

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Form 990-EZ

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning, 2005, and ending, 20

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

Transition Habitat Conservancy

Number and street (or P O box, if mail is not delivered to street address) Room/suite

PO Box 720026

City or town, state or country, and ZIP + 4

Pinon Hills, CA 92372

D Employer identification number

74-3146328

E Telephone number

(760) 868-5136

F Group Exemption Number

Number . . .

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.transitionhabitat.org

J Organization type (check only one) - 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 8,103

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

SCANNED REVENUE REVIEWED MAR 23 2005

Table with 21 rows for revenue and expenses, and 3 rows for net assets. Includes sub-rows for special events and inventory sales.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

Table with 7 rows for balance sheet items and 2 columns for beginning and end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2005)

P 110

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>To preserve wildlife corridor</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>To preserve wildlife corridors along the transition between the Mojave Desert and the San Gabriel Mountains by acquiring land and conservati</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	_____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	_____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jill Bays 8860 Shadow Mtn Rd Pinon Hills	President 25	0	0	0
Robert Plank 9252 Hooper Dr Kelseyville CA	Vice Presiden 20	0	0	0
Roberta Dewey 1681 Nillville Rd Pinon Hills	Secretary 20	0	0	0
Tara Matthews 8365 Zohra Cyn Dr Pinon Hills	Treasurer 20	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <input type="checkbox"/> 38b _____		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b _____		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	N/A	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14) (Continued)

- 41 List the states with which a copy of this return is filed ▶ California
- 42 a The books are in care of ▶ Jill Bays Telephone no ▶ 760-868-5136
 Located at ▶ 8860 Shadow Mtn Rd Pinon Hills ZIP + 4 ▶ 92372
- b 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)?
- | | Yes | No |
|-----|-----|----|
| 42b | N/A | |
| 42c | N/A | |
- If "Yes," enter the name of the foreign country ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If "Yes," enter the name of the foreign country ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

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

Please Sign Here

Signature of officer Jill Bays Date 2/21/06
 Type or print name and title Mag Jill Bays President

Paid Preparer's Use Only

Preparer's signature [Signature] Date 02-23-2006 Check if self-employed Preparer's SSN or PTIN (See Gen Inst W) P00114272
 Firm's name (or yours if self-employed) Affordable Tax Service EIN ▶ _____
 address, and ZIP + 4 1359 E. Ave. J-12
Lancaster CA Phone no ▶ 661-942-6469

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

Transition Habitat Conservancy

74-3146328

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶