Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2024
Open to Public
Inspection

A F	or the	2024 calendar year, or tax year beginning and	ending				
B c	heck if	C Name of organization		D Employer identifi	cation number		
	Addres	MERLIN TUTTLES BAT CONSERVATION INC.					
	Name change			46-50775	36		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Final return/		41	512-358-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	586,090.		
	Ameno	AUSIIN, IA /0/35-0/44		H(a) Is this a group re			
	Application pending	F Name and address of principal officer: MEKLIN 1011LE	for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions		
	Vebsit		T	H(c) Group exemption			
	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2014	M State of legal domicile: TX		
	1	Briefly describe the organization's mission or most significant activities: INSP	IRING	BAT CONSERV	ATION IN		
Governance		TEXAS AND WORLDWIDE.					
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	8		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			8		
Activities &		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			8		
Ĭ		Total number of volunteers (estimate if necessary)			3		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	Prior Year	0 . Current Year		
Revenue		Contributions and greats (Dort VIII line 41s)		459,168.	568,938 .		
		Contributions and grants (Part VIII, line 1h)		20,854.	12,933.		
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,279.	3,211.		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		500.	1,008.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		482,801.	586,090.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,000.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		278,716.	341,147.		
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		193,272.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		480,988.	661,900.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,813.	-75,810.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
ssets	20	Total assets (Part X, line 16)		340,553.	329,735.		
at Ag	21	Total liabilities (Part X, line 26)		8,213.	73,205.		
Ž:	rt II	Net assets or fund balances. Subtract line 21 from line 20		332,340.	256,530.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	anta and to the heat of m	/ knowledge and bolisf it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ Knowledge and belief, it is		
uuc,	COLLEC	t, and complete. Declaration of preparet (other than officer) is based on an information of wif	iicii pi epai ei	ilas ally kilowieuge.			
Sigi	,	Signature of officer		I Date			
Her		MERLIN TUTTLE, PRESIDENT					
		Type or print name and title					
		Preparer's name Preparer's signature	1	Date Check	PTIN		
Paid		IAIN HOWE, CPA	0	5/12/25 if self-employ	P00639756		
	arer	Firm's name HOWE & ROMERO, CPAS, PLLC			7-4333451		
	Only	Firm's address 11428 ARCHSTONE DR.					
_		AUSTIN, TX 78739		Phone no. (5			
May	the IF	as discuss this return with the preparer shown above? See instructions			X Yes No		
LHA	For	Paperwork Reduction Act Notice, see the separate instructions. 432001 12	2-10-24		Form 990 (2024)		

Form 990 (2024) MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 Page 3 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Pa	rt IV Checklist of Required Schedules (continued)			uge
	· (continuos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Г
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ــــــ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Ь—
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ь—
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1 37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		┝≏
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 20		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
34		34		X
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
		<u>ז</u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		

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Form **990** (2024)

(gambling) winnings to prize winners?

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Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			3,7					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	_		v					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		Х					
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		- 21					
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
e f		7f		X					
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
	sponsoring organization have excess business holdings at any time during the year?								
9									
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	4							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the								
•	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	+							
c 14a		14a		Х					
	K 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10	14b							
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170							
.0	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
. •	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	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?	6		Х						
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?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	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?	16a		_X_						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
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)	availab	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website 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	l financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	MERLIN TUTTLE - 512-358-0014									
	5000 MISSION OAKS #41, AUSTIN, TX 78735									

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.

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

- 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.

(A)	(B)	Jiga	mea		C)	ipoi	louic	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	osition eck more than one			Reportable	Reportable	Estimated
	hours per week		ox, unless person is l fficer and a director/					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	istee c	truste		gu.	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	tional		ploye	st com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MERLIN TUTTLE	80.00									
EXECUTIVE DIRECTOR	0.00	X						0.	0.	0.
(2) MICHAEL RYAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(3) RACHEL PAGE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(4) LINDA MOORE	1.00							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(5) MICHAEL KARAPETIAN	1.00									_
DIRECTOR	0.00	Х	_		_			0.	0.	0.
(6) JEFF ACOPIAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) MARK BLOSCHOCK	1.00									
DIRECTOR	0.00	X	_					0.	0.	0.
(8) TROY SWIFT	1.00	37								_
DIRECTOR (9) RICK ADAMS	1.00	Х	<u> </u>					0.	0.	0.
(9) RICK ADAMS DIRECTOR	0.00	Х						0.	0.	_
(10) MADELLINE MATHIS	1.00	Λ	\vdash					0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
DIRECTOR	0.00	Δ						0.	0.	<u> </u>
		_								

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do		Posi		າ than d	nne	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unles	ss per	rson i	s both	an	compensation				nount	of
		week (list any		Cer an	u a u	liecto	I / ii us	(66)	from from related				other	4:
		hours for	lirecto						the organization	organization: (W-2/1099-MIS	- 1		pensa	
		related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)				
		organizations	truste	al tru:		yee	эш рег		1099-NEC)			_	d relat	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	Indi	Insti	Officer	Key	High	Former						
						_								
						_								
											-			
											-			
41	Outhertol	l				<u> </u>			0.		0.			0.
16	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)									000 of reportable				0.
2	Total number of individuals (including but n compensation from the organization	ot iimitea to tri	ose	iiste	u ab	ove	e) WII	o re	eceived more than \$100,	000 of reportable	;			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	ا مد	(A)/ C	mnl	0)/0	a or	hia	hest compensated emp	lovee on	ſ		100	110
3	line 1a? If "Yes," complete Schedule J for si	*		•		•		•		•		3		Х
4	For any individual listed on line 1a, is the su								ner compensation from t			Ŭ		
7	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
Ū	rendered to the organization? If "Yes." com					,			•			5		Х
Sec	tion B. Independent Contractors	piete ochedan	, 0 1	01 30	ICIT ,	<i>JC13</i>	<u> </u>							
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fro	om	
	the organization. Report compensation for	-	-							•				
	(A)				<u> </u>				(B)			((C)	
	Name and business	address	NO	ONE	C				Description of s	ervices	С		nsatio	n
								\Box						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				()							

Form 990 (2024) MERLIN Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
ant	b	Membership dues 1b					
2 8	C	Fundraising events 1c					
ifts	d	Related organizations 1d					
i, G nila	e	Government grants (contributions) 1e					
ons	f	All other contributions, gifts, grants, and					
her	·		568,938.				
ğ	a	Noncash contributions included in lines 1a-1f	,				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		568,938.			
<u> </u>			Business Code	,			
ø.	2 a	PRODUCT SALES	459420	6,428.	6,428.		
vice	b		459210	4,780.	4,780.		
Program Service Revenue	c	DUOTO HAT THE	459900	1,725.	1,725.		
E N	d			, -	, -		
gra	e						
Pro		All other program service revenue					
		Total. Add lines 2a-2f		12,933.			
	3	Investment income (including dividends, intere		,			
		other similar amounts)		3,211.	3,211.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties		40.	40.		
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b					
eni	С	Gain or (loss) 7c					
Rev		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
ဟ			Business Code				
o o	11 a	CREDIT CARD REWARDS	900099	968.	968.		
Miscellaneous Revenue	b						
cell Sevi	С						
Mis	d	All other revenue		0.00			
	е	Total. Add lines 11a-11d		968.	10 150		^
	12	Total revenue. See instructions	<u></u>	586,090.	17,152.	0.	0.

	Check if Schedule O contains a respons			(0)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	316,747.	250,230.	66,517.	
8	Pension plan accruals and contributions (include	, , , , , ,		30,31,0	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	24,400.	19,276.	5,124.	
11	Fees for services (nonemployees):			7,222	
·· a					
b		5,042.		5,042.	
С	Accounting	4,010.		4,010.	
	Lobbying	·		·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	166,195.	166,195. 2,481.		
12	Advertising and promotion	2,481.	2,481.		
13	Office expenses	2,323.		2,323.	
14	Information technology				
15	Royalties				
16	Occupancy	19,181.		19,181.	
17	Travel	92,129.	92,129.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,184.	1,184.		
20	Interest				
21	Payments to affiliates	F = 1.0			
22	Depreciation, depletion, and amortization	5,710.	5,710.		
23	Insurance	2,618.	2,618.		
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 0.)				
а	SUPPLIES	11,884.	11,884.		
a b	PRINTING & REPRODUCTION	1,475.	1,475.		
C	BOOK PUBLISHING EXPENSE	1,437.	1,437.		
d	COMPUTER & WEBSITE EXPE	1,288.	1,288.		
	All other expenses	3,796.	3,796.		
25	Total functional expenses. Add lines 1 through 24e	661,900.	559,703.	102,197.	0
26	Joint costs. Complete this line only if the organization	,	, , , , ,	,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			338,935.	1	170,683
	2	Savings and temporary cash investments		0.	2	154,893	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		19,558.			
	b	Less: accumulated depreciation		16,870.	0.	10c	2,688
	11	Investments - publicly traded securities		1,618.	11	126	
	12	Investments - other securities. See Part IV, line		0.	12	1,345	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	242 552	15			
	16	Total assets. Add lines 1 through 15 (must eq	340,553.	16	329,735		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		l l		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p		I			
		parties, and other liabilities not included on line	es 17-24,	. Complete Part X	8,213.	25	73,205
	06			·····	8,213.	26	73,205
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			0,213.	20	75,205
S		and complete lines 27, 28, 32, and 33.	eck Hei				
nce	27				332,340.	27	256,530
sala	28	Net assets with donor restrictions	33273100	28	2307330		
ום וב		Organizations that do not follow FASB ASC				20	
Fur		and complete lines 29 through 33.	000, 011	JOK HOTO			
ō	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or e				30	
ASS	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			332,340.	32	256,530
_	33	Total liabilities and net assets/fund balances		l l	340,553.	33	329,735

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	58	5,09	<u> 0.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	663	L,90	0.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,81	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33	2,34	10.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	25	5,53	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			\Box	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	$\overline{}$	_X_
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	\rightarrow	_X_
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	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?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Employer identification number Name of the organization MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 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.) 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	158,192.	393,317.	436,167.	459,168.	568,938.	2015782.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
the organization without charge										
4	Total. Add lines 1 through 3	158,192.	393,317.	436,167.	459,168.	568,938.	2015782.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						2015782.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total			
	Amounts from line 4	158,192.	393,317.	436,167.	459,168.	568,938.	2015782.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources		271.	1,192.	10,867.	8,959.	21,289.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	7,645.	41,418.	4,473.	2,326.	1,765.	57,627.			
11	Total support. Add lines 7 through 10						2094698.			
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	41,378.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop	here								
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.23 %			
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	94.71 %			
16a	33 1/3% support test - 2024. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2023. If the									
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion						
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization					
b	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line						
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circu				-					
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a <u>, 16b, 17a, or 1</u> 7b	, check this box ar	nd see instructions	····			
	-						(Form 990) 2024			

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.)

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(3)====	(2, 222)	(0, ====	(,	(5, = = = :	(7,155
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	(4,) = 3 = 3	(2) 232 :	(0) = 0 = =	(3,) = 3 = 3	(5) = 5 = 1	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here	- C D-					
	ction C. Computation of Publi					T I	
	Public support percentage for 2024 (I		•			15	<u>%</u>
	Public support percentage from 2023 ction D. Computation of Inves					16	<u>%</u>
	Investment income percentage for 20			ine 13. column (fl)		17	%
	Investment income percentage from					18	<u>%</u>
	a 33 1/3% support tests - 2024. If the						
136	more than 33 1/3%, check this box ar	•		•		•	
k	33 1/3% support tests - 2023. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	hox on line 14 19	a or 19h check th	his hox and see in	structions	

432023 01-14-25

Schedule A (Form 990) 2024

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

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
2-		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
35		
9с		
10a		
105		
10b		

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b an	4		
-	11c below, the governing body of a supported organization?	11a		
h	b A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
C		110		
Sact	provide detail in Part VI. ection B. Type I Supporting Organizations	11c		
000	Scholl B. Type I oupporting organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or member more supported organizations have the power to regularly appoint or elect at least a majority of the organizations			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organized			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocate			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ection D. All Type III Supporting Organizations			
	71 11 3 3		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
1		iortox		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the provided during th			
	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 provide			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		e a		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ection E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ental		
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	"		
		2b		
2	these activities but for the organization's involvement. Parent of Supported Organizations, Answer lines 3a and 3h below.	20		
3				
а		0-		
1-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	3			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regar	d. 3b		<u> </u>

		, ,				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		'	Part VI). See instructions.		
Sect	All other Type III non-functionally integrated supporting organizations must ion A - Adjusted Net Income	complete	(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	1				
_	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
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	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionall	y integrat	ed Type III supporting orga	nization (see		
	instructions)	-				

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

and 4c. 8 Breakdown of line 7: a Excess from 2020 **b** Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

Part V	I Supplem	nental	Information.	Provide :	the explanations requ	ired by Par	t II. line 10: I	Part II. line 17a or 17b: Part III. line 12:	-		
	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, Sect	ion D, lines 2 and	3; Part I	V, Section E, lines 1c,	2a, 2b, 3a	and 3b; Pai	t V, line 1; Part V, Section B, line 1e; Part V,			
			6, and 8; and Par	t V, Secti	on E, lines 2, 5, and 6	. Also com	plete this pa	art for any additional information.			
CCHEI	(See instruc		TT TIME	1 1 0	EXPLANATIO	N EOD	OURLD	INCOME.	—		
		PARI	TI, LINE	1 10,	EVELUNATIO	N FOR	OIREK	INCOME:			
	RINCOME	4	7 (15								
	AMOUNT:		7,645.								
	AMOUNT:		41,418.								
	AMOUNT:		4,473.								
	AMOUNT:		2,326.								
2024	AMOUNT:	\$	1,765.								
									—		
									—		
_											

Schedule B (Form 990)

Schedule of Contributors

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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 Employer identification number

MERLIN TUTTLES BAT CONSERVATION INC.

46-5077536

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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/153 01-09		Calaadu	le B (Form 990) (Bey 12-2024)

Name of organization **Employer identification number** MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

MERLIN TUTTLES BAT CONSERVATION INC.

Employer identification number 46-5077536

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ation easements during the year
	Door cook consequention consequent was extend on line Od above	antinfiction was income at a setion 170/b	-\/ 4\/D\/:\
8	Does each conservation easement reported on line 2d above		
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the footn	-	
	organization's accounting for conservation easements.	iote to the organization's illiancial statem	ents that describes the
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pub	·	
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treations		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$ __
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) (Rev. 12-2024)

Sche Par	dule D (Form 990) (Rev. 12-2024) MERLIN t III Organizations Maintaining C	TUTTLES B	AT CON	ISERV	ATION IN	NC . Other S			77536		ige 2
3	Using the organization's acquisition, accessi								<u>(Continu</u>	<u> Jea)</u>	
3	collection items (check all that apply).	on, and other record	is, crieck ai	ly Of title i	ollowing that i	nake sign	illicant	136 OI 113			
а	Public exhibition		ı 🗆 10	an or exc	hange progran	n					
b	Scholarly research										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how thev	further th	ne organization	's exemp	t purpo:	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the or	ganizatior	n answered "Ye	es" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for co	ntribution	s or other asse	ets not in	cluded		_		
	on Form 990, Part X?							L	Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f		٦.,		
	Did the organization include an amount on Formation in Part 2011	* *				•	?		_ Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
	2 Indestruction and Complete in	(a) Current year	(b) Pric		(c) Two years		1) Three \	ears hack	(e) Four	vears h	nack
10	Beginning of year balance	(a) Garrent year	(5)1110	n your	(C) Two yours	Duoit (G	i, 111100)	ouro buon	(C) Tour	youro	- Tuoit
la h	Contributions										
0	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, c	olumn (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held ar	nd administere	d for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	\rightarrow	
									3a(ii)	\dashv	
b	If "Yes" on line 3a(ii), are the related organization								3b		
4 Dor	Describe in Part XIII the intended uses of the		wment fun	ds.							
Par			Dort IV 1:	no 110 C	'aa Farm 000 I	Dort V lin	. 10				
	Complete if the organization answere										
	Description of property	(a) Cost or o		. ,	or other (other)	` '	umulate eciation	ed	(d) Book	value	,
-	Land	- 	neny	Dasis	(Other)	depre	COIALIUIT				
	Land										
	Buildings Leasehold improvements		+		+						
		I									
	Equipment Other			1	9,558.	1	L6,8'	70.		2,68	8.
	. Add lines 1a through 1e. (Column (d) must e		X line 10c				, -	. • •	2	, 68	8.

Schedule D (Form 990) (Rev. 12-2024)

Complete if the organization answered "Yes" o (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)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	n Form 000 Port IV line	11a Can Form 000 Part V line 10	
Complete if the organization answered "Yes" o (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)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	E 000 D 1 N 1	44 L O . E	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(In) Decale and the
. , ,	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	111 0111 000, 1 are 14, 1110	170 01 111. CCC 1 C111 0CC, 1 drt X, iiiic 2C.	(b) Book value
(1) Federal income taxes			(2) Book value
(2) CREDIT CARD LIABILITIES			1,181
			72,024
(3) DEFERRED GRANT INCOME			72,024
(3) DEFERRED GRANT INCOME			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6)			

432053 01-02-25

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

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to ${\it www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	RLIN TUTTLES				46-507753	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2		ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and other assistance outside	de the
_	United States.					
3	Activities per Region. (If	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region	eeded.) (e) If activity listed in (d)	(f) Total
	(a) negion	offices	employees	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
			contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
			in the region	OBSERVED FILMED AND		
				PHOTOGRAPHED BATS AND		
UAI	DALAJARA, COSTA			HABITAT. PROVIDED WORKSHOPS		
	A, CUBA	0	0	IN CUBA AND COSTA RICA.		83,698.
	,					, -
3 a	Subtotal	0	0			83,698.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					_
	and 3b)	0	0			83,698.

LHA 432071 01-15-25

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

Schedule F (Form 990) (Rev. 12-2024)

Page 2

Schedule F (Form 990) (Rev. 12:2024) MERLIN TUTTLES BAT CONSERVATION INC.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) (Rev. 12-2024)
(h) Description of noncash assistance						Schedule F (Forr
(g) Amount of noncash assistance						
(f) Manner of cash disbursement					ecognized as a tax ivalency letter	
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					s listed above that are re r for which the grantee o rentities	
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, or other organizations or	
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which 3 Enter total number of other organizations or entities 	

31

Page 3

32

Schedule F (Form 990) (Rev. 12:2024) MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) (Rev. 12-2024)
(g) Description of noncash assistance					Schedule F (Forr
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					•
(b) Region					
(a) Type of grant or assistance (b) Region					

46-5077536 Page 4 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see the Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes X No U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see the Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No

Foreign Partnerships (see the Instructions for Form 8865)

the Instructions for Form 5713; don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) (Rev. 12-2024)

Yes X No

6

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	(сошнаем иница от госирание), ас арримаеми и по раз не раз
-	

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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** MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 FORM 990 SECTION A, LINE PART VI JEFF ACOPIAN AND MICHAEL KARAPETIAN BOTH SERVE ON THE BOARD AS DIRECTORS. IS MICHAEL'S UNCLE. THERE ARE NO OTHER FAMILY OR BUSINESS RELATIONSHIPS WITH OR BETWEEN BOARD MEMBERS. PART VI, FORM 990, SECTION B, LINE 11B: THE ORGANIZATION VERIFIES THE ACCURACY OF THE INFORMATION SHOWN 990 PRIOR TO ULTIMATE FILING WITH THE TAXING AUTHORITY. PART VI, FORM 990, SECTION B LINE 12C: BOARD MEMBERS REQUIRE UPDATED, SIGNED CONFLICT OF INTEREST POLICIES THESE POLICIES ARE REVIEWED AT BOARD MEETINGS ANNUALLY. TO **ENSURE** COMPLIANCE WITH THE ORGANIZATION'S RULES. SECTION FORM 990. PART VI, C LINE THE DOCUMENTS DESCRIBED IN LINE 19 ARE AVAILABLE UPON REQUEST. FORM 990, LINE 11G, OTHER FEES: PART IX, CONSULTANT FEES: 154,217. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 154,217. SOFTWARE FEES: 11.978. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. 11,978. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990 PART IX, LINE 11G 166,195 COL

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

Schedule O (Form 990) (Rev. 12-2024)

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM	: 990 PAGE 10					•	066	•				•		
Asset No.	bet Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	5 HP COMPUTER	01/27/16	200DB	5.00	HY17	1,359.				1,359.	1,359.		0.	1,359.
	6 NAS DEVICE & HARD DRIVES	03/11/16	200DB	5.00	HY17	1,510.				1,510.	1,510.		0.	1,510.
	7 DELL COMPUTER	05/30/19	200DB	5.00	MQ17	2,936.			2,936.				0.	
	8 DELL COMPUTER	11/13/19	200DB	5.00	MQ17	2,042.			2,042.				0	
Н	CANON EOS R5/RF 24-105/4.0 10 LENS	04/05/24	200DB	5.00	HY19B	4,499.			2,699.	1,800.			3,059.	360.
П	CANON EOS R5/RF 24-105/4.0 11 LENS	04/05/24	200DB	5.00	HY19B	3,899.			2,339.	1,560.			2,651.	312.
	* 990 PAGE 10 TOTAL OTHER					16,245.			10,016.	6,229.	2,869.		5,710.	3,541.
	PROGRAM SERVICES													
	9 THERMAL IMAGING SCOPE	10/14/22	200DB	5.00	MQ17	3,313.			3,313.				0	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					3,313.			3,313.	0.	.0		0	0
	* GRAND TOTAL 990 PAGE 10 DEPR					19,558.			13,329.	6,229.	2,869.		5,710.	3,541.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					11,160.			8,291.	2,869.	2,869.			2,869.
	ACQUISITIONS					8,398.			5,038.	3,360.	• 0			672.
	DISPOSITIONS/RETIRED					0.			0.	0.	0			0.
	ENDING BALANCE					19,558.			13,329.	6,229.	2,869.			3,541.
	ENDING ACCUM DEPR										16,870.			
1														

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

PARCET 10 SENDING BOOK VALUE SENDING BOOK VA		Current Year Ending Deduction Accumulated Depreciation										
Description Date Method Life												
BOOK VALUE BOOK V			2,688.									
Description Date Acquired Method Life C Live Unadjusted 8th Expense No. Cost Or Basis Excl Excl Excl Excl Excl Expense												
BOOK VALUE BOOK V												
Date Acquired Method Life C Cost Or Basis BOOK VALUE		Section 179 Expense										
Date Acquired Method Life of No.	990											
Date Acquired Method Life of A		Unadjusted Cost Or Basis										
Description Acquired Method BOOK VALUE												
Description Date Acquired BOOK VALUE		Life										
Description Date Acquired BOOK VALUE		Method										
Asset Description ENDING BOOK VALUE												
RIM 99	0 PAGE 10	Description	ENDING BOOK VALUE									
)RM 990	Asset No.										

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

23

990

Identifying number

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

46-5077536 MERLIN TUTTLES BAT CONSERVATION INC. FORM 990 PAGE 10 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,220,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 3,050,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 5,038. 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2024 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 3,360. 5 YRS. HY 200DB 672 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM MMS/L 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L b 30-year 30 yrs. MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 5,710. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (a) through (c) of Section A,	all of Se	ection B	, and S	ection C	if appl	icable.						
	Section A -	Depreciation	n and Other I	nforma	tion (Ca	ution:	See the	instruc	tions for li	mits for	passeng	er auton	nobiles.)		
24a	Do you have evidence to s	support the bus	siness/investmer	nt use cla	imed?		Yes	No	24b If "Y	es," is t	he evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	other basis (business/investme				eciation estment	(f) Recovery period	Me	(g) ethod/ vention	Depre	(h) eciation uction	(i) Elected section 179 cost	
 25	Special depreciation allo	wance for q	ualified listed p	roperty	placed	in servi	ce during	the ta	x year and	 :					
	used more than 50% in	a qualified bu	usiness use								. 25				
<u></u>	Property used more than														
		: :	9/	ó											
		: :	9	ó											
		: :	9	6											
27	Property used 50% or le	ss in a qualif	ied business u	se:											
		: :	9	ó						S/L -					
		: :	9	ó						S/L -					
		: :	9	ó						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	ter here	and on	line 2	, page 1				. 28				
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page 1	l							29		
			S	ection I	3 - Infor	matio	n on Use	of Veh	nicles						
	mplete this section for ve			n C to s	ee if you		an excep		completir	ng this s	ection fo	r those v	vehicles.		
20	Total husingss/investment	milaa driwan du	ring the	-	a)	\ \/a	(b)	,,	(c)	1	(d)	1	e)	(f	-
30	Total business/investment	-	veni	cle 1	Ve	hicle 2		ehicle 3	vei	icle 4	ven	icle 5	Vehic	ле о	
24	year (don't include commu Total commuting miles of							+-							
	Total other personal (no							+							
	driven														
33	Total miles driven during Add lines 30 through 32														
34		as the vehicle available for personal use					No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate	d person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
		Section C	- Questions fo	or Empl	oyers W	/ho Pro	ovide Ve	hicles	for Use by	/ Their I	Employe	es			
Ans	swer these questions to o	determine if y	ou meet an ex	ception	to comp	oleting	Section I	B for ve	ehicles use	ed by en	nployees	who a	ren't		
mo	re than 5% owners or rela	ated persons													
37	Do you maintain a writte		=						-	_				Yes	No
	employees?														
38	Do you maintain a writte			-				-			our				
	employees? See the ins					icers, o	directors,	or 1%	or more o	wners					-
	Do you treat all use of ve	-													-
40	Do you provide more that							-							
	the use of the vehicles,														
41	Do you meet the require														
D	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye:	s," don't	comple	te Sec	tion B fo	the co	overed veh	icles.					
P	art VI Amortization			/b)	Ι	(0)			(d)		(0)			(£)	
	(a) Description of	costs		(b) amortization		(c) Amortiz	able		(d) Code		(e) Amortiza	tion	Ąr	(f) nortization	
40	Amortization of seets the	ot books -		tox voc	<u>.</u>	amou	nı		section		period or per	centage	fo	r this year	
42	Amortization of costs th	at begins du	ing your 2024	іах уеа	r. 					T					
_				<u> </u>											
	Amortization of costs th	at bogan haf		tay yaa								43			
	Amortization of costs th Total. Add amounts in costs											44			
74	i otali Aud amounts in c	voluntin (I). 36	IJOUNICH DIN D	/ זטו פווכ	wiiele lo	rebou						_ 			