AT ACR'S MARTIN GRIFFIN PRESERVE ON

BOLINAS LAGOON, TWENTY HIGH-SCHOOL AGED, YOUNG WOMEN PARTICIPANTS CULTIVATED FIELD

SKILLS IN NATURAL HISTORY, FIRE ECOLOGY, WILDLIFE BIOLOGY, AND GEOGRAPHICAL

INFORMATION SYSTEMS FOR RESOURCE MANAGEMENT, INVASIVE SPECIES MANAGEMENT, MARINE ECOLOGY, AND LEADERSHIP.

QUERCUS QUIRE

A 22 MEMBER CHOIR THAT ENGAGES YOUNGER LEARNERS IN SCIENCE AND ECOLOGY THROUGH SONG DELIVERED 16 PERFORMANCES TO K-3 GRADES

PUBLIC PROGRAMS

THE MARTIN GRIFFIN PRESERVE WAS OPEN TO THE PUBLIC FOR 16 SATURDAYS. VISITORS WERE INVITED TO INDEPENDENTLY EXPLORE THE PRESERVE OR PARTICIPATE IN INTERPRETIVE PROGRAMS LED BY OUR VOLUNTEERS AND LOCAL EXPERTS. PROGRAMS EXPLORED VARIOUS TOPICS, INCLUDING DRAGONFLIES AND DAMSELFLIES, POND EXPLORATION, ALL THINGS FALL, MOUNTAIN LIONS AND MORE. 40 VOLUNTEERS CONTRIBUTED 976.5 HOURS (NOT INCLUDING ADMIN AND LEADERSHIP ACTIVITIES). THE BOUVERIE PRESERVE HOSTED 6 GUIDED NATURE WALKS AND TWILIGHT HIKES DELIVERED BY 20 DOCENTS.

ADULT EDUCATION

MENTORSHIP

AT ACR, WE BELIEVE THAT ADULT EDUCATION IS NOT SIMPLY A MEANS TO AN END (E.G. TRAINING VOLUNTEERS TO LEAD SCHOOL HIKES OR WORK WITH THE PUBLIC). RATHER, WE SEE IT AS AN IMPORTANT COMMUNITY-BUILDING, LIFE-LONG LEARNING, AND PERSONAL DEVELOPMENT PROGRAM. THROUGH AN INTEGRATED PROGRAM STRUCTURE UNIQUE AMONG OUTDOOR EDUCATION ORGANIZATIONS, ACR NATURE EDUCATION RELIES ON ITS 345 VOLUNTEERS (DOCENTS, NATURE GUIDES, AND HOSTS) TO DELIVER BOTH OUR SCHOOL PROGRAMS AND OUR PUBLIC PROGRAMS.

WHILE ACR HAS ALWAYS VALUED THE ROLE OF MENTORS IN ITS EDUCATION PROGRAMS, A MORE FORMALIZED APPROACH TO MENTORSHIP IS UNDERWAY. ACR IS UNIQUELY POSITIONED WITH PROGRAMS THAT TOUCH ELEMENTARY GRADES THROUGH SENIOR LIFELONG LEARNERS. INCREASING CROSS-POLLINATION BETWEEN PROGRAMS AND AGE GROUPS ENHANCES ALL LEARNERS' EXPERIENCES

[C] ACR'S CONSERVATION SCIENCE PROGRAM (CONTINUED):

HERONS AND EGRETS: ACR CONDUCTED ITS 29TH CONSECUTIVE YEAR OF MONITORING THE STATUS OF NESTING HERONS AND EGRETS—AT ALL KNOWN COLONY SITES IN THE NORTHERN SAN FRANCISCO BAY AREA—AND OUR 43ND YEAR OF MONITORING ALL HERON AND EGRET NESTING ATTEMPTS IN BOLINAS LAGOON. THIS AMAZING DATABASE PROVIDES ACR WITH UNPARALLELED OPPORTUNITIES TO UNDERSTAND THE REPRODUCTIVE REQUIREMENTS OF THESE ICONIC BIRDS. STATUS REPORTS RELEVANT TO THE MANAGEMENT OF THE LAGOON ARE POSTED ANNUALLY, AND THE RESULTS CONTRIBUTE TO NUMEROUS SCIENTIFIC CONTRIBUTIONS BY ACR.

DURING 2019, THE NEW HERON AND EGRET TELEMETRY PROJECT, A MAJOR SCIENTIFIC EFFORT USING GPS SATELLITE TELEMETRY TO TRACK THE MOVEMENTS, REGIONAL LANDSCAPE USE, AND FORAGING BEHAVIORS OF GREAT EGRETS THROUGHOUT THE SAN FRANCISCO BAY AREA. THE RESULTS WILL BE USED TO DETERMINE HOW KEY HABITAT FEATURES NEEDED FOR THE SURVIVAL OF THESE TOP WETLAND PREDATORS CAN BE USED TO ADVANCE WETLAND CONSERVATION PLANNING AND RESTORATION.

WATERBIRDS: IN THE WINTER OF 2018-19, WE COMPLETED OUR 30TH CONSECUTIVE YEAR OF MONITORING THE STATUS OF WATERBIRDS IN TOMALES BAY. WE PUBLISHED A SCIENTIFIC PAPER IN MARINE ECOLOGY PROGRESS SERIES, A LEADING PEER-REVIEWED INTERNATIONAL JOURNAL, ENTITLED "ECHOS OF NUMERICAL DEPENDENCE: RESPONSES OF WINTERING WATERBIRDS TO PACIFIC HERRING SPAWN."

SHOREBIRDS: IN THE SPRING OF 2019, WE COMPLETED OUR 30TH CONSECUTIVE YEAR OF
BAY-WIDE MONITORING OF WINTERING AND MIGRATING SHOREBIRDS IN TOMALES BAY.

LAND BIRDS: IN MAY 2019, WE COMPLETED THE SEVENTH YEAR OF AVIAN POINT-COUNT SURVEYS,
QUANTIFYING THE DENSITIES AND OCCURRENCE OF NESTING SONGBIRDS IN THE CENTRAL

MAYACAMAS MOUNTAINS OF NORTHERN SONOMA COUNTY. BASED ON THIS WORK, WE IDENTIFIED THE
APPROPRIATE MODELING APPROACH AND BEGAN INITIAL ANALYSIS FOR A SCIENTIFIC PAPER THAT
WILL GENERATE PREDICTIVE MAPS OF HABITAT VALUES IN THE CENTRAL MAYACAMAS FOR OR EACH
NESTING SONGBIRD SPECIES.

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

APPROVAL OF THE FINAL DRAFT FORM 990

UPON RECEIPT OF A DRAFT COPY OF THE FORM 990 FROM THE TAX PREPARER, THE DIRECTOR OF FINANCE SHALL DISTRIBUTE THE DRAFT FORM 990 BY E-MAIL TO THE ORGANIZATION'S TREASURER, THE EXECUTIVE DIRECTOR AND, WHEN DEEMED APPROPRIATE, ANY OTHER BOARD MEMBER OR KEY STAFF EMPLOYEE FOR REVIEW AND COMMENTS. REVIEWERS SHOULD ADVISE THE DIRECTOR OF FINANCE BY E-MAIL OF SUGGESTED CHANGES OR MODIFICATIONS TO THE DRAFT FORM 990 WITHIN SEVEN (7) DAYS OF RECEIPT OF THE DRAFT.

THE AUTHORITY FOR APPROVAL OF A FINAL DRAFT COPY OF EACH ANNUAL FORM 990 SHALL REST WITH THE ORGANIZATION'S TREASURER, EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE. UPON REVIEW AND ACCEPTANCE OF THE FINAL DRAFT COPY OF THE DRAFT FORM 990, THE TREASURER AND EXECUTIVE DIRECTOR SHALL ADVISE THE DIRECTOR OF FINANCE BY E-MAIL OF THEIR ACCEPTANCE. UPON RECEIPT OF THESE ACCEPTANCES, AND IF HE OR SHE CONCURS, THE DIRECTOR OF FINANCE SHALL ADVISE THE TAX PREPARER TO PREPARE AND ISSUE THE FINAL DRAFT COPY OF THE FORM 990.

DISTRIBUTION OF FINAL DRAFT FORM 990 TO BOARD MEMBERS

UPON RECEIPT OF THE FINAL DRAFT COPY OF THE FORM 990 FROM THE TAX ADVISOR, THE DIRECTOR OF FINANCE SHALL ARRANGE TO E-MAIL A COPY TO EACH BOARD MEMBER, IN COMPLIANCE WITH IRS RULES AND REGULATIONS. AFTER ASSURING DISTRIBUTION OF THE FINAL DRAFT FORM 990 TO EACH BOARD MEMBER, THE DIRECTOR OF FINANCE SHALL SO ADVISE THE TAX PREPARER AND THE EXECUTIVE OFFICER BY E-MAIL.

AUTHORITY TO SIGN THE FORM 990

THE AUTHORITY TO SIGN THE FORM 990 ON BEHALF OF THE ORGANIZATION IS HEREBY DELEGATED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SHALL ASSURE HIMSELF OR HERSELF THAT THE ABOVE REQUIREMENTS FOR APPROVAL AND DISTRIBUTION TO THE

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

BOARD ARE COMPLETED BEFORE AFFIXING HIS SIGNATURE TO THE RETURN.

THE FORM 990 SHALL BE PHYSICALLY SIGNED BY THE EXECUTIVE DIRECTOR AND THE TAX

PREPARER IN A MANNER TO BE DETERMINED BETWEEN THEMSELVES. THE RESPONSIBILITY FOR

THE TIMELY MAILING OF THE SIGNED FORM 990 SHALL REST WITH THE EXECUTIVE DIRECTOR.

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

1.DUTY TO DISCLOSE

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

2.DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

- 3.PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST
- (A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR

 COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING

 THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE

 POSSIBLE CONFLICT OF INTEREST.
- (B) THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF

 APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES

 TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

- (C) AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL

 DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE

 ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE

 RISE TO A CONFLICT OF INTEREST.
- (D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

 POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING

 BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS

 WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR

 ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE

 ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE

 TRANSACTION OR ARRANGEMENT.
- 4. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY
- (A) IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE AN

 INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST,

 IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED

 PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.
- (B) IF, AFTER HEARING THE INTERESTED PERSON'S RESPONSE AND AFTER MAKING
 FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR
 COMMITTEE DETERMINES THE INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR
 POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE
 ACTION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

PROCESS

1.REVIEW AND APPROVAL.

COMPENSATION OF A COVERED PERSON SHALL BE APPROVED BY THE BOARD OR THE

COMMITTEE, PROVIDED THAT ANY MEMBER OF THE BOARD OR THE COMMITTEE SHALL ABSTAIN FROM

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C

REVIEW AND APPROVAL WITH RESPECT TO ANY COMPENSATION ARRANGEMENT TO WHICH HE OR SHE
IS AN INTERESTED PARTY OR TO WHICH A CONFLICT OF INTEREST EXISTS. ALL PERSONS
PARTICIPATING IN THE DETERMINATION OF COMPENSATION UNDER THE POLICY SHALL BE SUBJECT
TO THE ORGANIZATION'S CONFLICT OF INTEREST OF POLICY.

THE DETERMINATION OF COMPENSATION UNDER THE POLICY SHALL OCCUR IN ADVANCE OF THE ORGANIZATION'S PAYING ANY SUCH COMPENSATION.

2.USE OF DATA AS TO COMPARABLE COMPENSATION.

IN MAKING THE DETERMINATION AS TO THE STRUCTURE OR AMOUNT OF COMPENSATION

PAYABLE TO ANY COVERED PERSON, THE BOARD AND THE COMMITTEE SHALL REVIEW AND CONSIDER

AT LEAST ONE OF THE FOLLOWING SOURCES OF DATA:

A.DATA REGARDING COMPENSATION PAID TO SIMILARLY QUALIFIED

PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

B.CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT

FIRMS.

C.ACTUAL, WRITTEN OFFERS FROM SIMILARLY SITUATED ORGANIZATIONS.

3.CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

THE ORGANIZATION SHALL DOCUMENT AND KEEP CONTEMPORANEOUS AND ACCURATE RECORDS WITH RESPECT TO DELIBERATIONS AND APPROVAL OF COMPENSATION, DETERMINED PURSUANT TO THIS POLICY. THE FOLLOWING DETAILS OF THE DELIBERATIONS AND COMPENSATION ARRANGEMENTS SHALL BE DOCUMENTED IN WRITING:

A.THE DATE AND TERMS OF APPROVED COMPENSATION ARRANGEMENTS WILL BE DOCUMENTED IN WRITING.

B. THE DECISIONS MADE BY EACH INDIVIDUAL WHO DECIDED OR VOTED ON COMPENSATION ARRANGEMENTS.

C.THE INFORMATION USED TO DETERMINE THAT THE COMPENSATION

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FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C ARRANGEMENT DECIDED UPON IS COMPARABLE TO COMPENSATION PAID TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND THE SOURCE OF SUCH INFORMATION.

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

CORPORATION DOCUMENTS ARE AVAILABLE ON THE WEBSITE AND UPON REQUEST AT THE OFFICE.