

Short Form Return of Organization Exempt From Income Tax

2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning, 2006, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Transition Habitat Conservancy. D Employer identification number: 74-3146328. E Telephone number: (760) 868-5136. F Group Exemption Number.

G Accounting method: [X] Cash [] Accrual. Other (specify). H Check [X] 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) - [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

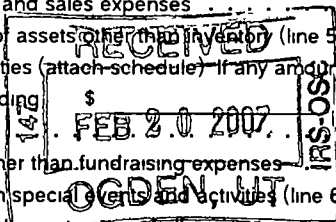
K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 47 of the instructions)

Table with 21 rows for revenue and expenses. Line 1: Contributions, gifts, grants, and similar amounts received: 8,103. Line 9: Total revenue: 8,103. Line 17: Total expenses: 933. Line 18: Excess or (deficit) for the year: 7,170. Line 21: Net assets or fund balances at end of year: 15,273.

SCANNED MAR 05 2007



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

Table with 7 rows for balance sheets. Line 22: Cash, savings, and investments: 8,103. Line 25: Total assets: 8,103. Line 27: Net assets or fund balances: 8,103.

Part III Statement of Program Service Accomplishments (See page 51 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 conservation</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 52 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	President 25	0	0	0
Robert Plank	Vice Presiden 20	0	0	0
Roberta Dewey	Secretary 20	0	0	0
Tara Matthews	Treasurer 20	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V)	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	33	N/A
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	34	N/A
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?	35a	N/A
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	N/A
37 a 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?	37b	N/A
38 a 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?	38a	N/A
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Other Information (Note the statement requirement in General Instruction V)(Continued)

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 , section 4955

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

Table with 3 columns: Question ID, Yes, No. Rows for 40b, 40e with 'N/A' entries.

41 List the states with which a copy of this return is filed

42 a The books are in care of % Telephone no Located at ZIP + 4

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)?

Table with 3 columns: Question ID, Yes, No. Rows for 42b, 42c with 'N/A' entries.

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: [Handwritten Signature] Date: 2/15/07 Type or print name and title: Mary Jill Bays President

Paid Preparer's Use Only

Preparer's signature: [Handwritten Signature] Date: 02-12-2007 Check if self-employed: [X] Preparer's SSN or PTIN: Firm's name: Affordable Tax Service address: 1359 E. Ave. J-12 Lancaster CA 95355 Phone no: 661-942-6469

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

2006

Department of the Treasury
Internal Revenue Service

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 2 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
NONE		

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

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

FEIN

Transition Habitat Conservancy

74-3146328

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

Statement #130

Description

Amount

Insurance	120
Fundraiser	<u>273</u>
TOTAL	<u><u>393</u></u>