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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OIVID 110. 1343-0047	
2023	
Open to Public Inspection	

ΑF	or the	2023 calendar year, or tax year beginning and	ending		
B (Check if opplicable	C Name of organization		D Employer identifie	cation number
	Addres change Name	MERLIN TUTTLES BAT CONSERVATION INC.			
Ļ	change			46-50775	
	return _Final _return/		Room/suite 41	E Telephone number 512-358-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	482,801.
	Ameno	AUSIIN, 1A 78733-8744		H(a) Is this a group re	
	Application pendin	F Name and address of principal officer: MEKLIN 1011LE		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	list. See instructions
_	Nebsit			H(c) Group exemptio	
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2014 N	M State of legal domicile: TX
Г	_	Briefly describe the organization's mission or most significant activities: INSP:	TDTMC	DAT CONCEDIA	ΛΠΤΟΝ ΤΝ
Governance		TEXAS AND WORLDWIDE.	INING	DAT CONDERVA	ATTON IN
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	1
ove	ı			3	8
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			8
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5 3
Activities		Total number of volunteers (estimate if necessary)			
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	<u></u>	Prior Year	0 . Current Year
		Contributions and grants (Part VIII line 1b)		436,167.	459,168.
ne	ı	Contributions and grants (Part VIII, line 1h)		12,209.	20,854.
Revenue	ı	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,192.	2,279.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	500.
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		449,568.	482,801.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,000.	9,000.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		232,049.	278,716.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		215,133.	193,272.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		462,182.	480,988.
		Revenue less expenses. Subtract line 18 from line 12		-12,614.	1,813.
Net Assets or			Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		335,453.	340,553.
TAS P	21	Total liabilities (Part X, line 26)		4,926.	8,213.
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		330,527.	332,340.
	art II	Signature Block			. I
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
uue,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	lias any knowledge.	
Sig	,	Signature of officer		I Date	
Sigi Her		MERLIN TUTTLE, PRESIDENT			
He		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	IAIN HOWE, CPA)5/23/24 if self-employ	P00639756
	arer	Firm's name HOWE & ROMERO, CPAS, PLLC		Firm's EIN 4	
	Only	Firm's address 11428 ARCHSTONE DR.			
		AUSTIN, TX 78739		Phone no. (5	
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
. ц	For	Panerwork Reduction Act Notice see the separate instructions 332001 1	0.01.00		Form 990 (2023)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MTBC WAS FOUNDED WITH ONE TRUE GOAL IN MIND; TEACHING THE WORLD TO
	UNDERSTAND AND APPRECIATE THE VITAL CONTRIBUTIONS BATS MAKE TO HUMAN
	BEINGS AND THE WORLD WE LIVE IN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 67,791. including grants of \$) (Revenue \$)
	PHOTO COLLECTION MANAGEMENT - FOCUS ON KEYWORDING, CAPTIONING, AND
	CHECKING FOR DATABASE INCONSISTENCIES (TYPOS, MISSPELLINGS, TAXONOMY,
	AND ERRORS) WHICH IS CRUCIAL TO EFFICIENT, IMPACTFUL, AND
	COST-EFFECTIVE USE. IN ADDITION TO PROVIDING IMAGES FOR EDUCATIONAL AND
	CONSERVATION PUBLICATIONS AND EXHIBITS WORLDWIDE.
4b	(Code:) (Expenses \$120,518including grants of \$) (Revenue \$)
	EDUCATION - WEBINARS, MEDIA INTERVIEWS AND CONSERVATION CONSULTATIONS
	TO EDUCATORS, CONSERVATIONISTS, THE PUBLIC AND VIROLOGISTS AT MAJOR
	INSTITUTIONS WORLDWIDE.
	100 210
4c	(Code:) (Expenses \$ 188,310. including grants of \$ 9,000.) (Revenue \$ 2,779.)
	RESEARCHED BEST PRACTICES FOR CREATING AND RESTORING CRITICAL ROOSTING
	HABITAT FOR BATS THAT HAVE LOST THEIR PREFERRED OR ORIGINAL HABITAT.
4-1	Other program comings (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$\frac{\text{including grants of \$}}{\text{10tal program service expenses}} \text{) (Revenue \$}{
+ €	Form 990 (2023)
	101111 (2020)

Form 990 (2023) MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 Page 3 Part IV Checklist of Required Schedules

		\Box	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	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	l l		٠,,
	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
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	- 72	
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		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
b				
	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	Х	
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
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form Pai	990 (2023) MERLIN TUTTLES BAT CONSERVATION INC. 46-5077 TIV Checklist of Required Schedules (continued)	536	Р	age 4
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	051		X
00	Schedule L, Part I	25b		
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,	20		
	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		х
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
b	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			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			-
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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
- •	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
. 41	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contidued to Contains a reciponed of frete to dry line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			.,,
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
	(gambling) winnings to prize winners?	1c	Х	
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MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 Page 5
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>
	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 author	•			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account	it)?	4a		_X
b	If "Yes," enter the name of the foreign country	(55.5)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accoun	,	_		X
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 5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5C		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or		0a		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	rovided to the payor?	7a		Х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	е			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	I			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	I			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a			14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				7.7
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	0	,,		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incor	ne?	16		X
47	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		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		
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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 **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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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, 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.
- 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.

X Check this box if neither the organization r		orga I	niza			nper	sate			
(A)	(B)			(C Pos	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than (Reportable	Reportable	Estimated
	hours per week	box	box, unless person is both an officer and a director/trustee)		n an tee)	compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MERLIN TUTTLE	80.00	드	드	5	3	王岩	포			
EXECUTIVE DIRECTOR	0.00	х						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	3,7							,	0
DIRECTOR (6) JEFF ACOPIAN	1.00	X						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(7) MARK BLOSCHOCK	1.00	Λ	\vdash					0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(8) TROY SWIFT	1.00	ļ <u></u>								•
DIRECTOR	0.00	Х						0.	0.	0.
	-		<u> </u>		_		_			
		-								
	+									
		-								
	+									
		1								
	 									
		1								

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	• • • • • • • • • • • • • • • • • • • •						(D) (E)				(F)	
	Name and title	Average	(do	not c	Pos			one	Reportable Reportable			ole Estima		
		hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensatio	n	an	nount	of
		week		cer an	la a a	recio	Trus	iee)	from	from related	- 1		other	
		(list any hours for	Individual trustee or director						the	organization			pensa	
		related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,0/		om th	
		organizations	ruste	l trus		99	npen		1099-NEC)	1099-1120)		•	anizat d relat	
		below	dual t	ntiona	_	nploy	st cor	-	10001420)				anizati	
		line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5		
											\neg			
			1											
							$oxed{oxed}$							
							┝				\dashv			
						\vdash	⊢	_			\dashv			
1h	Subtotal				I				0.		0.			0.
c	Total from continuation sheets to Part VI	I. Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100.	000 of reportable				
	compensation from the organization						,		,	,				0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									[3		X
4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NT/	\\TT	7				(B) Description of s	envices	C	(C ompe		n
	Name and pusiness	address	MC	ONE	5			\dashv	Description of s	ei vices		ompei	isalio	
								\dashv						
								1						
								_						
	Total number of independent and a set of the first	- الحاج الموالم	A 10 -	ni+	J 4 1	+b	- II-	+0-1	ahaya) wha wasainsal wa	are then				
2	Total number of independent contractors (in	iciuaing but no	ut IIr	nitec	10	ruos	e IIS	rea	above) who received mo	ore than				

Form 990 (2023) MERLIN Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII Total revenue To	
### Total. Add lines 1a-1f ### PRODUCT SALES ### BOOK ROYALTIES ### BUSINESS Code ### 459,168. ### 459,168. ### Business Code ### 459,168. ### 459,168. ### 459,168. ### Business Code ### 459,168.	
### Sections 512 ### Sections	
b Membership dues 1b 1c 1c	
b Membership dues 1b 1c 1c	
Business Code 459420 10,440. 10,440.	
2 a PRODUCT SALES b BOOK ROYALTIES c PHOTO USE FEES d e	
b BOOK ROYALTIES 459210 8,088. 8,088. 2,326. 459900 2,326. 2,326.	
b BOOK ROTABITES 439210 0,000.	
E THOTO OBLITHED 435500 2,520.	
o d e e e e e e e e e e e e e e e e e e	
f All other program convice revenue	
1 7 ill out of program control revenue	
g Total. Add lines 2a-2f	
5 Royalties (i) Real (ii) Personal	
6 a Gross rents 6a 6b	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss)	
assets other than inventory 7a	
b Less: cost or other basis	
and sales expenses	
c Gain or (loss) 7c	
d Net gain or (loss)	
including \$ of	
contributions reported on line 1c). See Part IV. line 18 8a	
Part IV, line 18 b Less: direct expenses 8b	
c Net income or (loss) from fundraising events	
Part IV, line 19 b Less: direct expenses 9b 9a	
c Net income or (loss) from gaming activities	
and allowances 10a b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory Business Code	
d and a second and	
d All other revenue	
e Total. Add lines 11a-11d 500.	
12 Total revenue. See instructions 482,801. 23,633. 0.	0.

332009 12-21-23

Sect	ion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All othe	r organizations must com	plete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX	(0)	
	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				
	individuals. See Part IV, lines 15 and 16	9,000.	9,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 01-		
7	Other salaries and wages	257,555.	188,015.	69,540.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	01 161	15 440	F 54.0	
10	Payroll taxes	21,161.	15,448.	5,713.	
11	Fees for services (nonemployees):				
а	Management	000		000	
b		299.		299.	
С		10,749.		10,749.	
d	, s E				
е	, <u> </u>				
f	Investment management fees				
g	,	10 100	10 100		
	column (A), amount, list line 11g expenses on Sch 0.)	19,106.	19,106.		
12	Advertising and promotion	4,800. 3,004.	4,800.	3,004.	
13	Office expenses	3,004.		3,004.	
14	Information technology				
15	Royalties	15,064.		15,064.	
16	Occupancy	93,018.	93,018.	15,004.	
17	Travel	93,010.	93,010.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	206.	206.		
19	Conferences, conventions, and meetings	۷00٠	200.		
20	Interest				
21 22	Payments to affiliates				
22	. —	2,125.	2,125.		
23 24	Other expenses, Itemize expenses not covered	2,123.	2,123.		
2 4	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	19,407.	19,407.		
a b	DOOK DUDI TOUTNO EXPENSE	18,910.	18,910.		
C	MERCHANT FEES	2,712.	2,712.		
d	PRINTING & REPRODUCTION	1,189.	1,189.		
e		2,683.	2,683.		
25	Total functional expenses. Add lines 1 through 24e	480,988.	376,619.	104,369.	0 .
<u>25</u> 26	Joint costs. Complete this line only if the organization		,023		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	ote to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			334,006.	1	338,935
2	Savings and temporary cash investments				2	
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	ese perso	ons		5	
6	Loans and other receivables from other disqua	lified per				
	under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
ĕ 9					9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	11,160.			
b	Less: accumulated depreciation	10b	11,160.	0.	10c	
11	Investments - publicly traded securities			1,447.	11	1,618
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	335,453.	16	340,553
17	Accounts payable and accrued expenses			17		
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or for					
	trustee, key employee, creator or founder, sub-					
	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	•				
	parties, and other liabilities not included on line	es 17-24).	Complete Part X	4 000		0 010
	of Schedule D			4,926.		8,213
26	Total liabilities. Add lines 17 through 25			4,926.	26	8,213
တ္က	Organizations that follow FASB ASC 958, ch	eck nere				
	and complete lines 27, 28, 32, and 33.			330,527.	07	332,340
27	Net assets without donor restrictions			330,327.	27	332,340
28	Net assets with donor restrictions				28	
5	Organizations that do not follow FASB ASC	956, Che	ck nere			
5 20	and complete lines 29 through 33.	6			20	
29	Capital stock or trust principal, or current fund				30	
30	Paid-in or capital surplus, or land, building, or entered earnings, endowment, accumulated it				31	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20				330,527.	32	332,340
	Total liabilities and not assets/fund balances			335,453.	33	340,553
33	Total liabilities and net assets/fund balances			333, 433.	33	Form 990 (20

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		2,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	480	0,9	88.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	330	0,5	27.
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,				
	column (B))	10	33:	2,3	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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		Х
	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 Scho	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		Х
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		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		MERL	IN TUTTLES	BAT CONSERVA	MOITA	INC.		4	6-5077536
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.	
he	organ	nization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(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 orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental ur	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support for	rom a gove	ernmental	unit or from th	e general إ	oublic described in
		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	he college	or
		university:							
10		An organization that normal							
		activities related to its exem		•					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11	H	An organization organized a	•	•	•				
12		An organization organized a	•		•			•	
		more publicly supported org	-						check the box on
_		lines 12a through 12d that o	* *					-	air in a
а						-			
		the supported organization organization. You must c			i majority o	n the direc	iors or trustee	5 OI LITE 50	apporting
h		Type II. A supporting organization.			tion with its	e eunnorte	d organization	(e) by bay	vina.
D		control or management of	•				-		•
		organization(s). You mus			arrio porco	110 11141 001	Title of Thanks	o the cap	501104
С		Type III functionally inte	-		in connect	tion with, a	and functionall	v integrate	ed with.
		its supported organization	-					, 0	,
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its support	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information (i) Name of supported	about the supported (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)
				above (see instructions))	Yes	No			
ota									

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		• •				
	membership fees received. (Do not						
	include any "unusual grants.")	158,276.	158,192.	393,317.	436,167.	459,168.	1605120.
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	158,276.	158,192.	393,317.	436,167.	459,168.	1605120.
	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.						1605120.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	158,276.	158,192.	393,317.	436,167.	459,168.	1605120.
	Gross income from interest,		-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			271.	1,192.	10,867.	12,330.
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.)	21,408.	7,645.	41,418.	4,473.	2,326.	77,270.
11	Total support. Add lines 7 through 10		·			·	1694720.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	34,949.
	First 5 years. If the Form 990 is for the	,	,			D1(c)(3)	
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	94.71 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	94.07 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
						Schedule A	(Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(3)====	(2, 222	(0, ===	(-),	(5) = 5 = 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	nother 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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010	(5) 2020	(0) 2021	(u) LOLL	(6) 2020	(i) rotar
	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.)					1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
<u> </u>	check this box and stop here	a Cummant Da	voortoe-				
	ction C. Computation of Publi					T I	
	Public support percentage for 2023 (I		•			15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ine 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	a 33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar	•		•		,	
ŀ	33 1/3% support tests - 2022. 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	1 1

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")? |f "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?
- 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).
- 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		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4 -		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9с		
	10a		
	10b		
مارر	A (Forn	n 990)	2023

Pai	Tiv Supporting Organizations (continued)			
		`	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	a		
	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations	.		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
0	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			
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations			
		Т,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	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).			
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. 3 tion 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).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 perow. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	tiono	١	
2	Activities Test. Answer lines 2a and 2b below.		/es	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
-	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.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	,		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>1</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

		A (Form 990) 2023				CONSERVATI			4	6-5077536	Page
Par	t V	Type III Non-Functi	onally Integ	jrated 509(a)	(3) Su	pporting Organ	izatio	ns			
1		Check here if the organiza	tion satisfied th	ne Integral Part T	Test as a	qualifying trust on I	Nov. 20), 1970 (₆	explain in F	Part VI). See instru	ictions.
		All other Type III non-funct	ionally integrat	ed supporting o	rganizati	ons must complete	Sectio	ns A throu	ıgh E.		
										(B) Current \	/ear

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	on 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-functional	ly integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Part IV, Sectio	on 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, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, es 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PA	RT II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2019 AMOUNT: \$	21,408.
2020 AMOUNT: \$	7,645.
2021 AMOUNT: \$	41,418.
2022 AMOUNT: \$	4,473.
2023 AMOUNT: \$	2,326.
_	
_	
_	

Schedule B

(Form 990)

Schedule of Contributors

0000

Employer identification number

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

MERLIN TUTTLES BAT CONSERVATION INC.

46-5077536

Organiza	ation type (cneck or	e):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year \$
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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
		 \$	
323/53 12-26.			Schedule B (Form 990) (2023)

Name of organization **Employer identification number** 46-5077536 MERLIN TUTTLES BAT CONSERVATION INC. 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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

46-5077536 MERLIN TUTTLES BAT CONSERVATION INC.

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Accounts.	Complete if the	Э
	organization anomored 160 or 1611 ooo, 1 arriv, iiik	(a) Donor advis	ed funds	(b) Funds a	nd other accour	nts
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 w	vriting that the assets h	eld in donor advised	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pa						
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically impo	ortant land area	
	Protection of natural habitat	,	Preservation of a			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contrib	oution in the form of	a conservation	easement on the	e last
	day of the tax year.				at the End of the	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006,				
	on a historic structure listed in the National Register	• • • •		2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year		·			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and e	nforcing conservation	on easements du	ring the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirement	s of section 170(h)(4	4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense s	tatement and		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization'	s financial statemer	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Oth	er Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement and	d balance sheet	works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education	n, or research in furt	herance of publi		
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that de	scribes these items			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and ba	lance sheet worl	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthe	rance of public s	ervice,	
	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 trea					
	the following amounts required to be reported under FASB AS					
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				edule D (Form 9	990) 2023

332051 09-28-23

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other		11,160.	11,160.	0.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))							

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MERLIN TUTTL Part VII Investments - Other Securities	LD DIII COMBE	111111111111111111111111111111111111111	-5077536 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(2) 20011 14.45	(c) means a creation of control	a or your market raids
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		
Part X Other Liabilities	(D))		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability	,	···· - · · · · · · · · · · · · · · · ·	(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			6,578.
(3) CREDIT CARD LIABILITIES			1,635.
(4)			,
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

8,213.

(7) (8)

Fai	rt XI Reconciliation of Revenue per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total revenue, gains, and other support per audited financial statements	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b				
С	. , , , , , , , , , , , , , , , , , , ,			
d		2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a				
b	, , , , , , , , , , , , , , , , , , , ,	4b		
C				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. linrt XII Reconciliation of Expenses per Audited Financial	e 12.) I Statements With Expens	5	
· u	Complete if the organization answered "Yes" on Form 990, Part		oco per metarn	
_				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	22		
a				
b	, , ,			
c d				
e			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b				
L)	Other (Describe in Part XIII.)	4b		
C	A 1112 A 141		4c	
	Add lines 4a and 4b			
c 5	A 1117 A 148			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. II	ine 18.)	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii rt XIII Supplemental Information	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. In rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Part	5	XI,

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUB-SAHARAN AFRICA -OBSERVED ANGOLA, BENIN, FILMED/PHOTOGRAPHED BATS AND HABITAT. PROVIDED BOTSWANA, BURKINA FASO WORKSHOPS AT KASANKA 100,640. 0 0 100,640. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 100,640. and 3b)

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTION OF BAT HABITATS IN KASANKA NATIONAL PARK,	9,000.	WIRE TRANSFER	0.		MARKET VALUE
	f recipient organization anization by the IRS, c	ns listed above that are roor for which the grantee	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	foreign country, r ion 501(c)(3) equ	ecognized as a tax ivalency letter			
3 Enter total number of	Enter total number of other organizations or entities	or entities						

Schedule F (Form 990) 2023

Page 3

Schedule F (Form 990) 2023 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) 2023
(g) Description of noncash assistance					Sched
(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					

332073 11-29-23

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
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 U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
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)	Yes	X No
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 Fund (see the Instructions for Form 8621)	Yes	X No
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 Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

332075 11-29-23 Schedule F (Form 990) 2023

SCHEDULE 0 (Form 990)

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 the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MERLIN TUTTLES BAT CONSERVATION INC.

Employer identification number 46-5077536

FORM 990, PART VI, SECTION A, LINE 2:
JEFF ACOPIAN AND MICHAEL KARAPETIAN BOTH SERVE ON THE BOARD AS DIRECTORS.
JEFF IS MICHAEL'S UNCLE. THERE ARE NO OTHER FAMILY OR BUSINESS
RELATIONSHIPS WITH OR BETWEEN BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION VERIFIES THE ACCURACY OF THE INFORMATION SHOWN ON THE FORM
990 PRIOR TO ULTIMATE FILING WITH THE TAXING AUTHORITY.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS REQUIRE UPDATED, SIGNED CONFLICT OF INTEREST POLICIES
ANNUALLY. THESE POLICIES ARE REVIEWED AT BOARD MEETINGS TO ENSURE
COMPLIANCE WITH THE ORGANIZATION'S RULES.
FORM 990, PART VI, SECTION C, LINE 19:
THE DOCUMENTS DESCRIBED IN LINE 19 ARE AVAILABLE UPON REQUEST.

2023 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	1,359.	1,510.			2,869.			0	2 869					
	Current Year Deduction	0.	0.	0.	.0	0		0.	0.	0					
	Current Sec 179 Expense														
	Beginning Accumulated Depreciation	1,359.	1,510.			2,869.			0	2 869					
	Basis For Depreciation	1,359.	1,510.			2,869.			0	2 869					
	* Reduction In Basis			2,936.	2,042.	4,978.		3,313.	3,313.	8 291.					
	Section 179 Expense														
066	Bus % Excl														
	Unadjusted Cost Or Basis	1,359.	1,510.	2,936.	2,042.	7,847.		3,313.	3,313.	11 160.					
	C Line No.	HY17	HY17	MQ17	MQ17			MQ17							
ŀ	Life	5.00	5.00	5.00	5.00			5.00							
	Method	200DB	200DB	200DB	200DB			200DB							
	Date Acquired	01/27/16	03/11/16	05/30/19	11/13/19			10/14/22							
FORM 990 PAGE 10	Description	нр сомритек	NAS DEVICE & HARD DRIVES	DELL COMPUTER	DELL COMPUTER	* 990 PAGE 10 TOTAL OTHER	PROGRAM SERVICES	THERMAL IMAGING SCOPE	* 990 PAGE 10 TOTAL PROGRAM SERVICES	* GRAND TOTAL 990 PAGE 10 DEPR					
ORM 95	Asset No.	ιO	9	7	∞			თ							
124								_		_				 _	

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(D) - Asset disposed

328111 04-01-23

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

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** MERLIN TUTTLES BAT CONSERVATION INC. 46-5077536 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5000 MISSION OAKS BLVD., 41 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78735-6744 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MERLIN TUTTLE 5000 MISSION OAKS #41 - AUSTIN, TX 78735 Telephone No. 512-358-0014 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this . If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or 」 tax year beginning _____ , 20 ____ , and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.