

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

2024

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 4/01, 2024, and ending 3/31, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SOUTHERN CONSERVATION TRUST, 305 BEAUREGARD BLVD, FAYETTEVILLE, GA 30214. D Employer identification number 58-2036727. E Telephone number (770) 486-7774. G Gross receipts \$ 4,857,708.

F Name and address of principal officer: CHRIS DOANE, SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: SCTLANDTRUST.ORG. H(c) Group exemption number

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1993. M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE SOUTHERN CONSERVATION TRUST ELEVATES NATURE THROUGH EXCEPTIONAL STEWARDSHIP OF PUBLIC AND CONSERVED LANDS AND BY PROVIDING ENVIRONMENTAL EDUCATION TO ALL AGES.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members of the governing body (10), 4 Number of independent voting members of the governing body (10), 5 Total number of individuals employed in calendar year 2024 (23), 6 Total number of volunteers (275), 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (344,702 / 276,654), 9 Program service revenue (131,845 / 371,514), 10 Investment income (1,425,866 / 795,805), 11 Other revenue (3,243 / 62,015), 12 Total revenue - add lines 8 through 11 (1,905,656 / 1,505,988).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits (1,225,477 / 1,263,955), 16a Professional fundraising fees, b Total fundraising expenses (270,314), 17 Other expenses (903,584 / 873,048), 18 Total expenses. Add lines 13-17 (2,129,061 / 2,137,003), 19 Revenue less expenses. Subtract line 18 from line 12 (-223,405 / -631,015).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (30,139,493 / 29,278,099), 21 Total liabilities (117,069 / 96,353), 22 Net assets or fund balances. Subtract line 21 from line 20 (30,022,424 / 29,181,746).

Part II Signature Block

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.

Sign Here: Signature of officer CHRIS DOANE, Date, Type or print name and title PRESIDENT & CEO

Paid Preparer Use Only: Preparer's name SHEILA M. KOZAK, CPA, Preparer's signature, Date 11/16/25, Check self-employed, PTIN P00687026, Firm's name FULTON & KOZAK LLC, Firm's address 7187 JONESBORO RD STE 100A, MORROW, GA 30260, Firm's EIN 20-1403280, Phone no. 770-961-4200

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

PUBLIC INSPECTION COPY

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE SOUTHERN CONSERVATION TRUST ELEVATES NATURE THROUGH EXCEPTIONAL STEWARDSHIP OF PUBLIC AND CONSERVED LANDS AND BY PROVIDING ENVIRONMENTAL EDUCATION TO ALL AGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 757,802. including grants of \$ ) (Revenue \$ 290,333.)

STEWARDSHIP- PROTECTING AND ENHANCING THE CONSERVATION VALUES OF THE LANDS ACQUIRED BY THE TRUST, AND DOING SO IN PERPETUITY, IS AN IMPORTANT ASPECT OF THE TRUST'S WORK. THE TRUST EVALUATES EACH PROPERTY IT HOLDS FOR ITS CONSERVATION VALUE, AS WELL AS THE THREATS TO THESE VALUES, AND DEVELOPS AND IMPLEMENTS A STEWARDSHIP PLAN BASED ON THIS ANALYSIS. THE PLAN INCLUDES DETAILED MONITORING ON AN ANNUAL BASIS. CURRENT COSTS ASSOCIATED WITH THE TRUST'S STEWARDSHIP EFFORTS ARE EXPENSED AS INCURRED. THE COSTS OF FUTURE OBLIGATIONS REPRESENT A COMMITMENT OF THE TRUST AND WILL BE RECORDED AS THEY ARE INCURRED.

4b (Code: ) (Expenses \$ 348,028. including grants of \$ ) (Revenue \$ 48,424.)

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 294,961. including grants of \$ ) (Revenue \$ )

PUBLIC NATURE AREAS - PROTECTING AND ENHANCING THE CONSERVATION VALUES OF LANDS ACQUIRED BY THE TRUST IS SOME OF THE MOST IMPORTANT WORK IN WHICH THE TRUST IS INVOLVED. IT IS THE RESPONSIBILITY OF THE STEWARDSHIP PROGRAM TO PROTECT CONSERVATION VALUES AND TO BE A GOOD NEIGHBOR AND COMMUNITY MEMBER FOR ALL TRUST PROPERTIES THROUGH SCIENCE-BASED MANAGEMENT. THE TRUST EVALUATES EVERY PROPERTY FOR ITS CONSERVATION VALUE, THE THREATS TO THESE VALUES, AND FOR OPPORTUNITIES TO ENHANCE CONSERVATION VALUES THROUGH RESPONSIBLE MANAGEMENT.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 206,415. including grants of \$ ) (Revenue \$ 32,757.)

4e Total program service expenses 1,607,206.

**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)? <i>If "Yes," complete Schedule A.</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> .....	3	X
4 <b>Section 501(c)(3) organizations.</b> 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	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> .....	5	X
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, Part I.</i> .....	6	X
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 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> .....	8	X
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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> .....	11a X	
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	X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> .....	11c	X
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 X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> .....	11e X	
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 X	
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	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> .....	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> .....	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.....	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> .....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> .....	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> .....	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> .....	21	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [ ]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, W-2G forms, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

PUBLIC INSPECTION COPY

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included on line 1a... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... SEE SCHEDULE O; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?...; 6 Did the organization have members or stockholders?...; 7a 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?...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?... b Each committee with authority to act on behalf of the governing body?...; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?...; 10b 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?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?...; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... SEE SCHEDULE O; 13 Did the organization have a written whistleblower policy?...; 14 Did the organization have a written document retention and destruction policy?...; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. b Other officers or key employees of the organization... SEE SCHEDULE O. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?...; 16b 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?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
CHRIS DOANE 305 BEAUREGARD BLVD FAYETTEVILLE GA 30214 (770) 486-7774

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

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) CHRIS DOANE PRESIDENT & CEO	40 0			X			111,371.	0.	7,090.
(2) RANDY CARDOZA BOARD MEMBER	2.5 0	X					0.	0.	0.
(3) RICH COCOS BOARD MEMBER	2.5 0	X					0.	0.	0.
(4) BRIAN CARDOZA BOARD MEMBER	2.5 0	X					0.	0.	0.
(5) DAN CUPERTINO BOARD MEMBER	2.5 0	X					0.	0.	0.
(6) DAN DAVIS BOARD MEMBER	2.5 0	X					0.	0.	0.
(7) SCOTT SMITH BOARD MEMBER	2.5 0	X					0.	0.	0.
(8) TIFFANY WOODS BOARD MEMBER	2.5 0	X					0.	0.	0.
(9) CATHY BERGGREN BOARD MEMBER	2.5 0	X					0.	0.	0.
(10) JIM WASHBURN TREASURER	4.2 0	X		X			0.	0.	0.
(11) MEREDITH MARTIN BOARD CHAIR	4.2 0	X		X			0.	0.	0.
(12)									
(13)									
(14)									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

<b>1b Subtotal</b> .....	111,371.	0.	7,090.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	111,371.	0.	7,090.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <u>1</u>			

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GUILMETTE PULVER LLC 1355 PEACHTREE ST NE STE 1125 ATLANTA, GA 30309	LEGAL	108,791.

<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <u>1</u>	
--	--

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	63,403.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	213,251.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	6,570.				
	<b>h Total.</b> Add lines 1a-1f .....		276,654.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>LEGAL SETTLEMENT INCOME</u> .....		<b>Business Code</b>			
		900099	146,370.	146,370.			
<b>b</b> <u>ENVIRONMENTAL SERVICES</u> .....		110000	120,734.	120,734.			
<b>c</b> <u>NICKS CREEK</u> .....		110000	55,986.	55,986.			
<b>d</b> <u>SUMMER CAMPS</u> .....		900099	25,938.	25,938.			
<b>e</b> <u>EDUCATIONAL FIELD TRIPS</u> .....		110000	12,885.	12,885.			
<b>f</b> All other program service revenue ...			9,601.	9,601.			
<b>g Total.</b> Add lines 2a-2f .....			371,514.				
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		286,398.			286,398.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6a</b> Gross rents .....	<b>6a</b>	(i) Real	60,177.			
			(ii) Personal				
		<b>b</b> Less: rental expenses .....	<b>6b</b>				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	60,177.				
	<b>d</b> Net rental income or (loss) .....		60,177.			60,177.	
	<b>7a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	3,830,979.			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	3,321,572.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	509,407.				
	<b>d</b> Net gain or (loss) .....		509,407.			509,407.	
	<b>8a</b> Gross income from fundraising events (not including \$ 63,403. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		30,148.			
				30,148.			
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold ...	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11a</b> <u>OTHER INCOME</u> .....		<b>Business Code</b>				
			1,838.			1,838.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		1,838.					
<b>12 Total revenue.</b> See instructions .....			1,505,988.	371,514.	0.	857,820.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	140,968.	100,621.	14,765.	25,582.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	958,232.	683,971.	100,367.	173,894.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits.....	81,532.	58,308.	8,473.	14,751.
10 Payroll taxes.....	83,223.	59,505.	8,655.	15,063.
11 Fees for services (nonemployees):				
a Management.....				
b Legal.....	267,085.	263,090.	3,995.	
c Accounting.....	54,333.		54,333.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees.....	42,354.		42,354.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)....	23,783.	10,446.	7,753.	5,584.
12 Advertising and promotion.....				
13 Office expenses.....	45,886.	27,347.	8,052.	10,487.
14 Information technology.....	12,768.	7,175.	609.	4,984.
15 Royalties.....				
16 Occupancy.....				
17 Travel.....	20,107.	19,501.	167.	439.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings....	7,354.	5,772.	1,025.	557.
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization...	87,317.	79,730.	2,769.	4,818.
23 Insurance.....	58,151.	43,859.	5,216.	9,076.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....				
a <u>LAND MANAGEMENT AND PROTECTION</u> .....	204,525.	204,525.		
b <u>GENERAL EDUCATION EXPENSES</u> .....	42,109.	42,109.		
c <u>PRINTING AND PUBLICATIONS</u> .....	7,276.	1,247.	950.	5,079.
d.....				
e All other expenses.....				
25 Total functional expenses. Add lines 1 through 24e....	2,137,003.	1,607,206.	259,483.	270,314.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing.....	1,660,857.	<b>1</b>	740,182.
	<b>2</b> Savings and temporary cash investments.....	337,218.	<b>2</b>	849,596.
	<b>3</b> Pledges and grants receivable, net.....	50,362.	<b>3</b>	89,693.
	<b>4</b> Accounts receivable, net.....	1,638,148.	<b>4</b>	1,150,984.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	29,887.	<b>9</b>	33,485.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 2,128,124.		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 502,780.	1,690,718.	<b>10c</b> 1,625,344.
	<b>11</b> Investments – publicly traded securities.....	6,121,231.	<b>11</b>	6,177,743.
	<b>12</b> Investments – other securities. See Part IV, line 11.....		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....	18,611,072.	<b>15</b>	18,611,072.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33).....	30,139,493.	<b>16</b>	29,278,099.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses.....	56,561.	<b>17</b>	39,703.
	<b>18</b> Grants payable.....		<b>18</b>	
	<b>19</b> Deferred revenue.....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> Loans and other 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.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	60,508.	<b>25</b>	56,650.
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	117,069.	<b>26</b>	96,353.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions.....	29,730,619.	<b>27</b>	28,735,165.
	<b>28</b> Net assets with donor restrictions.....	291,805.	<b>28</b>	446,581.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds.....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund.....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>31</b>	
	<b>32</b> Total net assets or fund balances.....	30,022,424.	<b>32</b>	29,181,746.
<b>33</b> Total liabilities and net assets/fund balances.....	30,139,493.	<b>33</b>	29,278,099.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,505,988.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,137,003.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-631,015.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	30,022,424.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-209,663.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	29,181,746.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

BAA

TEEA0112L 09/05/24

Form 990 (2024)



**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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

<b>Name of the organization</b> SOUTHERN CONSERVATION TRUST	<b>Employer identification number</b> 58-2036727
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

PUBLIC INSPECTION COPY

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person that exceeds 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024; 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33-1/3% support test-2024; 16b 33-1/3% support test-2023; 17a 10%-facts-and-circumstances test-2024; 17b 10%-facts-and-circumstances test-2023; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	232,099.	1,295,976.	1,896,414.	344,702.	276,654.	4,045,845.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	126,926.	41,050.	279,172.	131,845.	371,514.	950,507.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1 through 5.	359,025.	1,337,026.	2,175,586.	476,547.	648,168.	4,996,352.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.	6,151.	8,763.	4,735.	3,574.	2,835.	26,058.
<b>b</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.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	6,151.	8,763.	4,735.	3,574.	2,835.	26,058.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						4,970,294.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6.	359,025.	1,337,026.	2,175,586.	476,547.	648,168.	4,996,352.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	99,326.	137,443.	117,430.	157,840.	346,575.	858,614.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b.	99,326.	137,443.	117,430.	157,840.	346,575.	858,614.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	6,672.	23,355.	5,072.	810.	1,838.	37,747.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	465,023.	1,497,824.	2,298,088.	635,197.	996,581.	5,892,713.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	84.35 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15.	<b>16</b>	86.15 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	14.57 %
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17.	<b>18</b>	12.42 %

**19a 33-1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33-1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			

**Part VI**

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

**PART III, LINE 12 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
OTHER INCOME	\$ 1,838.	\$ 810.	\$ 5,072.	\$ 23,355.	\$ 6,672.
TOTAL	<u>\$ 1,838.</u>	<u>\$ 810.</u>	<u>\$ 5,072.</u>	<u>\$ 23,355.</u>	<u>\$ 6,672.</u>



**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

SOUTHERN CONSERVATION TRUST

Employer identification number

58-2036727

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private 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 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 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>SOUTHERN CONSERVATION TRUST</b>	Employer identification number <b>58-2036727</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 46,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Name of organization <b>SOUTHERN CONSERVATION TRUST</b>	Employer identification number <b>58-2036727</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 48,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 43,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Name of organization <b>SOUTHERN CONSERVATION TRUST</b>	Employer identification number <b>58-2036727</b>
--	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

PUBLIC INSPECTION COPY

Name of organization **SOUTHERN CONSERVATION TRUST** Employer identification number **58-2036727**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$                      *N/A*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

PUBLIC INSPECTION COPY

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

SOUTHERN CONSERVATION TRUST

58-2036727

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and organization property.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements and a sub-table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding art and historical treasures.

PUBLIC INSPECTION COPY

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	96,555.	96,555.	96,555.	97,055.	97,555.
b Contributions	152,750.				500.
c Net investment earnings, gains, and losses	3,445.				
d Grants or scholarships					
e Other expenditures for facilities and programs				500.	500.
f Administrative expenses					
g End of year balance	252,750.	96,555.	96,555.	96,555.	97,555.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment 100.00 %
- c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?		X
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,002,268.		1,002,268.
b Buildings		443,088.	57,188.	385,900.
c Leasehold improvements		320,216.	212,565.	107,651.
d Equipment		350,032.	233,027.	117,005.
e Other		12,520.		12,520.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 1,625,344.

<b>Part VII Investments – Other Securities</b>		N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))....		

<b>Part VIII Investments – Program Related</b>		N/A
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))....		

<b>Part IX Other Assets</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
(1) OWNED PROPERTIES		18,611,072.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)).....		18,611,072.

<b>Part X Other Liabilities</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) OTHER LIABILITIES		32,852.
(3) PAYROLL LIABILITIES		23,798.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)).....		56,650.

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		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		
	c Recoveries of prior year grants	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 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 Return** N/A

Complete if the organization answered "Yes" on Form 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.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information**

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

**PART II, LINE 5 - SUMMARIZED POLICY**

SCT FOLLOWS ALL LAND TRUST ALLIANCE STANDARDS AND POLICIES WHEN IT COMES TO MONITORING AND ENFORCEMENT, VERBIAGE IS BUILT INTO EACH EASEMENT AND IS IN THE LAND TRUST ACCREDITATION COMMISSION'S POLICY.

**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS**

THE TRUST HAS ACQUIRED AND HOLDS A NUMBER OF CONSERVATION EASEMENTS, EACH REPRESENTING A LEGAL INTEREST IN LAND OWNED BY ANOTHER PERSON OR ENTITY. THE EASEMENTS GRANT THE TRUST THE RIGHT TO USE, CONTROL, AND/OR PROTECT THE LAND FOR

**Part XIII** Supplemental Information *(continued)***PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)**

CONSERVATION PURPOSES. BECAUSE OF THE UNIQUE NATURE OF THESE ASSETS, THE IMPRACTICALITY OF OBTAINING CONSISTENT AND RELIABLE ESTIMATES OF THE VALUES ASCRIBED TO THESE INTERESTS, AND CONSISTENT WITH THE PRACTICES FOLLOWED BY MANY ENVIRONMENTAL LAND TRUSTS, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY AMOUNTS FOR THESE PROPERTY INTERESTS. AT MARCH 31, 2025 THE TRUST HELD 239 CONSERVATION EASEMENTS ON 56,259 ACRES OF LAND.

**PART X - FASB ASC 740 FOOTNOTE**

THE TRUST'S APPLICATION OF ASC 740 REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES THE TRUST HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX STATUS. THE TRUST WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE. THE TRUST IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR PERIODS BEFORE 2022.

**SCHEDULE G  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

SOUTHERN CONSERVATION TRUST

Employer identification number

58-2036727

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of nongovernment grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-----  
 -----  
 -----  
 -----

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		GOLF TOURNAMEN (event type)	SPRING EVENT (event type)	1 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	53,624.	25,407.	14,520.	93,551.	
	2	Less: Contributions	35,302.	17,706.	10,395.	63,403.	
	3	Gross income (line 1 minus line 2)	18,322.	7,701.	4,125.	30,148.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes	125.		640.	765.	
	6	Rent/facility costs	13,993.	289.		14,282.	
	7	Food and beverages	274.	2,614.	6.	2,894.	
	8	Entertainment		2,000.		2,000.	
	9	Other direct expenses	3,931.	2,798.	3,478.	10,207.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					30,148.
	11	Net income summary. Subtract line 10 from line 3, column (d)					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter the name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. . . \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

SOUTHERN CONSERVATION TRUST

Employer identification number

58-2036727

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

EDUCATION - THE TRUST INCREASES AWARENESS ABOUT THE BENEFITS OF PRIVATE LAND CONSERVATION AND THE MISSION OF THE TRUST. METHODS INCLUDE FOCUSING EDUCATION AND OUTREACH TO SUPPORT CONSERVATION IN PRIORITY AREAS, TARGETING TECHNICAL ADVISORS TO LANDOWNERS, SHOWCASING SUCCESSFUL PROJECTS TO PROMOTE CONSERVATION AND STEWARDSHIP, AND INTRODUCING THE GENERAL PUBLIC TO LAND CONSERVATION THROUGH TOURS AND PUBLICATIONS. THE TRUST ALSO PROVIDES MULTIPLE CAMPS AND EDUCATIONAL PROGRAMS THROUGHOUT THE YEAR.

THE SOUTHERN CONSERVATION TRUST'S ENVIRONMENTAL EDUCATION EFFORTS IN FAYETTE COUNTY IMPACTS 20,000+ STUDENTS EACH YEAR THROUGH PARTNERSHIPS WITH 24 PUBLIC SCHOOLS, FOUR PRIVATE SCHOOLS, AND DOZENS OF HOMESTEAD GROUPS. SCT OWNS AND OPERATES NESMITH ENVIRONMENTAL STUDY AREA, THE FIRST IN AN EXPANSION OF EDUCATIONAL PROJECTS WITHIN FAYETTE COUNTY. SCT OFFERS FOUR FULL WEEKS OF CAMP WILD, AND EDUCATIONAL SUMMER CAMP FOR CHILDREN AT LINE CREEK AND THE RIDGE NATURE AREA. WORKING WITH CLAYTON STATE UNIVERSITY, WE HAVE IDENTIFIED OVER 740 BOX TURTLES AND LAUNCHED A PROTECTION PROJECT AT THE RIDGE NATURE AREA. SCT HOLD DOZENS OF EDUCATIONAL EVENTS THROUGHOUT THE YEAR. WE ARE LOOKING FORWARD TO OPENING OUR LATEST PROJECT, THE FAYETTE ENVIRONMENTAL EDUCATION CENTER (FEEC), LATER THIS YEAR. FEEC WILL BE A PREMIER ENVIRONMENTAL EDUCATION DESTINATION SOUTH OF ATLANTA FOR CHILDREN AND ADULTS OF ALL AGES TO LEARN ABOUT THE WONDERS OF NATURE IN GEORGIA AND HOW TO HAVE MEANINGFUL INTERACTIONS WITH NATURE.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

<u>EXPENSES</u>	<u>INCLUDING GRANTS</u>	<u>REVENUE</u>
206,415.		32,757.
CONSERVATION - THE TRUST CONSERVES THE MOST IMPORTANT AND THREATENED LAND USING ALL THE TOOLS OF PRIVATE, VOLUNTARY LAND CONSERVATION. THE TRUST WORKS EXCLUSIVELY WITH		

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

SOUTHERN CONSERVATION TRUST

Employer identification number

58-2036727

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

WILLING LANDOWNERS TO FIND WAYS TO CONSERVE, FOREVER, THE SCENIC AND NATURAL VALUES OF THE LAND AND WATER. LANDOWNERS DONATE OR SELL A CONSERVATION INTEREST IN THEIR LAND, SUCH AS DEVELOPMENT RIGHTS OR FULL OWNERSHIP, TO THE TRUST. THE TRUST MANAGES THE LAND UNDER A STEWARDSHIP PLAN AND, IF NECESSARY, LEGALLY DEFENDS ITS CONSERVATION VALUES. THE TRUST ALSO IDENTIFIES PRIORITY CONSERVATION LANDS TO PURCHASE. FURTHER, THE TRUST CONSERVES WORKING FOREST AND AGRICULTURAL LAND FOR THE PURPOSE OF KEEPING THE LAND IN RESOURCE PRODUCTION. THE TRUST CONSERVED 56,259 ACRES.

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

BRIAN CARDOZA (BOARD MEMBER) IS THE SON OF RANDY CARDOZA (BOARD MEMBER).

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

THE 990 WILL BE REVIEWED BY THE PRESIDENT AND THEN THE BOARD EXECUTIVE COMMITTEE FOR APPROVAL BEFORE FILING.

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

BOARD MEMBERS COMPLETE A FORM ANNUALLY WHICH DESCRIBES ANY POTENTIAL CONFLICTS OF INTEREST. DURING THE BOARD MEETINGS, IF AN ISSUE ARISES WHICH MAY CONSTITUTE A CONFLICT OF INTEREST; THE ISSUE IS BROUGHT TO THE TABLE. THE BOARD MEMBER WILL THEN ABSTAIN FROM THE VOTE THAT CREATED A CONFLICT OF INTEREST AS DEEMED BY THE BOARD.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

SALARIES ARE REVIEWED BASED ON LAND TRUST STANDARDS DOCUMENTS, OTHER NON-PROFIT SALARIES, OCCUPATIONAL OUTLOOK HANDBOOK (BY THE US BUREAU OF LABOR STATS); THEN REVIEWED BY THE BOARD FINANCE COMMITTEE. THE PRESIDENT'S SALARY IS PRESENTED TO THE EXECUTIVE COMMITTEE.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

SOUTHERN CONSERVATION TRUST

58-2036727

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

SALARIES ARE REVIEWED BASED ON LAND TRUST STANDARDS DOCUMENTS, OTHER NON-PROFIT  
SALARIES, OCCUPATIONAL OUTLOOK HANDBOOK (BY THE US BUREAU OF LABOR STATS); THEN  
REVIEWED BY THE BOARD FINANCE COMMITTEE.

**FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

GA NC SC FL AL TN MO VA LA AR KY TX MS CO

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

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY FOR PUBLIC  
INSPECTION. THE ORGANIZATION THEN POSTS A COPY OF FORM 990 TO GUIDESTAR.ORG. THIS  
COPY IS ALSO AVAILABLE UPON REQUEST.



**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

SOUTHERN CONSERVATION TRUST

Employer identification number

58-2036727

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LITTLE BEAR CREEK RESERVE, LLC 305 BEAUREGARD BLVD FAYETTEVILLE, GA 30214	PUBLIC NATURE PRESERVE	GA	0.	792,542.	SOUTHERN CONSERVATION TRUST
(2) SOUTHERN CONSERVATION HOLDINGS, LLC 305 BEAUREGARD BLVD FAYETTEVILLE, GA 30214	PURCHASE LAND IN FAYETTE COUNTY	GA	0.	0.	SOUTHERN CONSERVATION TRUST
(3) -----	-----	-----	-----	-----	-----

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) NEW MANCHESTER-SWEETWATER ALLIANCE 305 BEAUREGARD BLVD FAYETTEVILLE, GA 30214 83-2797179	HISTORICAL SITE IN DOUGLAS CO.	GA	501 (C) (3)	509 (A) (2)	SOUTHERN CONSERVATION TRUST		X
(2) -----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----
(4) -----	-----	-----	-----	-----	-----	-----	-----

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
-----												
-----												
(2) -----												
-----												
-----												
(3) -----												
-----												
-----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
-----									
-----									
(2) -----									
-----									
-----									
(3) -----									
-----									
-----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
<b>1</b>	<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
	<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity	<b>1 a</b>	X
	<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1 b</b>	X
	<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1 c</b>	X
	<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1 d</b>	X
	<b>e</b> Loans or loan guarantees by related organization(s)	<b>1 e</b>	X
	<b>f</b> Dividends from related organization(s)	<b>1 f</b>	X
	<b>g</b> Sale of assets to related organization(s)	<b>1 g</b>	X
	<b>h</b> Purchase of assets from related organization(s)	<b>1 h</b>	X
	<b>i</b> Exchange of assets with related organization(s)	<b>1 i</b>	X
	<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1 j</b>	X
	<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1 k</b>	X
	<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1 l</b>	X
	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1 m</b>	X
	<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1 n</b>	X
	<b>o</b> Sharing of paid employees with related organization(s)	<b>1 o</b>	X
	<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1 p</b>	X
	<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1 q</b>	X
	<b>r</b> Other transfer of cash or property to related organization(s)	<b>1 r</b>	X
	<b>s</b> Other transfer of cash or property from related organization(s)	<b>1 s</b>	X

		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>2</b>	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
<b>(1)</b>					
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
-----													
-----													
(2) -----													
-----													
-----													
(3) -----													
-----													
-----													
(4) -----													
-----													
-----													
(5) -----													
-----													
-----													
(6) -----													
-----													
-----													
(7) -----													
-----													
-----													
(8) -----													
-----													
-----													

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

---

SOUTHERN CONSERVATION TRUST

58-2036727

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																
<b>AUTO / TRANSPORT EQUIPMENT</b>																
31	2017 FORD F-150	1/24/20			31,012					31,012	25,842	S/L	5		5,170	
32	2016 FORD F-250	1/24/20			39,880					39,880	33,233	S/L	5		6,647	
62	2019 SUBARU FORRESTER	9/09/21			30,972					30,972	16,001	S/L	5		6,194	
TOTAL AUTO / TRANSPORT EQUIP																
					101,864	0	0	0	0	101,864	75,076				18,011	
<b>BUILDINGS</b>																
33	305 BEAUREGARD BUILDING	11/12/19			368,088					368,088	40,642	S/L	40		9,202	
67	455 BEAUREGARD BUILDING	4/30/21			75,000					75,000	5,469	S/L	40		1,875	
TOTAL BUILDINGS																
					443,088	0	0	0	0	443,088	46,111				11,077	
<b>IMPROVEMENTS</b>																
6	PRESERVE IMPROVEMENTS	9/30/08			171,464					171,464	133,371	S/L	HY	20	.22222	8,574
7	MORGAN GROVE	1/01/13			1,730					1,730	1,730	S/L	HY	5	0	
8	IMPROVEMENTS	1/01/13			29,616					29,616	16,550	S/L	HY	20	.11765	1,482
9	MORGAN GROVE	1/01/13			1,730					1,730	1,730	S/L	HY	5	0	
29	MORGAN GROVE GATE	4/30/18			12,000					12,000	12,000	S/L	HY	5	0	
30	SAMS LAKE GATE	4/30/18			12,000					12,000	12,000	S/L	HY	5	0	
63	FLOCK SAFETY SYSTEMS	6/09/21			7,853					7,853	3,927	S/L	HY	5	.20000	1,571
72	HVAC UNITS (S)	10/24/22			33,648					33,648	5,049	S/L	10		3,365	
73	ENERGY STORAGE SYSTEM	12/15/22			42,750					42,750	6,413	S/L	10		4,275	
87	NATURE CENTER WATER FEATUR	2/05/25			7,425					7,425	7,425	S/L	7		530	
TOTAL IMPROVEMENTS																
					320,216	0	0	0	0	320,216	192,770				19,797	

SOUTHERN CONSERVATION TRUST

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
LAND																
1	SAMS LAKE	10/01/04		452,080							452,080					0
2	BAY BRANCH	10/01/04		135,800							135,800					0
3	MORGAN GROVE	12/29/06		275,000							275,000					0
4	NESMITH PRESERVE	12/31/06		310,500							310,500					0
10	SHOCKEY PRESERVE	12/22/11		192,000							192,000					0
11	COWAN PRESERVE	12/24/14		85,000							85,000					0
14	COURSEY LAKE	12/26/17		792,542							792,542					0
22	ALFORD	11/27/18		13,352							13,352					0
25	SUGAR CREEK	11/30/18		442,900							442,900					0
27	WESTWIND	11/30/18		599,900							599,900					0
34	305 BEAUREGARD LAND	11/12/19		70,000							70,000					0
40	STINCHCOMB/ BONNER PORJECT	12/31/19		1,600							1,600					0
41	HENDERSON FARMS	12/30/19		2,215,500							2,215,500					0
42	OLD MARION KAOLIN RESERVE	12/20/19		294,400							294,400					0
43	PINE FOREST RESERVE	12/20/19		7,750,690							7,750,690					0
44	REX ROAD HENRY 52	12/30/19		210,800							210,800					0
45	ROCKY CREEK	12/20/19		316,600							316,600					0
47	WHITAKER ROAD HENRY 19	12/27/19		99,900							99,900					0
48	REDWINE	10/18/19		114,410							114,410					0
52	ACWORTH 3.2, GA	12/28/20		440,000							440,000					0
53	MOONLIGHT RIDGE, NC	12/31/20		14,800							14,800					0
54	BRIDGE CREEK, TN	12/29/20		313,609							313,609					0
55	PLEASANT RIDGE, TN	12/29/20		292,602							292,602					0
56	CHERRY CREEK, TN	12/29/20		262,697							262,697					0
57	WOODLAND RIDGE, LA	12/29/20		1,525,650							1,525,650					0

SOUTHERN CONSERVATION TRUST

58-2036727

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
58	KIMBRELL FARMS	7/23/20		100							100					0
64	455 BEAUREGARD LAND	4/30/21		425,000							425,000					0
66	SWAMP CREEK	12/17/21		154,000							154,000					0
68	RIVERBROOKE	3/21/22		88,250							88,250					0
69	MARTIN PLANTATION REMAINING	11/30/18		27,837							27,837					0
75	WILMINGTON GREEN	2/28/22		7,600							7,600					0
76	ELIZABETHTOWN	2/28/22		55,210							55,210					0
77	JAMES CREEK	2/28/22		249,910							249,910					0
78	WATERFORD	2/28/22		155,606							155,606					0
79	TIGER WOODS	4/26/22		2,000							2,000					0
80	PARKERWOOD RD (ADAIRSVILLE)	12/13/22		390,290							390,290					0
81	HUNTINGTON FARMS 55	12/28/22		14,000							14,000					0
82	HUNTINGTON FARMS 56	12/28/22		12,000							12,000					0
85	BEAUREGARD LAND	6/11/21		505,268							505,268					0
86	TERRAPIN FARMS REMAINING BA	11/30/18		301,937							301,937					0
88	BEAUREGARD PROPERTY	4/01/24		2,000							2,000					0
TOTAL LAND				19,613,340	0	0	0	0	0	0	19,613,340	0				0
MACHINERY AND EQUIPMENT																
18	ARCHERY PACK	8/27/18		1,812							1,812	1,812	S/L	5		0
19	DRONE	4/10/18		1,149							1,149	1,149	S/L	5		0
20	LAWN MOWER	5/15/18		3,236							3,236	3,236	S/L	5		0
35	UTILITY TRAILER	4/29/19		1,281							1,281	1,259	S/L	5		22
36	226 SKID STEER LOADER	3/20/20		9,010							9,010	7,208	S/L	5		1,802
37	LINHAI SIDE X SIDE	4/26/19		8,500							8,500	8,358	S/L	5		142
39	DRONE QUADCOPTER FLY	5/08/19		2,029							2,029	1,996	S/L	5		33



SOUTHERN CONSERVATION TRUST

58-2036727

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 BUS. PCT.	COST/BASIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAG /BASIS /REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
49	DELL INSPIRON LAPTOP	11/12/20			1,445					1,445	704	S/L	7		206
50	NATURE CENTER PLAYGROUND	3/31/21			29,761					29,761	12,756	S/L	7		4,252
51	AQUARIUM TANK	3/31/21			5,995					5,995	2,568	S/L	7		856
60	SOLAR PANELS	11/05/21			38,474					38,474	18,596	S/L	5		7,695
61	2021 KUBOTA DIESEL TRACTOR	5/28/21			34,240					34,240	19,403	S/L	5		6,848
70	TRACTOR - JOHNSON EQUIP CO	12/16/22			92,339					92,339	19,787	S/L	7		13,191
71	PJ 7 X 20 TRAILER - TRAILER FOR	8/22/22			6,860					6,860	1,470	S/L	7		980
74	HONDA TRX 520 ATV	12/14/23			12,037					12,037	1,204	S/L	5		2,407
TOTAL MACHINERY AND EQUIPME					248,168	0	0	0	0	248,168	101,506				38,434
MISCELLANEOUS															
89	CONSTRUCTION IN PROGRESS	3/31/25			12,520					12,520					0
TOTAL MISCELLANEOUS					12,520	0	0	0	0	12,520	0				0
TOTAL DEPRECIATION					20,739,196					20,739,196	415,463				87,319
GRAND TOTAL DEPRECIATION					20,739,196	0	0	0	0	20,739,196	415,463				87,319