ObjectId: 202333129349300623 - Submission: 2023-11-07

TIN: 47-4653401OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

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

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the 2022 c	alendar year, or tax year beginning 01-01-2022 , and ending	12-31	-2022								
B Che	ck if applicable:	C Name of organization			D Employe	er identif	ication number					
○ Ad	dress change	MERWIN CONSERVANCY INC			47-4653	3401						
	me change	Doing business as			17 1055	, 101						
_	tial return al return/terminated											
	iended return		Room/suit	:e	E Telephone	e number						
	olication pending	PO POV 000	,		(808) 5	79-8876						
		City or town, state or province, country, and ZIP or foreign postal code										
		HAIKU, HI 96708			G Gross red	ceipts \$ 2	,329,298					
		F Name and address of principal officer:		H(a) Is this	a group ret	urn for						
		SONNET COGGINS PO BOX 809		subord	linates?		□Yes <a>✓ No					
		HAIKU, HI 96708		H(b) Are all include	subordinat	es	☐ Yes ☐No					
I Tax	e-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □	527			st. See	instructions.					
J W	ebsite: htt	ps://merwinconservancy.org/		H(c) Group	exemption	number	>					
	'											
K Forr	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of format	tion: 2016	M State	of legal domicile: HI					
Pa		mary										
		scribe the organization's mission or most significant activities: e innovation in the arts and sciences by advancing the ideas of W.S.	Merwin	Please see fu	II Mission St	atemen	t on Schedule O					
		MISSION STATEMENT: We inspire	innovat	ion in the arts	and science	es by ad	vancing the ideas of					
	W.S. Merv	vin - his life, work, house and palm forest - as fearless and graceful on, the Conservancy maintains the house and palm forest as a place	example of stilln	es of the powe	r of imagina	ation and	d renewal. To fulfill					
90	contempla	contemplation through a residency program for creative visionaries and thought leaders from Hawaii and across local and global communities through our Green Room literary and environmental salon series, through dynamic										
<u>a</u>		global communities through our Green Room literary and environme and through innovative collaborations with various artistic, scientific					nedia storytelling					
Well	p. 0,0000,	and through minorative conductations man randous at electric conductation	ua cae	. cational read								
9	-											
Activities & Governance	• Charlette	:- L .										
es	2 Check th3 Number	of voting members of the governing body (Part VI, line 1a)				3	19					
¥		of independent voting members of the governing body (Part VI, line				4	19					
Act		nber of individuals employed in calendar year 2022 (Part V, line 2a)	•			5	7					
	6 Total nur	nber of volunteers (estimate if necessary)				6	6					
		elated business revenue from Part VIII, column (C), line 12				7a	0					
		lated business taxable income from Form 990-T, Part I, line 11 .				7b	0					
				1	r Year		Current Year					
	8 Contribut	tions and grants (Part VIII, line 1h)	_		589,9	53	460,328					
8		service revenue (Part VIII, line 2g)	-		303/3	0	19,228					
Rever		ent income (Part VIII, column (A), lines 3, 4, and 7d)	•		50,1		-100,755					
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			30,1	0	0					
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	12\		640,1		378,801					
			12)		0 10/1	_						
		nd similar amounts paid (Part IX, column (A), lines 1–3)				0	0					
		paid to or for members (Part IX, column (A), line 4)	. 10)		200.6	_	0					
88	•	other compensation, employee benefits (Part IX, column (A), lines 5	,		290,6	_	307,263					
Expenses		onal fundraising fees (Part IX, column (A), line 11e)	•			0	0					
×		raising expenses (Part IX, column (D), line 25) 122,384										
Sale!		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			208,1	-	312,210					
	•	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			498,7	_	619,473					
. 00	19 Revenue	less expenses. Subtract line 18 from line 12			141,3		-240,672					
et Assets or and Balances				Beginning o	f Current Ye	ar	End of Year					
set	20 Total acc	ets (Part X, line 16)	_		2,863,2	00	2,484,360					
AB		illities (Part X, line 26)	•			_						
ž ě	∠⊥ iotai iiab	minues (I ait A, lille 20)	•		13,9	7/	22,266					

		Signature Block					
know		d belief, it is true, corr					ements, and to the best of my information of which preparer has
	I.					2023-11-	-07
Sign		Signature of officer				Date	
Here		Sonnet Coggins Executiv	re Director				
		Type or print name and t					_
		Print/Type preparer	's name	Preparer's signature		Date	PTIN
Paid	t					Check self-empl	
Pre	parer	Firm's name				Firm's EI	N
Use	Only	Firm's address				Phone no	
		5 dad. 655 2				Thone he	•
May t	he IRS d	iscuss this return with	the preparer sh	own above? See Instru	rctions		🗆 Yes 🗆 No
				eparate instructions.		Cat. No. 11282	
				Pag	je 2 ———		
Form	990 (202	22)					Page
Par	t III	Statement of Prog	gram Service	Accomplishments			9-
	(Check if Schedule O co	ontains a respons	se or note to any line in	n this Part III .		
1	Briefly c	lescribe the organizat	ion's mission:	·			
							what is possible when we envision
				. In this special place v d as a living, evolving			ons to thrive, sharing a place that
2	Did the	organization undertak	ce any significant	program services duri	ng the year whic	h were not listed on	
		r Form 990 or 990-EZ					🗆 Yes 🛂 No
_	•	describe these new s					
3	services	_	nducting, or mak	ke significant changes i	n now it conduct	s, any program	🗆 Yes 🗸 No
		describe these chanc	res on Schedule (n			Ores Will
4	,	_			ch of its three lar	raest nroaram services	, as measured by expenses.
	Section	501(c)(3) and 501(c)	(4) organizations	s are required to report			to others, the total expenses,
	and reve	enue, if any, for each	program service	reported.			
4a	(Code:) (E	Expenses \$	168,590 including	grants of \$	0) (Revenu	ne \$ 0)
							n Tree Collection, employing two contrac
	private p	alm collections. It is a cor	re tenet of our orga	nization's mission to ensur	e the ecological inte	egrity of this collection, an	ne of the largest and most diverse d to safeguard the health of endangered
	and threat palm.	atened species within it. T	Throughout 2022, w	e invited each of the artist	s, writers, and scie	ntists in our residency pro	gram to plant a native loulu (Pritchardia
	<u> </u>						
4b	(Code:) (E	Expenses \$	92,350 including	grants of \$	0) (Revenu	e \$ 0)
							ed to in-person gatherings on Maui and ged through our virtual programs during
	the pand	emic. We also produced a	a short film-a virtual	I walk in the garden-to sha	ire the experience o	f a visit to this place with	community members near and far. We
				of place alongside our neig nline journal as Peahi Stor		on the knowledge gathere	d in the ethnohistoric study completed in
4c	(Code:) (E	Expenses \$	55,425 including	grants of \$	0) (Revenu	ne \$ 0)
							visioned by William and Paula: offering
	and disci	plines connected us with	people who, like Wi	lliam, see beyond our pres	ent moment to new	possibilities. Our five res	nators working across and between field dents partnered with us in this first
	phase of	our program to refine the	e residency experier	nce, and carefully evolve the	ne house as the site	for the essential work of	the imagination.
	(Codo:	\ / =	vnences #	47 604 including	arante of ¢	0 \ / Dove	no.¢
	(Code:	, ,	Expenses \$ TATED RESTORATIO	· · · · · · · · · · · · · · · · · · ·	grants of \$ E: As we became st	0) (Revenu rewards of the property, w	e continued repairs to the two-story
				the home as the site of ou			
4d	•	rogram services (Desc		•	,) (Revenue \$	0.)
4-	(Expens		*	364,059		(Nevenue \$	0)
4e	i otai p	rogram service exp	C113C3 F	304,039			

Zi | **22** Net assets or fund balances. Subtract line 21 from line 20

2,462,094

2,849,253

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Part IV Checklist of Required Schedules

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

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Par	Checklist of Required Schedules (continued)			_					
			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I								
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No					
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No					
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
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 $2 \cdot \cdot \cdot$.	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes						
Pa	statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V			Ш					
4.	Enter the number reported in her 2 of Form 1000 Fatar 0 if act annihilated 1 4-1		Yes	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0								

Did the organization comply with backu	ıp۱	withh	oldın	ıg r	ules	tor	repo	ortai	ble p	ayn	nent	s to	ven	dor	s an	a re	por	table	gam	ııng
(gambling) winnings to prize winners?																				

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Form	990 (2022)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ı	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	2. Toty complete Form coost	F	orm 99	(2022)
	Page 6 ———————————————————————————————————			
orm	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
<u> </u>	edon A. Governing Body and Flandgement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	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 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	`	No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			

	status with respect to such arrangements	?								16b			
Se	ection C. Disclosure									<u>L</u>	<u> </u>		
17	List the states with which a copy of this F	orm 990 is requ	ired t	o be filed	HI								
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe	make its Form : ection. Indicate	1023 (how y	(1024 or 1024- ou made these	A, if	app ailab	licabl le. Ch	e), s eck	990, and 990-T (all that apply.	section			
	Own website 🗸 Another's website	e 🔽 Upon re	quest	Other (e	xpla	in ir	Sche	dul	e O)				
19	Describe in Schedule O whether (and if so policy, and financial statements available				veri	ning	docu	men	ts, conflict of int	erest			
20	State the name, address, and telephone i	number of the p	erson	who possesses	s the	e org	ganiza	tion	's books and red	ords:			
	►SONNET COGGINS PO BOX 809 HAIK	(U, HI 96708 (8	08) 57	79-8876						F	orm 990 (2022)		
				Page 7 —									
Form	990 (2022)										Page 7		
Pa	rt VII Compensation of Officers, I		ıstee	s, Key Emp	loye	ees	, Hig	hes	st Compensa	ted Employee	es,		
	and Independent Contractor Check if Schedule O contains a res		o anv	line in this Par	1 \/II	l					\cap		
Se	ection A. Officers, Directors, Trusto										0		
	omplete this table for all persons required t	o be listed. Rep	ort co	mpensation fo	r the	e cal	endar	yea	ar ending with or	within the orga	nization's tax		
	List all of the organization's current office					als o	r orga	niza	ations), regardle	ss of amount			
	mpensation. Enter -0- in columns (D), (E), List all of the organization's current key en					defi	inition	of	"kev emnlovee "				
• 1	List the organization's five current highest	compensated e	mploy	ees (other tha	n an	offi	cer, d	rect	or, trustee or ke	y employee)			
	received reportable compensation (box 5 or organization and any related organizations.	f Form W-2, box	x 6 of	Form 1099-MIS	SC, a	and/	or bo	x 1	of Form 1099-NI	EC) of more than	\$100,000 from		
	• List all of the organization's former officers, key employees, or 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.												
	the instructions for the order in which to lis Check this box if neither the organization n	•		zation compan	sato	d an	V CUE	ont	officer director	or tructoo			
	(A)	(B)	Ji yaiii.	(C)		u an	y curi	ent	(D)	(E)	(F)		
	Name and title	Average hours per		ition (do not cl box, unless pe	neck				Reportable compensation	Reportable compensation	Estimated amount of other		
		week (list any hours	of	fficer and a dire	ecto	r/tru	ıstee)	•••	from the organization	from related organizations			
		for related	Individual to or director	Institutional Trustee;	Qffi	Key	Highest cor employee	Former	(W-2/1099-	(W-2/1099-	from the		
		organizations below dotted	ing di	Trustee;	96	Key emplo	nest doye	mer	MISC/1099- NEC)	MISC/1099- NEC)	organization and related		
		line)	ğ i			ploy	e con				organizations		
			nuste			уөө	npensate						
			Φ				nsati						
							Pe						
(1) S	onnet K Coggins	40			Х	х	х		150,816	0	0		
EXEC	UTIVE DIRECTOR	0							,				
. ,	obert Becker	5	x		х				0	0	0		
PRES	IDENT	0											
٠,,	mber Strong Makaiau	3	Х		Х				0	0	0		
VICE	PRESIDENT	0											
٠,,	ichard Andrews	2	Х		Х				0	0	0		
	PRESIDENT	0											
	ames Pickrel SURER		Х		х				0	0	0		
	ary Lock STANT TREASURER	5 	х		х				0	0	0		
. ,	ichael Moore	1	.,										
	FTARY	†	Х		Х				0	0	0		

(8) Jeanne Herbert

ASSISTANT SECRETARY

(9) Matthew Carlos Schwartz DIRECTOR		Х			0	0	0
(10) Susan Conway Kean DIRECTOR		Х			0	0	0
(11) Jonathan Wells DIRECTOR	0	Х			0	0	0
(12) Catherine St Germans DIRECTOR		Х			0	0	0
(13) Michael Wiegers DIRECTOR	0	Х			0	0	0
(14) Donna Howard DIRECTOR		Х			0	0	0
(15) Jocelyn Romero Demirbag DIRECTOR		Х			0	0	0
(16) Mark Hamilton DIRECTOR		Х			0	0	0
(17) Vilsoni Hereniko DIRECTOR		Х			0	0	0

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Page **8**

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

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck erso ecto	n is	both ar		(D) Reportable compensation from the	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee; Or discourse		Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) Gabby Ahuli'i Ferreira Holt	1	х						0	0	0
DIRECTOR (19) Gary Paul Nabhan DIRECTOR	1	×						0	0	0
(20) Severine von Tcharner Fleming DIRECTOR		x						0	0	0

1b Sub-Total		*	150,816		0	0
Total number of individuals (including but not of reportable compensation from the organization)	: limited to those li	sted above) who rec	· · · · · · · · · · · · · · · · · · ·		1	
3 Did the organization list any former officer, or		key employee, or hi	ghest compensated	employee on	Yes	No
line 1a? If "Yes," complete Schedule J for sucFor any individual listed on line 1a, is the sun	n of reportable cor			n the	3	No
organization and related organizations greate individual					4 Yes	
5 Did any person listed on line 1a receive or ac services rendered to the organization? If "Yes,	•	•	•	ividual for	5	No
Section B. Independent Contractors 1 Complete this table for your five highest com	nensated independ	lent contractors that	received more than	\$100,000 of com	nensation	
from the organization. Report compensation i						<u></u>
(A) Name and busin	ess address		Desc	ription of services		c) nsation
2 Total number of independent contractors (include	dina hut not limite	d to those listed abo	ve) who received m	ore than \$100 000	of	
compensation from the organization > 0	and par nor mines	a to those hoted abo	ve) who received in	010 (1101) \$100,000		0 (2022)
					FORM 95	(2022)
		Page 9				
Form 990 (2022)						Page 9
Part VIII Statement of Revenue						
Check if Schedule O contains a respo	onse or note to any	(A)	(B)	(C)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Reve exclude tax under 512 -	d from sections
Federated campaigns 1a					•	
Contributions, 0 Sifts, Grants, and Membership dues 1b						
Other than 0						
Amolypedraising events 1c						
0 d Related organizations 1d						
0						
e Government grants (contributions) 1e						
0						
f All other contributions, gifts, grants, and similar amounts not included above						
460,328						
g Noncash contributions included in lines 1a - 1f:\$						
1,000						
h Total. Add lines 1a-1f	460,328	1			1	
2a Book Sales	Business Code	19,228	19,228		0	0
ļ.	453000					
- sven						
Service Revenue						
ervic						
ர ்					1	

8							
Š							
ć	f All other program	service revenue.					
	9 Total. Add lines 2	2a-2f ▶	19,228				
	3 Investment income similar amounts) .	(including dividends, inte	erest, and other	36,334	36,334	0	0
		ment of tax-exempt bond	d proceeds	0	0	0	0
			•	0	0	0	0
		(i) Real	(ii) Personal				0 0
	6a Gross rents	6a					
	b Less: rental expenses	6b					0 0
	c Rental income or (loss)	6c 0	0				
	d Net rental income	e or (loss)	· · · •	36,334 36,334 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		(i) Securities	(ii) Other			0 0	
Other Bevenile	7a Gross amount from sales of assets other than inventory	7a 1,813,408	0				
	Less: cost or other basis and sales expenses	7b 1,950,497	0				
	Gain or (loss)	7c -137,089	0				
4	d Net gain or (loss)			-137,089	-137,089	0	0
Ö	(not including \$ contributions reported See Part IV, line 18 b Less: direct expen	0 of d on line 1c).	0 0	0		0	0
	9a Gross income from See Part IV, line 19 b Less: direct expen c Net income or (los	9a					
	10aGross sales of inverterns and allowa b Less: cost of good c Net income or (los	inces 10a	y ▶				
	11a		Business Code				
Oth	er f evenueMiscAmt						
	d All other revenue	I <u> </u>					
	e Total. Add lines 1			0			
	12 Total revenue. So	ee instructions		378,801	-81,527	0	0
							Form 990 (2022)

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	Check if Schedule O contains a response or note to an	y line in this Part IX		<u> </u>	🗸
Do r 7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		. ,	3	, , , , , , , , , , , , , , , , , , , ,
	Grants and other assistance to domestic individuals. See Part IV, line 22				
	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				_
	Compensation of current officers, directors, trustees, and key employees	150,816	66,359	46,753	37,704
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	135,667	59,693	42,057	33,917
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,836	6,088	4,289	3,459
10	Payroll taxes	6,944	3,055	2,153	1,736
11	Fees for services (non-employees):				
а	Management				
b	Legal	312	156	156	0
C	Accounting	5,772	0	5,772	0
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,150	0	14,150	0
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,229	12,973	0	3,256
	Advertising and promotion	14,038	0	1,892	12,146
13	Office expenses	7,016	3,087	2,175	1,754
14	Information technology				
15	Royalties				
16	Occupancy	25,818	15,467	5,730	4,621
17	Travel	4,721	2,361	2,360	0
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings Interest	679	679	0	0
	Payments to affiliates				
	Depreciation, depletion, and amortization	13,161	13,161	0	0
	Insurance	7,681	3,380	2,381	1,920
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.)	7,661	3,300	2,301	1,720
а	Program Expenses	91,434	91,434	0	0
b	Public Engagement Programs	81,678	81,678	0	0
c	Special Events Expense	16,166	0	0	16,166
d	Misc. Expenses	13,355	4,488	3,162	5,705
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	619,473	364,059	133,030	122,384
	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).				

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Balance Sheet Part X

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			372,250	1	280,215
	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net			370,475	3	316,000
	4	Accounts receivable, net	13,701	4	10,145		
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	contributor, or 35%		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$			6		
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥S.	9	Prepaid expenses and deferred charges			1,403	9	3,008
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	550,306			
	b	Less: accumulated depreciation	10b	36,556	521,708	10c	513,750
	11	Investments—publicly traded securities .			1,583,663	11	1,361,242
	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				15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	2,863,200	16	2,484,360
	17	Accounts payable and accrued expenses			13,947	17	22,266
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	or 35% controlled entity		22		
ï	23	Secured mortgages and notes payable to unrela	ted thi	rd narties		23	
	24	Unsecured notes and loans payable to unrelated		· · · —		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	·		25		
	26	Total liabilities. Add lines 17 through 25 .			13,947	26	22,266
Assets or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and	200 200		470.000
alg	27	Net assets without donor restrictions	•		829,632	27	476,869
d B	28	Net assets with donor restrictions			2,019,621	28	1,985,225
r Fun	20	Organizations that do not follow FASB ASC complete lines 29 through 33.		-	20		
0 0	29	Capital stock or trust principal, or current funds		<u></u>		29	<u> </u>
set	30	Paid-in or capital surplus, or land, building or eq		<u> </u>		30	<u> </u>
ASS	31	Retained earnings, endowment, accumulated inc	,	or other funds		31	
Net /	32	Total net assets or fund balances	•	<u>L</u>	2,849,253	32	2,462,094
Ž	33	Total liabilities and net assets/fund balances .	•		2,863,200	33	2,484,360

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	Special Condition Description				
Forn	n 990, Special Condition Description:				
	Software ID: 22015720 Software Version: v1.00				
Ad	Iditional Data		Retur	1 to Fo	rm
	990 (2022)				
			r	OIIII 99	0 (2022)
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь	orm 00	0 (2022)
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		3a		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	-		
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
D	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b		No
	Separate basis Consolidated basis Both consolidated and separate basis		26		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
				Yes	No
Fal	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		2	,462,094
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-82,008
8	Prior period adjustments	8			0
7	Investment expenses	7			C
6	Donated services and use of facilities	6			04,473
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 5			,849,253 -64,479
3	Revenue less expenses. Subtract line 2 from line 1	3			-240,672
2	Total expenses (must equal Part IX, column (A), line 25)	2			619,473
1	Total revenue (must equal Part VIII, column (A), line 12)	1			378,801

ObjectId: 202333129349300623 - Submission: 2023-11-07

TIN: 47-4653401

OMB No. 1545-0047

2022

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		ne organization ISERVANCY INC					Employer identific	ation number
	IN CON	ISERVANCI INC					47-4653401	
	tΙ	Reason for Public					See instructions.	
e o	rganiz	ation is not a private four	ndation because	it is: (For lines 1 thro	ugh 12, check o	only one box.)		
1		A church, convention of	churches, or as	sociation of churches	described in se	ction 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	nization operate	ed in conjunction with	a hospital desc	ribed in section 1	L70(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in secti	ion 170(b)(1)(A	a)(v).	
7		An organization that not section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in section	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
0	✓	An organization that not from activities related to investment income and 30, 1975. See section 9	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
1		An organization organize	ed and operated	l exclusively to test for	r public safety. S	See section 509	(a)(4).	
2		An organization organize more publicly supported on lines 12a through 12	organizations of	described in section 5	09(a)(1) or se	ection 509(a)(2)). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	ppoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satist	fy a distribution	requirement and		
е		Check this box if the org				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III n the number of supported	•	integrated supporting	-			
g		de the following informati					· · · · · · · · -	
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
otal								
		work Reduction Act Not	ice, see the Ir	structions for	Cat. No. 1128	85F	Schedule	A (Form 990) 2022
orm	990	or 990-EZ.	·					,
				Pag	ge 2 ———			
chec	lule A	(Form 990) 2022						Page 2

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

If the organization failed to qualify under the tests listed below, please complete Part III.)

(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.

Part II

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
	Section B. Total Support lendar year		43.0040		, n. aaa.		(n =
(0	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on	1					
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the						ization, check
	this box and stop here	<u></u>			<u> </u>	▶□	
	Section C. Computation of Public						
	Public support percentage for 2022 (lin					14	
	Public support percentage for 2021 Sch 3 33 1/3% support test—2022. If the					more check this	hov
168	and stop here. The organization quali						
ŀ	33 1/3% support test—2021. If the	organization did r	not check a box or	n line 13 or 16a, a	nd line 15 is 33 _{1/}	3% or more, chec	k this
17:	box and stop here. The organization a 10%-facts-and-circumstances test	—2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fact meets the "facts-and-circumstances" to						_
t	10%-facts-and-circumstances tes more, and if the organization meets tl	t-2021. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, d	or 17a, and line 15	5 is 10% or
	meets the "facts-and-circumstances"						🕨 🗆
18	Private foundation. If the organization		,		•		▶ □
	instructions						Form 990) 2022
						(-	,
			Page 3				
			-				
Sch	edule A (Form 990) 2022						Page 3
_	Part III Support Schedule fo	or Organization	ns Described in	Section 509(a)(2)		
	(Complete only if you the organization fails	checked the box	on line 10 of P	art I or if the or	ganization faile		er Part II. If
	Section A. Public Support		Т	T	ı	T	Т
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	252,278	600,566	610,814	485,778	491,387	2,440,823
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in	46,446	74,500	46,460	500	19,228	187,134
	any activity that is related to the	.5,710	, .,500	.5,.00		15,220	20.,231
3	organization's tax-exempt purpose Gross receipts from activities that						
_	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						

	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	298,724	675,066	657,274	486,278	510	,615	2,6	27,957
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c								
0	from line 6.)							2,6	27,957
	ction B. Total Support								
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9	iscal year beginning in) Amounts from line 6	298,724	675,066	657,274	486,278	510	,615	2,6	27,957
a	Gross income from interest,	·						•	
	dividends, payments received on securities loans, rents, royalties and	13,889	19,219	18,928	50,192	36	,334	1	38,562
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
C	Add lines 10a and 10b.	13,889	19,219	18,928	50,192	36	,334	1	38,562
1	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
2	regularly carried on. Other income. Do not include gain								
	or loss from the sale of capital	13,400	8,094	4,086	0		0		25,580
_	assets (Explain in Part VI.)								
3	Total support. (Add lines 9, 10c, 11, and 12.)	326,013		1	*		,949		92,099
Ļ	First 5 years. If the Form 990 is for t								_
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	ction C. Computation of Public		entage			1			
5	Public support percentage for 2022 (lin	ne 8, column (f) d	entage livided by line 13,	column (f))		15		94.	121 %
5 5	Public support percentage for 2022 (lii Public support percentage from 2021 S	ne 8, column (f) d Schedule A, Part I	entage livided by line 13, II, line 15	column (f))		1		94.	
5 Se	Public support percentage for 2022 (line Public support percentage from 2021 strong D. Computation of Invest	ne 8, column (f) d Schedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15 16		94. 95.	121 % 252 %
5 5 Se 7	Public support percentage for 2022 (lin Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 20	ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu	entage livided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	· · · · · · · · · · · · · · · · · · ·	15 16		94. 95 4.	121 % 252 % 963 %
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		30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4a 4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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	5a		
b	amendment to the organizing document). 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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a 9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A	10b	990)	2022
	Schedule A	(. 0	,	
	Page 5			
	dule A (Form 990) 2022		F	age 5
Par	t IV Supporting Organizations (continued)			
	Has the examination assented a gift as contribution from any of the following paragray		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
a	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. action B. Type I Supporting Organizations			
	ector of Type 2 supporting organizations		Yes	No
1	Did the officers, 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.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

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).						 	
Se	ection D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durir Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the	ż	Yes	No	
	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 el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the				
3	By reason of the relationship described in line 2 above, did the organization's supporte	ed ora	anizations have a significant	2			
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's	income or assets at all times	3			
	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa The organization satisfied the Activities Test. Complete line 2 below.	art les	t during the year (see instruc t	iions):			
	 The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 						
					-ti\		
C	The organization supported a governmental entity. Describe in Part VI how yo	ou sup	ported a government entity (see	e instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
a	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						
ŀ	substantially all of its activities. Did the activities described on line 2a, above constitute activities that, but for the ord	anizati	on's involvement, one or more	2a	<u> </u>		
•	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the						
3	organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			2b	 		
	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	За			
t	Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? If "Yes," describe in Part VI. the role played by the organizations?						
			Schedule A	3b (Forn	n 990)	2022	
			30.1044.07	. (,		
_	Page 6 ———						
Sche	dule A (Form 990) 2022				F	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.		, , ,	,	e		
		itions	(A) Prior Year		rent Yea	ır	
	Section A - Adjusted Net Income		` '	(opti	ional)		
	Net short-term capital gain	1					
	Recoveries of prior-year distributions	2					
<u>3</u> 4	Other gross income (see instructions)	3					
- 5	Add lines 1 through 3 Depreciation and depletion	5					
- 6	Portion of operating expenses paid or incurred for production or collection of gross	6			-	-	
	income or for management, conservation, or maintenance of property held for production of income (see instructions)						
7	Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8							
	Section B - Minimum Asset Amount	1	(A) Prior Year		rent Yea ional)	.r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
a	Average monthly value of securities	1a					
t	b Average monthly cash balances 1b						
•	Fair market value of other non-exempt-use assets	1 c					
d Total (add lines 1a, 1b, and 1c)							

e Discount claimed for blockage or other factors

·	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	_Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ie 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			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	ntegrat	ed Type III sup		
					Sc	hedule A (Form 990) 2022
		Page 7				
		Page 7				
Caba	dula A (Farm 000) 2022					
	dule A (Form 990) 2022	L F00(=)(2) Cumporting (instinut (cor	ntinuad	Page 7
	rt V Type III Non-Functionally Integrated tion D - Distributions	1 509(a)(3) Supporting (organi	zations (cor	itiiiueu	Current Year
Sec	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers ϵ excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructio	ns			6	
7 1	otal annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to what to the details in Part VI). See instructions	ich the organization is respons	ive (<i>pro</i>	ovide	8	
	Distributable amount for 2022 from Section C, line 6				9	
	·					
10 [ine 8 amount divided by Line 9 amount			(::)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributioi Pre-2022	ns	Distributable Amount for 2022
1 [Distributable amount for 2022 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). ee instructions.					
	excess distributions carryover, if any, to 2022:					
	From 2017					
	From 2018					
	From 2019					
	From 2021					
	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2022 from Section D, line 7:					
	Applied to underdistributions of prior years					

D Applied to 2022 distributable a	ımount	ı	ı	ı
c Remainder. Subtract lines 4a a	nd 4b from line 4.			
5 Remaining underdistributions for 2022, if any. Subtract lines 3g If the amount is greater than 2 See instructions.	and 4a from line 2.			
6 Remaining underdistributions for lines 3h and 4b from line 1. If than zero, explain in Part VI .	the amount is greater			
7 Excess distributions carryov 3j and 4c.	er to 2023. Add lines			
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020	•			
d Excess from 2021				
e Excess from 2022				Schedule A (Form 990) (2022)
Section A, lines 1, 2, Part IV, Section D, line	3b, 3c, 4b, 4c, 5a, 6, 9a, es 2 and 3; Part IV, Sectio	9b, 9c, 11a, 11b, and 3 on E, lines 1c, 2a, 2b, 3	l1c; Part IV, Section B, lines a and 3b; Part V, line 1; Part	Page 8 7a or 17b; Part III, line 12; Part IV, 1 and 2; Part IV, Section C, line 1; t V, Section B, line 1e; Part V
Section D, lines 5, 6, instructions).	and 8; and Part V, Section	n E, lines 2, 5, and 6. A	iso complete this part for an	y additional information. (See
	F	acts And Circumstand	es Test	
Return Reference			Explanation	
Schedule A, Part III, Line 12	No other income in 2	2022		Cabadula A (Farm 000) 2022
				Schedule A (Form 990) 2022

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efile Public Visual Render ObjectId: 202333129349300623 - Submission: 2023-11-07 TIN: 47-4653401 Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** MERWIN CONSERVANCY INC 47-4653401 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990) (2022) for Form 990, 990-EZ, or 990-PF. Page 2

Schedule B (Form 990) (2022)

Page 2

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spaces	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE	<u>. </u>		Person
		\$ RESTRICTED	Payroll
	,		Noncash
		()	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		Ф.	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
	(Form 990) (2022)		Page 3
Name of org MERWIN CO	anization NSERVANCY INC	Employer identification	on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	47-4653401	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash	ı property given	(c) FMV (or estimation (See instruction		(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	ı property given	(c) FMV (or estima (See instruction		(d) Date received
-				\$	
(a) No. from Part I	Description of noncash	property given	(c) FMV (or estimation (See instruction		(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimates) (See instruction		(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estima (See instruction		(d) Date received	
-				\$	
		Page 4 ————			Schedule B (Form 990) (2022)
Schedule E	B (Form 990) (2022)		Employ	er ident	Page 4
	ONSERVANCY INC		47-4653		
Part III	Exclusively religious, charitable, etc., cor than \$1,000 for the year from any one cor organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	ntributor. Complete columns (a) the total of exclusively religious, characteristics.) \(\bigsize \) \(\bigsize \)	ough (e) and the f	ollowing	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Descrip	tion of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and	<u>ZIP 4 R</u>	elationship of trans	steror to	transferee
(a) No. from Part I	(b) Purpose of gift	_ (c) Use of gift	(d)	Descrip	tion of how gift is held
. [(a) Trans (, , ; ; ;			
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship of trans	sferor to	transferee
(a)	/h) Durnage of sift	(a) Has of sift	(.9	Deceri	tion of how gift in hold
					

Part I	(b) Purpose or gift		(c) use of grit	(u) Description of now grit is neid
. <u> =</u>		(e	r) Transfer of gift	
	Transferee's name, address, and			p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
· <u> -</u>	Transferee's name, address, and		e) Transfer of gift Relationshi	p of transferor to transferee
		<u> </u>		Schedule B (Form 990) (2022)

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ObjectId: 202333129349300623 - Submission: 2023-11-07

TIN: 47-4653401

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	ne of the organization WIN CONSERVANCY INC			Employer identification number
MEH	MAIN CONSERVAINCE TING			47-4653401
Pa	t I Organizations Maintaining Donor Adv			r Accounts.
	Complete if the organization answered "Ye	es" on Form 990, Part (a) Donor adv		(b) Funds and other accounts
1	Total number at end of year	(a) Dollor auv	iseu runus	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor	ore in writing that the acc	ots hold in donor ad	vised funds are the
3	organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for	any other purpose c	be used only for conferring impermissible
Pa	t II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the orga			
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of an	historically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation co	ontribution in the for	
а	Total number of conservation easements		İ	Held at the End of the Year 2a
a b	Total acreage restricted by conservation easements		ļ	2b
C	Number of conservation easements on a certified histor			2c
d	Number of conservation easements included in (c) acqu	•	· .	2d
u	historic structure listed in the National Register	ca arter sary 23, 2000,		24
3	Number of conservation easements modified, transferred tax year \blacksquare	ed, released, extinguishe	d, or terminated by	the organization during the
4	Number of states where property subject to conservation	on easement is located 🕨		
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold			of violations,
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violatio	ns, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting \$ \ \\$, handling of violations, a	nd enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d			
9	and section 170(h)(4)(B)(ii)?			Yes No
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organiza		
Par	Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar Assets.
1a	If the organization elected, as permitted under FASB Alhistorical treasures, or other similar assets held for put Part XIII, the text of the footnote to its financial statem	olic exhibition, education,	or research in furthe	
b	If the organization elected, as permitted under FASB Alhistorical treasures, or other similar assets held for put following amounts relating to these items:			
(Revenue included on Form 990, Part VIII, line 1			▶\$
)Assets included in Form 990, Part X			
2	If the organization received or held works of art, histor following amounts required to be reported under FASB	ical treasures, or other si	milar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1	<u>-</u>		▶\$
b	Assets included in Form 990, Part X			> \$

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining Col	ections of Art,	Histori	ical Tr	easur	es, or	Other	Similar As	sets (con	tinued)
3	Using the organization's acquisition, accession items (check all that apply):									
а	Public exhibition		d		Loan o	or excha	nge prog	ırams		
b	Scholarly research		е		Other					
c	Preservation for future generations									
4	Provide a description of the organization's coll Part XIII.	ections and explain	how the	ey furthe	er the	organiza	ation's ex	empt purpo	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to								☐ Yes	□ No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ line 21.		rm 990	, Part I	V, line	e 9, or	reporte	d an amou	nt on Forr	m 990, Part X,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other interme	diary for	contrib	utions 	or othe	r assets	not	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table:		Г		A	mount	
c	Beginning balance	·	_			-	1c			
d	Additions during the year					.	1d			
е	Distributions during the year						1e			
f	Ending balance					-	1f			
2a	Did the organization include an amount on Fo					<u> </u>	count lis	hility2	□ Vaa	□ No
	•		•					•		∪ No
b	If "Yes," explain the arrangement in Part XIII. If "Yes," explain the arrangement in Part XIII.	Check here if the e	explanati	on nas	been p	rovided	in Part 2			
Pa	Complete if the organization answ	ered "Yes" on Fo	rm 990	, Part I	V. line	e 10.				
	F	(a) Current year		rior year			ars back	(d) Three year	ars back (e)	Four years back
1a	Beginning of year balance	1,613,663		1,598,	559	;	1,276,040	1,	003,668	703,955
b	Contributions	25,000		10,	000		133,716		130,000	334,024
С	Net investment earnings, gains, and losses	-258,271		19,	392		188,803		142,372	-34,311
d	Grants or scholarships	0			0		0		0	0
е	Other expenditures for facilities and programs	0			0		0		0	0
f	Administrative expenses	14,150		14,	288		0		0	0
g	End of year balance	1,366,242		1,613,	663		1,598,559	1,	276,040	1,003,668
2	Provide the estimated percentage of the curre	•	e (line 1	g, colum	nn (a))	held as	s:			
а	Board designated or quasi-endowment	0 %								
b	Permanent endowment 100 %									
С	Term endowment ► 0 % The percentages on lines 2a, 2b, and 2c should be considered.	d equal 100%.								
3а	Are there endowment funds not in the posses organization by:	sion of the organiza	ition tha	t are he	ld and	adminis	stered fo	r the		Yes No
	(i) Unrelated organizations								3a(i	
	(ii) Related organizations								3a(ii) No
ь 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the				•				3b	
			Willelic	iuiius.						
Pal	rt VI Land, Buildings, and Equipmer Complete if the organization answ		rm 990	. Part I	V. line	e 11a. :	See For	m 990. Par	t X. line 1	0.
	Description of property (a) Cost or oth (investme	er basis (b) Cos						lepreciation		Book value
1a	Land	0			0					0
b	Buildings	540,426			0			34,211		506,215
	Leasehold improvements	0			0			0		0
d	Equipment	9,880			0			2,345		7,535
	Other	0			0			0		0
	al. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colu	ımn (B),	line 1	0(c).)		>		513,750

Schedule D (Form 990) 2022

(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value)	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation: t or end-of-year market value
3) Closely-held equity interests	1) Financial derivatives	Value		
A)	· ·			
E) C) D) E) F) Foota, (Column (b) must equal form 990, Part X, cal. (3) line 12.) Part V III Investments - Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Fook value (c) Method of valuation: Cost or end-of-year market valu (a) Description of investment (b) Fook value (c) Method of valuation: Cost or end-of-year market valu (a) Description of investment (b) Fook value (c) Method of valuation: Cost or end-of-year market valu (a) Description (b) Fook value (c) Method of valuation: Cost or end-of-year market valu (a) Description (b) Fook value (c) Method of valuation: Cost or end-of-year market valu (a) Description (b) Fook value (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (c) Method of valuation: Cost or end-of-year market valu (d) Become valuation: Cost or end-of-year market valu (d) Become valuation: Cost or end-of-year market valu (d) Become valuation: Cost or end-of-year market valu (e) Method of valuation: Cost or end-of-year market valu (d) Become valuation: Cost or end-of-year market valu (e) Method of valuation: Cost or end-of-year market valu (e) Method of valuation: Cost or end-of-year market valu (e) Method of valuation: Cost or end-of-year market valuation: (e) Method of valuation: Cost or end-of-year market valuation: (e) Method of valuation: (e) Method o				
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Total. Column (b) must equal Form 990, Part X, col. (b) line 12.)	(F)			
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Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.				l
	Complete if the organization answered 'Yes' on Form 990, P		ne 11e or 11f.S	
	(1) Endoral income tayon			

(1) rederal illicome taxes		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	potnote to the organization's financial st	tatements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). C	Check here if the text of the footnote ha	<u> </u>
		Schedule D (Form 990) 2022
Page	e 4	
Schedule D (Form 990) 2022		
,	Chahamanta With Danisana	Page 4
Part XI Reconciliation of Revenue per Audited Financial Complete if the organization answered 'Yes' on Form S		keturn.
Total revenue, gains, and other support per audited financial statement		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	. 2b	-
	<u> </u>	_
c Recoveries of prior year grants		_
d Other (Describe in Part XIII.)	. 2d	_
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b Other (Describe in Part XIII.)	. 4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,	, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expenses per	r Return.
Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	. 2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	. 2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	
b Other (Describe in Part XIII.)	-	-
c Add lines 4a and 4b		
		5
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	1, III.e 10.)	_ 3
Part XIII Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p		rt V, line 4; Part X, line 2; Part XI,
	•	
Return Reference	Explanation	
	s are intended for the ongoing maintena drawn upon until the corpus reaches \$2	
	tenance as determined necessary and a	

Additional Data Return to Form

Software ID: 22015720 **Software Version:** v1.00

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TIN: 47-4653401 OMB No. 1545-0047

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.

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nan	ne of the organization			Employer identificat	ion nu	mber	
MER	WIN CONSERVANCY INC			47-4653401			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropiate box(es) if the organization provided an 990, Part VII, Section A, line 1a. Complete Part III to provide						
	First-class or charter travel		Housing allowance or residence for p	ersonal use			
	☐ Travel for companions		Payments for business use of person	al residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiatio	n fees			
	Discretionary spending account		Personal services (e.g., maid, chauff	eur, chef)			
b	If any of the boxes on Line 1a are checked, did the organizat reimbursement or provision of all of the expenses described				1b		
2	Did the organization require substantiation prior to reimbursi	ing (or allowing expenses incurred by all				
	directors, trustees, officers, including the CEO/Executive Dire	ecto	r, regarding the items checked on Line	1a?	2		
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director. Check all that apply. I used by a related organization to establish compensation of the compensation or co	Do n	ot check any boxes for methods				
	Compensation committee		Written employment contract				
	_ :		Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compensat	ion committee			
4	During the year, did any person listed on Form 990, Part VII, related organization:			ng organization or a			
a b	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental noncompart of the control payment from the control payme				4a 4b		No No
C	Participate in, or receive payment from, an equity-based com		·		40 4c		No
·	If "Yes" to any of lines 4a-c, list the persons and provide the		=				110
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons	must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of:	did 1	the organization pay or accrue any				
а	The organization?				5a		No
b	Any related organization?				5b		No
	If "Yes," on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of:	did 1	the organization pay or accrue any				
а	The organization?				6a		No
b	Any related organization?				6b		No
	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 in lines 5 and 6? If "Yes," describe in	did 1 1 Pa	the organization provide any nonfixed rt III		7		No
8	Were any amounts reported on Form 990, Part VII, paid or a subject to the initial contract exception described in Regulation Part III.	ons	section 53.4958-4(a)(3)? If "Yes," des	scribe			_ <u>_</u>
					8		No
9	If "Yes" on line 8, did the organization also follow the rebutta $53.4958-6(c)$?			Regulations section · ·	9		
For P	aperwork Reduction Act Notice, see the Instructions fo	r Fo	orm 990. Cat. No. 50	O053T Schedule J	(Form	990)	2022
			Dage 2				
			Page 2 ———————————————————————————————————				
Sched	dule J (Form 990) 2022						

Page 2

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 are not 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.

(A) Name and Title		of W-2, 1099-MISO and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Sonnet K Coggins EXECUTIVE DIRECTOR	(i)	150,816	0	0	0	6,918	157,734	
	(ii)	0	0	0	0	0	0	

									1
				•		•		Schedule J (F	orm 990) 2022
			F	Page 3 ———					
Schedule J (Form 990) 2022									Page 3
Part III Supplemental Infor	mation								
Provide the information, explanation, or	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 info	rmation.
Return Reference				E	xplanation				
Schedule J, Part I, Line 3	The Board utilizes the services of Ma	ui No	n-Profit Executive	Directors Associat	ion to calibrate the	e Executive Directo	or's salary.		
								Schedule J (F	orm 990) 2022
								•	-

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3 - Submission: 2023-11-07 TIN: 47-4653401 OMB No. 1545-0047

2022

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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 <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization MERWIN CONSERVANCY INC

Employer identification number 47-4653401

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	A copy of the draft 990 is provided to the Board prior to filing.
Form 990, Part VI, Section B, Line 12c	Prior to bringing any matter to the Board, the Executive Director reviews the matter to identify any existing conflicts. Subsequently, the Executive Director will bring a matter to the Board to be voted on or to be resolved by decision. The Board then request that any member with any conflict of interest recuse themselves from voting. Also, every Board member is provided a disclosure statement at the first Board meeting of the year that is completed, signed and maintained for the year.
Form 990, Part VI, Section B, Line 15	The Board utilized the services of Maui Non-Profit Executive Directors Association to calibrate the Executive Director's salary prior to hire. On an ongoing basis, salaries are calibrated using the Hawaii Alliance of Nonprofit Organization's Compensation Reports and the American Alliance of Museum's National Salary Surveys.
Form 990, Part VI, Section C, Line 19	Governing Documents are available through the Department of Commerce and Consumer Affairs, or upon request. Th conflict of interest policy and financial statements are available upon request.
Form 990, Part IX, Line 11g	Consulting Services
Form 990, Part XI, Line 9	Adjustment after reconciling realized/unrealized gains/losses on investment activity for the year.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990) 2022

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