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990

Department of the Treasury

Internal Revenue Service

# 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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	רטו נוופ	e 20 to calendar year, or tax year beginning and endir	ıy	-	
В	Check if applicable	C Name of organization THE NATOMAS BASIN CONSERVANCY, A CALIF.		D Employer identif	ication number
Г	Addres				
	Name change			68-0	344388
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  Room		E Telephone numbe	er 649–3331
_	termin-			G Gross receipts \$	16,837,026.
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code  SACRAMENTO, CA 95833			
F	lreturn Applic tion			H(a) Is this a group r for subordinates	
	tion pendir	SAME AS C ABOVE		H(b) Are all subordinates i	—
$\overline{}$	Toy ove	empt status: X 501(c)(3) 501(c) ( )	527		a list. (see instructions)
		e: WWW.NATOMASBASIN.ORG	021	H(c) Group exemption	
			Vear		M State of legal domicile: CA
	art I	Summary	_ rear (	oriormation. 2002	VI State of legal dofficile. C11
		Briefly describe the organization's mission or most significant activities: ACQUIRE	&	PRESERVE EC	OLOGICALLY
Activities & Governance	'	SIGNIFICANT LAND IN THE NATOMAS BASIN OF CA			
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed o	f more	than 25% of its net a	ssets.
OVe	3	Number of voting members of the governing body (Part VI, line 1a)		з	8
5		Number of independent voting members of the governing body (Part VI, line 1b)			8
Se		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5
Ę		Total number of volunteers (estimate if necessary)			0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	. $lacksquare$	178,619.	
'n		Program service revenue (Part VIII, line 2g)		2,383,714.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,130,197.	841,531.
<b>~</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,692,530.	4,462,893.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	.	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		532,556.	544,310.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. 🗀	0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,290,570.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. L	2,823,126.	
	19	Revenue less expenses. Subtract line 18 from line 12		869,404.	1,590,255.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		64,178,130.	66,655,999.
t As	21	Total liabilities (Part X, line 26)	. L	357,930.	579,783.
譴	22	Net assets or fund balances. Subtract line 21 from line 20		63,820,200.	66,076,216.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules and			ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.	
		Cinnahum of officer		Doto	
Sig		Signature of officer		Date	
He	re	JOHN ROBERTS, EXECUTIVE DIRECTOR  Type or print name and title			
				Date Check C	PTIN
D - '		Print/Type preparer's name  Preparer's signature	- 1	2 4 0 0 4 4 Flif	
Pai		LINDA D. GEERY	U	3/28/17 self-employ	
	parer	Firm's name GILBERT ASSOCIATES, INC.		Firm's EIN	68-0037990
USE	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100		01	C CAC CACA
		SACRAMENTO, CA 95833		Phone no.91	6-646-6464
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	THE NATOMAS BASIN CONSERVANCY, A CALIF.
	1990 (2016) NON-PROFIT PUBLIC BENEFIT CORP. 68-0344388 Page 2
Pa	rt 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:
	THE NATOMAS BASIN CONSERVANCY SERVES AS THE PLAN OPERATOR FOR THE
	NATOMAS BASIN HABITAT CONSERVATION PLAN. IT ACQUIRES AND MANAGES THE
	HABITAT LAND FOR THE BENEFIT OF THE 22 "SPECIAL STATUS" SPECIES
	COVERED UNDER THE PLAN.
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 \$2,627,374. including grants of \$) (Revenue \$1,109,418.
	THE NATOMAS BASIN CONSERVANCY IS A CALIFORNIA NON-PROFIT PUBLIC BENEFIT
	CORPORATION FORMED IN 1994. THE CONSERVANCY IS RESPONSIBLE FOR
	COLLECTING MITIGATION FEES REQUIRED BY THE NATOMAS BASIN HABITAT
	CONSERVATION PLAN (NBHCP), USING THESE FEES TO ACQUIRE, PRESERVE, AND
	MANAGE ECOLOGICALLY SIGNIFICANT LAND IN THE NATOMAS BASIN IN ORDER TO
	CREATE AND MAINTAIN A SANCTUARY OR PRESERVE FOR 22 SPECIFIED THREATENED
	OR ENDANGERED WILDLIFE AND PLANT SPECIES. THESE SANCTUARIES OR
	PRESERVES ARE COMPOSED OF MARSH, WETLANDS, AND AGRICULTURAL HABITAT
	TYPES NECESSARY FOR THE PRESERVATION AND REPRODUCTION OF THE THREATENED
	OR ENDANGERED SPECIES COVERED UNDER THE NBHCP.
	THE CONSERVANCY ACHIEVES ITS PURPOSES BY ACQUIRING LAND AND
4b	(Code:) (Expenses \$68 , 734including grants of \$) (Revenue \$65 , 261)
	THE SACRAMENTO AREA FLOOD CONTROL AGENCY (SAFCA) IS UPGRADING THE LEVEE
	SYSTEM IN THE NATOMAS BASIN. SAFCA REFERS TO THIS PROJECT AS THE
	NATOMAS LEVEE IMPROVEMENT PROGRAM (NLIP). THE NLIP REQUIRES CERTAIN
	MITIGATION APPROVALS BY THE U.S. ARMY CORPS OF ENGINEERS, U.S. FISH &
	WILDLIFE SERVICE AND THE CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE, IN
	ACCORDANCE WITH THE FEDERAL ENDANGERED SPECIES ACT AND THE CALIFORNIA
	ENDANGERED SPECIES ACT. SAFCA COMMITTED TO THE FEDERAL AND STATE
	AGENCIES THAT IT WOULD MITIGATE FOR CONSTRUCTION IMPACTS, AND DO SO IN
	CLOSE ACCORDANCE WITH THE NATOMAS BASIN HABITAT CONSERVATION PLAN
	(NBHCP). AS PLAN OPERATOR OF THE NBHCP, THE NATOMAS BASIN CONSERVANCY
	(CONSERVANCY) MANAGES SAFCA'S MITIGATION IN A MANNER THAT ADVANCES THE
	CONSERVANCY'S PRIMARY MISSION, WHICH IS TO IMPLEMENT THE NBHCP. SAFCA
4c	(Code:) (Expenses \$

) (Revenue \$

including grants of \$ 2 , 696 , 108 .

4d Other program services (Describe in Schedule O.)

Total program service expenses

# Form 990 (2016) NON-PROFIT P Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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 temporarily restricted endowments, permanent		7.7	
	endowments, or 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, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		21
ıza	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	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		Х
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	17		Х
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		Х
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		Х

68-0344388

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20s, did the organization statech a copy of its audited financial statements to this return?  206   210 lid the organization report more than \$5,000 of grants or other assistance to any domestic operation or domestic operament on Part IX, column (A), line 17 if "Yes," complete Schedule (Parts I and II)  221   X  222 lid the organization report more than \$5,000 of grants or other assistance to or for domestic operation or domestic operation (A), line 27 if "Yes," complete Schedule (Parts I and II)  232 lid the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustees, key employees, and hipped and III a				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic opserment on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization nawer Yes* to Part IXI, Isochon 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 IX. If "Yes," to part IXI isochon A, line 3, 4, or 5 about compensation or the ansat Grant IXI isochon A, line 3, 4, or 5 about compensation or 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, if the was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX. If "Yes," to the organization maintain an escrow account other than an orfunding secrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an escrow account other than an orfunding secrow at any time during the year?  24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization and a man of the part of the organization and an excess benefit transaction with a disqualified person during the year?  25d Did the organization and a man of the part of the organization and the state that are accounted to the organization and the organization and the organization and the part of the organization and the organization person organization and the part of the organization organization and the part of the organization organization and the p	<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
omestic government on Part IX, column (A), line 17 if 17 vs.* complete Schedule I, Parts I and II 2 I X 2 Did the organization report mer than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 17 vs.* complete Schedule I, Parts I and III 2 I X 2 Did the organization answer "Yes" to Part IVI, Section A, line 3.4, or a should compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I Parts I and III 2 I X 2 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 II. The 18 parts of the year in the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. The 18 parts of the year in the last day of the year that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. The 18 parts of the year in the second of the year in the year in the second of the year in the year in year in the second of the year in year, and that the transaction with a disqualified person during the year?  2 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?  2 I be 18 the organization wave that it engaged in an excess benefit transaction with disputation and that the transaction has not been reported on any of these proposes? If "Yes," complete Schedule II, Part IV II be 18 the organization wave that it engaged in an excess benefit transaction in a prior year, and that the transacti	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Para IX. column (A), line 2? If 1*Pes. Complete Schedule I, Parts I and III.  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is Schedule I. Per VII by eart, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is Bit 14b yor 14b year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is Bit 14b yor 14b year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  25b Schedule I, Part II essential transaction with a disqualified person during the year? If Yes, complete Schedule I, Part I is the organization avae that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule I, Part II is Did the organization avae that it engaged in an excess benefit transaction with a disqualified persons? If Yes, "complete Schedule I, Part II is Did the organization report any amount on Part X, line 5, 6 or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes, "complete Schedule I, Part IV is the A family member of a current or former officer, director, trustee, or key employee or a family member thereof) was an officer, institution for applicable limpt thersholds, conditions, and exceptions;  a A current or former officer, dir	21				
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  22 X  23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule I. If "No", go to line 25s  24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year of the organization and as a "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501(28), 501(26)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  28 Section 501(28), 501(26)4, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year.  28 Is In the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year.  29 Did the organization report any amount on Part X, line 5. 6, or 22 for receivables from or payables to any current or former officers, directors, furstees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV  28 Was the organization provide a grant or other assistance to an officer, director, furstee, key employee, substantial contribution or employee thereof, agrant selection committee member, or to a Side contribution for a prior to a business		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 I, If the year, that was issued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a.  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?  25b Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified person during the year? 3d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? 3d Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a cliqualified person of any of the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualided persons? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions;  25b A (Amily) member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions? If "Yes," complete Schedule L, Part IV instructions or con	22				l
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24 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 24b 24b 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 25b Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year 02b 24c 25b Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25b Did the organization with a disqualified person during the year? 1f "Yes," complete Schedule L, Part 1 Dis 1st the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 1f "Yes," complete Schedule L, Part 1 Dis 1st the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 1f "Yes," complete Schedule L, Part 1 Dis 1st the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any outrent or former officer and year. If yes, complete Schedule I, Part IV yes, complete Schedule I, Part IV yes, complete Schedule I, Part IV yes, or any of these persons? If "Yes, complete Schedule I,			22		X
Schedule J  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  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(x)(3), 501(x)(4), and 501(x)(2)0 organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? If "Yes," complete Schedule L, Part I   25a X  25b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualfied person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualfied persons? If "Yes," complete Schedule L, Part II   25b X  27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV   28a X  27d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV   28b X  28d Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule L, Part IV   28b X  29d Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule L, Part IV   28c X  29d Did the organization oreceive more than \$2	23	· · · · · · · · · · · · · · · · · · ·			
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 "Pes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b				77	
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  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I and that the transaction has not been reported on any of the organization profess on any organization spring of profess of schedule L, Part I and that the transaction has not been reported on any of the organization profess of profess of profess of schedule L, Part I and that the transaction has not been reported on any of the organization profess of profes		Schedule J	23	<u> </u>	
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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  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 lines 11b and 19?		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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  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 are complete Schedule R, Part VI A X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
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Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b			33		A
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34				l 🕶
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		30		<u> </u>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		27		x
	38		3,		<del></del>
	55	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2016) NON-PROFIT PUBLIC BENEFIT CORP. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V											
					Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0									
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming									
	(gambling) winnings to prize winners?											
2a	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											
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
За				За		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other a											
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х						
b	If "Yes," enter the name of the foreign country:		,.									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	any contributions that were not tax deductible as charitable contributions?			6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribut											
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).											
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		Х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
	to file Form 8282?			7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontra	ct?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е									
	sponsoring organization have excess business holdings at any time during the year?			8								
9	Sponsoring organizations maintaining donor advised funds.											
а	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:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	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	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
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								
	<b>Note.</b> 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	ı	I									
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c				37						
				14a		X						
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e ()		14h								

68-0344388

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	Х	v
b	Other officers or key employees of the organization	15b		Х
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		х
	taxable entity during the year?	16a		
D	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	4Ch		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶CA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	مام	
10	for public inspection. Indicate how you made these available. Check all that apply.	avallaD	ii C	
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19	statements available to the public during the tax year.	u miali	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	KIMBERLI BURNS - 916-649-3331			
	2150 RIVER PLAZA DRIVE, STE 460, SACRAMENTO, CA 95833-4141			

Page 7

Form 990 (2016)

NON-PROFIT PUBLIC BENEFIT CORP.

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

		1 1
Check if Schedule O contains a response or note to any line	a in thic Part \/II	1 1
Officer if deficed to contains a response of fide to any lim	ic iii tiiis i ait 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	r any related organ (B)						(D)	(E)	(F)		
Name and Title	Average		Position (do not check more the					Reportable	Reportable	Estimated		
	hours per week	box, unless person is both an officer and a director/trustee)			is bot or/trus	h an tee)	compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation		
	hours for	Individual trustee or director	a)			rted		organization	(W-2/1099-MISC)	from the		
	related	ustee	truste		9	suadı		(W-2/1099-MISC)		organization		
	organizations below	ual tr	tional		yoldr	st com	L			and related organizations		
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) MICHEAL MCRAE	1.00	_	_		_							
DIRECTOR		Х						800.	0.	0		
(2) JILL LEAL	1.00											
DIRECTOR		Х						300.	0.	0		
(3) JEFFREY NORTON	1.00											
DIRECTOR		Х						1,300.	0.	0		
(4) CHAREE THURMAN	1.00	l						400		•		
DIRECTOR	1 00	Х						100.	0.	0		
(5) FRANCIS KAY BACKER	1.00							1 200		0		
DIRECTOR UNTIL DEC 2016	1 00	Х						1,300.	0.	0		
(6) DAN SILVA	1.00	<b>.</b> ,						_	0	0		
DIRECTOR UNTIL MARCH 2016	1.00	Х						0.	0.	0		
(7) CHANDRA CHILMAKURI DIRECTOR	1.00	x						700.	0.	0		
(8) DAVIN NORENE	1.00							700.	0.			
CHAIR	1.00	Х		Х				500.	0.	0		
(9) STEVEN WILLEY	1.00							3001				
VICE CHAIR		х		х				800.	0.	0		
(10) DAVID CHRISTOPHEL	1.00											
SECRETARY		Х		Х				900.	0.	0		
(11) WILLIAM EDGAR	1.00											
TREASURER UNTIL DEC 2016		Х		Х				900.	0.	0		
(12) JOHN ROBERTS	55.00											
EXECUTIVE DIRECTOR				Х				184,806.	0.	45,405		
		-										
		_	_			_						
		1										
		$\vdash$										

Form **990** (2016) 632007 11-11-16

THE NATOMAS BASIN CONSERVANCY, A CALIF. NON-PROFIT PUBLIC BENEFIT CORP. 68-0344388 Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations )fficer line) 192,406. 0. 1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 192,406. 45,405. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors** 

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

(A) Name and business address	(B) Description of services	(C) Compensation
	'	Compensation
ICF JONES & STOKES ASSOCIATES, INC., 630 K		
STREET, SUITE 400, SACRAMENTO, CA 95814	MONITORING	324,228.
SOPWITH FARMS		
3640 MEADOW LANE, SACRAMENTO, CA 95864	LAND MANAGEMENT	251,321.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

		Check if Schedule O cont	tains a respon	se or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
		Fundraising events						
		Related organizations						
		Government grants (contribut		7,903.				
		All other contributions, gifts, gran						
		similar amounts not included abo		2,438,780.				
d Offi	g	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·					
a S		Total. Add lines 1a-1f		<b>&gt;</b>	2,446,683.			
				Business Code				
ė	2 a	RENT MITIGATION LANDS		531190	787,647.	787,647.		
ه کِ	b	WATER AND EXPENSE REIM	BURSEMENT	900099	321,771.	321,771.		
Program Service Revenue	С	SAFCA LAND MANAGEMENT		531190	65,261.	65,261.		
eve	d	1						
og R	е							
Ā	f	All other program service reve	enue					
	g				1,174,679.			
	3	Investment income (including						
		other similar amounts)		<b>&gt;</b>	553,038.			553,038.
	4	Income from investment of ta						
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securitie					
		assets other than inventory	12,662,62	6.				
	b	Less: cost or other basis						
		and sales expenses	12,374,13	3.				
	С	Gain or (loss)	288,49	3.				
		Net gain or (loss)			288,493.			288,493.
une		Gross income from fundraisin including \$	g events (not					
Other Rever		contributions reported on line						
æ		Part IV, line 18	•	ااا				
<u>a</u>	h	Less: direct expenses						
Ö		Net income or (loss) from fund						
		Gross income from gaming a						
	0 4	Part IV, line 19		a				
	h	Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less						
	10 0	and allowances		a				
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a			Daomess Code				
	b			-				
	C			-				
		All other revenue		-				
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			4,462,893.	1,174,679.	0.	841,531.
					, -,,	, , , , , , , , , , , , , , , , , , , ,	- •	

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 208,090. 30,721. 238,811. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 199,928. 159,031. 40,897. Other salaries and wages 7 Pension plan accruals and contributions (include 27,504 23,259. 4,245. section 401(k) and 403(b) employer contributions) 7,813. 50,624. 42,811. Other employee benefits 9 27,443. 23,207. 4,236. Payroll taxes 10 Fees for services (non-employees): 11 a Management 61,119. 72,273. 11,154. Legal 34,621. 4,237. 30,384. Accounting Lobbying Professional fundraising services. See Part IV, line 17 91,865. 91,865. Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 732,046 731,737. 309 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 61,560. 49,727. 11,833. 13 Office expenses 7,394. 1,349. 8,743. 14 Information technology 15 Royalties 47,471. 40,145. 7,326. 16 Occupancy 20,689. 17,496. 3,193. 17 Travel Payments of travel or entertainment expenses 4,623. 844. 5,467 for any federal, state, or local public officials 5,270. 4,457. 813. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 269,546. 269,546. Depreciation, depletion, and amortization ..... 22 33,670. 16,300. 17,370. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) WATER SUPPLY 576,300. 576,300. PROPERTY TAX 170,312. 170,312. PROPERTY MAINTENANCE 159,690. 159,690. 2,919. 18,911. OTHER FEES AND TAXES 15,992. 19,894. 18,770. 1,124. e All other expenses 2,872,638. 2,696,108. 176,530. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1					1	
	2	Savings and temporary cash investments			4,003,277.	2	2,027,739.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			53,981.	4	216,104.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ited en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			52,577.	9	46,977.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	37,035,263.			
	b	Less: accumulated depreciation	10b	3,620,650.	33,627,289.	10c	33,414,613.
	11	Investments - publicly traded securities			26,441,006.	11	30,950,566.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			CA 100 100	15	66 655 000
	16	Total assets. Add lines 1 through 15 (must equa	64,178,130.	16	66,655,999.		
	17	Accounts payable and accrued expenses			125,132.	17	328,846.
	18	Grants payable			175 016	18	100 610
	19	Deferred revenue			175,816.	19	190,618.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to current and former					
Ε		key employees, highest compensated employee				-00	
Lia	00	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, par				24	
	25	parties, and other liabilities not included on lines	•				
		Schedule D	-	· ·	56,982.	25	60,319.
	26	Total liabilities. Add lines 17 through 25			357,930.	26	579,783.
		Organizations that follow SFAS 117 (ASC 958					
Ø		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets				27	
ala	28	Temporarily restricted net assets				28	
or Fund Balances	29			<u></u> .		29	
ᇤ		Organizations that do not follow SFAS 117 (A					
<u></u>		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			12,675,545.	30	13,473,394.
\SS(	31	Paid-in or capital surplus, or land, building, or eq			33,627,289.	31	33,414,613.
Net Assets	32	Retained earnings, endowment, accumulated in			17,517,366.	32	19,188,209.
Z	33	Total net assets or fund balances			63,820,200.	33	66,076,216.
	34	Total liabilities and net assets/fund balances			64,178,130.	34	66,655,999

Form 990 (2016)

68-0344388 Page **12** NON-PROFIT PUBLIC BENEFIT CORP.

Pa	Heconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7	2 1	,87 ,59 ,82	2,6 0,2 0,2	93. 38. 55. 00. 61.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66	,07	6,2	16.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule  Were the organization's financial statements compiled or reviewed by an independent accountant?		- [	2a	Yes	No X	
	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?						
С	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:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

Form **990** (2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Total

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE NATOMAS BASIN CONSERVANCY, A CALIF. Emplo
NON-PROFIT PUBLIC BENEFIT CORP.

Employer identification number 68-0344388

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	ee instructions.		
The	orgar	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1									
2	一	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	H						-	tha h	ospital's nama
4	ш	A medical research organiz	ation operated in co	njunction with a nospital	described	ı III Secilo	ii i70(b)( i)(A)(iii). Enter	uie ii	ospitai s riame,
_		city, and state:							
5		An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit descri	oed in	1
		section 170(b)(1)(A)(iv). (C	= =						
6	Щ	A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	<sup>7</sup> 0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	l publi	c described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org				ed in conju	ınction with a land-grant	colle	ge
		or university or a non-land-g				-			•
		university:	y			,,	,,	,	
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sun	nort from	contribution	ons membershin fees	and ar	ross receints from
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) ire	om busine	sses acqu	lired by the organization	aπer	June 30, 1975.
		See section 509(a)(2). (Cor	,						
11	Н	An organization organized a	•	•	•				
12		An organization organized a	=	•	•		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> or	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check	the box in
	_	_lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.		
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y givin	ng
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or trustees of the	suppo	orting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s support	ed organization(s), by ha	aving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	porte	ed
		organization(s). You mus			•			•	
С		☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed wi	th.
		its supported organization					• •		,
d		Type III non-functionally		-				izatio	n(s)
u		that is not functionally int							
		•	-	-	•		•	liverie	333
		requirement (see instruct	•	-					
е		☐ Check this box if the orga					a Type I, Type II, Type III		
		functionally integrated, or		nally integrated supporti	ng organiz	zation.			
		er the number of supported of						. L	
g		vide the following information		ed organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) American of mean stain.	1 (	A Amaza unat a fi atta a u
	'	i) Name of supported organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	1 '	) Amount of other ort (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Зирр	ort (acc mandenoria)
								1	
								1	

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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) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,301,758.	198,315.		178,619.	2,446,683.	8,125,375.
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		100 015		450 (10		
4	Total. Add lines 1 through 3	5,301,758.	198,315.		178,619.	2,446,683.	8,125,375.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,991,641.
							6,133,734.
	etion B. Total Support		"		4,004,5		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013 198,315.	(c) 2014	(d) 2015 178,619.	(e) 2016	(f) Total
	Amounts from line 4	5,301,758.	190,313.		1/0,019.	2,446,683.	8,125,375.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	662 997	756,067.	551 940	529,174.	553,038.	2 052 116
_	and income from similar sources	002,997.	750,007.	331,640.	329,174.	333,036.	3,053,116.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						11,178,491.
11 12	Gross receipts from related activities,	oto (soo instruction	one)			12 6	,764,152.
13	First five years. If the Form 990 is for			d fourth or fifth to			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
.0	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2016 (			column (f))		14	54.87 %
15	Public support percentage from 2015					15	61.90 %
						L	
	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2015. If the						is box
	and <b>stop here.</b> The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ū					·
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

## 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.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(u) 2012	(5) 2010	(0) 2014	(4) 2010	(6) 2010	(i) rotai
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(5.) 25 12	(2) 20 10	(6) 25 1 1	(4,7 = 0 + 0	(5) 23 13	(.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2016 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
	Investment income percentage for 201					17	%
	Investment income percentage from 20					18	%
19a	33 1/3% support tests - 2016. If the o	-					17 is not
	more than 33 $1/3\%$ , check this box an						
b	33 1/3% support tests - 2015. If the o	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	▶∟

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

	V	Na
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
OI-		
9b		
9c		
10a		
104		
10b		
m 990 or 9	90-EZ	2016

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Pa	t IV Supporting Organizations (continued)			
	(donumod)		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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?	1		
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).	2		
3	By reason of the relationship described in (2), 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			
	supported organizations played in this regard.	3		
Sec	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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3a		
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.	3b		

Schedule A (Form 990 or 990-F7) 2016 NON-PROFIT PUBLIC BENEFIT CORP.

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	i ago o	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
Sect	ion 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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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	y integra	ated Type III supporting org	ganization (see	
	instructions).	-			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NON-PROFIT PUBLIC BENEFIT CORP. 68-034

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Par	↑ V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Socti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Jecu	ion E - Distribution Anocations (see instructions)		F16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7:			
a h	Excess from 2013			
	Excess from 2013  Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_	LAGGGG HUIII ZUTU			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NON-PROFIT PUBLIC BENEFIT CORP. 68-0344388 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2016

Name of the organization

THE NATOMAS BASIN CONSERVANCY, A CALIF. NON-PROFIT PUBLIC BENEFIT CORP.

**Employer identification number** 

68-0344388

Organization type (check one):						
Filers of	<b>:</b>	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> 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				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	· ·	n 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	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1					
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE NATOMAS BASIN CONSERVANCY, A CALIF.
NON-PROFIT PUBLIC BENEFIT CORP.

Employer identification number

68 - 0344388

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2			Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
140.	ivalile, auul ess, aliu ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
THE NATOMAS BASIN CONSERVANCY, A CALIF.
NON-PROFIT PUBLIC BENEFIT CORP.

Employer identification number

68 - 0344388

Part II	<b>Noncash Property</b> (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
		\$	

Name of organization
THE NATOMAS BASIN CONSERVANCY, A CALIF.
NON-PROFIT PUBLIC BENEFIT CORP.

Employer identification number

68-0344388

Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	tributions to organizations describe columns (a) through (e) and the follo us, charitable, etc., contributions of \$1,000 o	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations or less for the year. (Enter this info. once.)
	Use duplicate copies of Part III if addition	nal space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—   -  -		(e) Transfer of gi	ift
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  -		(e) Transfer of gi	pift
- - -	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	(e) Transf Transferee's name, address, and ZIP + 4		gift  Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -		(e) Transfer of gi	jift
-	Transferee's name, address, a		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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

THE NATOMAS BASIN CONSERVANCY, A CALIF. NON-PROFIT PUBLIC BENEFIT CORP.

Employer identification number 68-0344388

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring			
	impermissible private benefit?					
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area			
	Protection of natural habitat	Preservation of a cert	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a3			
b						
С	Number of conservation easements on a certified historic str					
d						
	listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax			
_	year  U					
4	Number of states where property subject to conservation ear					
5	Does the organization have a written policy regarding the per		77			
_	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting, $\geq 0$	nandling of violations, and enforcing con	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accompate during the year			
7	\$\\$\$\$ 2,500.	aling of violations, and emorcing conserva	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	re eatisfy the requirements of section 170	0(b)(4)(R)(i)			
Ü	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati					
•	include, if applicable, the text of the footnote to the organization	-				
	conservation easements.	tion of interioral otation of the trial describes	the diganization of accounting for			
Pai	rt III Organizations Maintaining Collections o	f Art. Historical Treasures. or O	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form	-				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,			
	historical treasures, or other similar assets held for public exh					
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed					
	relating to these items:	•				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
			·			
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under SFAS 1					
а			<b>&gt;</b> \$			
b	Assets included in Form 990, Part X					

NON-PROFIT PUBLIC BENEFIT CORP.

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Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Simila	ar Asse	t <b>s</b> (continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	are a siç	gnificant ι	use of its	collection it	ems
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange prograi	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			<u></u>	Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered "`	Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contribution	s or other ass	sets not i	included			
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					. 1c			
d	Additions during the year					. 1d			
	Distributions during the year								
f	Ending balance					. 1f			
	Did the organization include an amount on Fo					ty?	L	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on I	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years	back (	<b>d)</b> Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance	16,437,061.	16,310,886.	15,524	,636.	13,1	75,111.	10,78	37,515.
b	Contributions 505,994. 37,691. 140,188. 1,113,409						L3,409.		
	Net investment earnings, gains, and losses 1,226,222. 152,493. 848,704. 2,266,2						66,258.	1,32	24,005.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	67,250.	64,009.	62	,454.	!	56,921.	4	19,818.
f	Administrative expenses								
g	End of year balance	18,102,027.	16,437,061.	16,310	,886.	15,5	24,636.	13,17	75,111.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	.00	_%						
	Permanent endowment ► 55.38	%							
С	Temporarily restricted endowment ▶4	<u>4.62</u> %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administer	ed for th	ne organiz	ation		
	by:							Ye	
	(i) unrelated organizations							3a(i) X	
	(ii) related organizations								X
b	If "Yes" on line 3a(ii), are the related organization							. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
	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 ot		1	` '	cumulate	d	(d) Book va	alue
		basis (investm	,		dep	reciation			
1a	Land		32,48	8,554.			3	2,488,	554.
b	Buildings								
С	Leasehold improvements								
d	Equipment			4,594.		51,43			159.
е	Other			2,115.	3,5	69,21			900.
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part )	X. column (B). line 1	0c.)			<b>▶</b> 3	3,414,	613.

NOT DROUTE		VANCY, A CALIF.	60 0244200
	PUBLIC BENEFI	T CORP.	68-0344388 Page <b>3</b>
Part VII Investments - Other Securities.	5 000 D . N/ II		_
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
	(b) Book value	(c) Welfilod of Valuation. Cos	t or end-or-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities.	5 000 D 1 N / I'	44 446 5 000 5 17	II 05
Complete if the organization answered "Yes"  (a) Description of liability			, line 25.
		(b) Book value	
(1) Federal income taxes (2) COMPENSATED ABSENCES		60,319.	
\ <del>-</del> /		00,313.	
(3)			
<u>(4)</u>			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 60,319.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016

(7) (8)

	dule D (Form 990) 2016 NON-PROFIT PUBLIC BENEFI				0344388 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re	eturn	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,128,654.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	665,761.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	665,761.
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,462,893.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,462,893.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				0.000.600
1	Total expenses and losses per audited financial statements			1	2,872,638.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)				•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,872,638.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,872,638.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b	and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
PAI	RT II, LINE 5:				
יטיח	T CONCEDIANCY HOLDS ONLY A MEDY SWALL MI	MDED OF	ACDEC THE	አሮሙነ	MENTO AND
TH	E CONSERVANCY HOLDS ONLY A VERY SMALL NU	MDEK OF	ACKED IN EA	HOLL	MENTS, AND

MOST ARE WITH GOVERNMENTAL AGENCIES. THE CONSERVANCY IS THE HCP "PLAN OPERATOR" FOR FEDERAL, STATE AND LOCAL GOVERNMENTS, AND HAS ENTERED INTO EASEMENTS AS A MATTER OF CONVENIENCE FOR PLAN OPERATION. THE PLAN ITSELF REQUIRES PERIODIC MONITORING, AND MONITORING REPORTS ARE ISSUED ANNUALLY, AS ARE AERIAL PHOTOS OF ALL CONSERVANCY PROPERTIES TO DETERMINE LAND USE AND ANY VIOLATIONS. THE CONSERVANCY IS ALSO REQUIRED TO PERIODICALLY INSPECT AND MONITOR PROPERTIES, WHICH IT DOES, AND REPORTS ANNUALLY ON. THERE HAS BEEN NO VIOLATION REQUIRING ENFORCEMENT TO DATE.

Schedule D (Form 990) 2016 NON-PROFIT PUBLIC BENEFIT CORP. 68-0344388 Page 5
Part XIII   Supplemental Information (continued)
CONSERVATION EASEMENTS ARE REPORTED ON THE BALANCE SHEET IN LAND ASSETS.
PART V, LINE 4:
THE ENDOWMENT FUND IS RESTRICTED AND ONLY EARNINGS, NOT PRINCIPAL, MAY BE
USED FOR PURPOSES THAT SUPPORT THE CONSERVANCY'S PROGRAMS.

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. THE NATOMAS BASIN CONSERVANCY, A CALIF. NON-PROFIT PUBLIC BENEFIT CORP.

**Employer identification number** 68-0344388

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ü	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred		(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOHN ROBERTS	(i)	177,426.	0.	7,380.	24,155.	21,250.	230,211.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(II)]							

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE NATOMAS BASIN CONSERVANCY, A CALIF. NON-PROFIT PUBLIC BENEFIT CORP.

Employer identification number 68-0344388

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CONSERVATION EASEMENTS IN THE NATOMAS BASIN AREA SITUATED IN NORTHEN SACRAMENTO COUNTY AND SOUTHERN SUTTER COUNTY, CALIFORNIA. IT ACTS AS PLAN OPERATOR OF THE NBHCP. ALONG WITH THE U.S. FISH AND WILDLIFE SERVICE, THE CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE, THE COUNTY OF SUTTER, AND THE CITY OF SACRAMENTO, THE CONSERVANCY IS A "PLAN PARTICIPANT" IN THE NBHCP.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: HAS PAID AND IS EXPECTED TO CONTINUE TO PAY THE CONSERVANCY FOR PROVIDING THIS MITIGATION FUNCTION. HOWEVER, IT DOES SO IN A MANNER NEGOTIATED WITH THE FEDERAL AND STATE AGENCIES, WHICH IS SLIGHTLY DIFFERENT THAN THE BASIS FOR WHICH FUNDS ARE PAID TO THE CONSERVANCY FOR TRADITIONAL NBHCP MITIGATION. THE FUNDS THE CONSERVANCY RECEIVES FOR HANDLING THE SAFCA MITIGATION ARE THEREFORE BOOKED AND MANAGED AS ADJUNCT TO, BUT ACCOUNTED FOR SEPARATELY, THAN MORE TRADITIONAL NBHCP MITIGATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CONSERVANCY'S FORM 990 REVIEW PROCESS IS AS FOLLOWS:

- 1 MANAGEMENT AND STAFF REVIEW FORM 990 WITH CERTIFIED PUBLIC ACCOUNTANT.
- 2 BOARD OF DIRECTORS REVIEWS FORM 990.
- FORM 990 IS THEN SIGNED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD OF DIRECTORS AND STAFF FILE WITH THE CONSERVANCY A

Name of the organization THE NATOMAS BASIN CONSERVANCY, A CALIF.

NON-PROFIT PUBLIC BENEFIT CORP.

Employer identification number 68-0344388

CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION FORM 700 ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15A:

("STATEMENT OF ECONOMIC INTERESTS").

THE BOARD DETERMINES THAT CHANGES TO THE EXECUTIVE DIRECTOR'S COMPENSATION

ARE "JUST AND REASONABLE." SEE EXCERPT FROM CALIFORNIA GOVERNMENT CODE,

SECTION 12586(G):

"THE BOARD OF DIRECTORS OF A CHARITABLE CORPORATION OR UNINCORPRATED

ASSOCIATION, OR AN AUTHORIZED COMMITTEE OF THE BOARD, AND THE TRUSTEE OR

TRUSTEES OF A CHARITABLE TRUST SHALL REVIEW AND APPROVE THE COMPENSATION,

INCLUDING BENEFITS, OF THE PRESIDENT OR CHIEF EXECUTIVE OFFICER AND THE

TREASURER OR CHIEF FINANCIAL OFFICER TO ASSURE THAT IT IS JUST AND

REASONABLE. THIS REVIEW AND APPROVAL SHALL OCCUR INITIALLY UPON THE HIRING

OF THE OFFICER, WHENEVER THE TERM OF EMPLOYMENT, IF ANY, OF THE OFFICER IS

RENEWED OR EXTENDED, AND WHENEVER THE OFFICER'S COMPENSATION IS MODIFIED.

SEPARATE REVIEW AND APPROVAL SHALL NOT BE REQUIRED IF A MODIFICATION OF

COMPENSATION EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES."

A COPY OF A SALARY SURVEY AND OTHER RESOURCES ARE PRESENTED TO THE

COMPENSATION AND GOVERNANCE COMMITTEE AS WELL AS THE BOARD OF DIRECTORS IN

ORDER TO ASSIST THE BOARD IN MAKING A DETERMINATION IF COMPENSATION FOR

CONSERVANCY'S EXECUTIVE DIRECTOR AND KEY EMPLOYEES COMPLIES WITH THE

REQUIREMENTS AND REGIONAL STANDARDS. THE SURVEY EXAMINES AND CONSIDERS

COMPENSATION PRACTICES IN THE REGION FOR ORGANIZATIONS OF SIMILAR SIZE,

WITH A SIMILAR GENERAL JOB DESCRIPTION AND RESPONSIBILITIES FOR CHIEF PAID

OFFICER AND KEY EMPLOYEES, AS WELL AS SKILLS AND EXPERIENCE.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization THE NATOMAS BASIN CONSERVANCY, A CALIF. NON-PROFIT PUBLIC BENEFIT CORP.	Employer identification number 68-0344388
EXECUTIVE COMPENSATION WAS LAST REVIEWED IN 2016.	
FORM 990, PART VI, SECTION C, LINE 19:	
- AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE CONST	ERVANCY'S WEBSITE
AND UPON REQUEST.	
- GOVERNING/ORGANIZING DOCUMENTS ARE AVAILABLE ONLINE AND	UPON REQUEST.
- THE CONSERVANCY'S CONFLICT OF INTEREST POLICY IS IN THE	E CORPORATION'S
BYLAWS. ALSO, ALL MEMBERS OF THE BOARD OF DIRECTORS AND S	STAFF ARE REQUIRED
TO FILE WITH THE CONSERVANCY A CALIFORNIA FPPC FORM 700 A	ANNUALLY. STAFF
MONITORS RECEIPT OF FPPC FORM 700 AND REVIEWS THEM FOR AC	CCURACY. THESE ARE
AVAILABLE FOR PUBLIC INSPECTION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	730,047.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	730,047.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	1,690.
MANAGEMENT AND GENERAL EXPENSES	309.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,999.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	732,046.
FORM 990 PART XII LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
632212 08-25-16 Sche	dule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 9	990-EZ) (2	2016)				Page 2
Name of the organization	THE NON-	NATOMAS - PROFIT	BASIN	CONSERVANCY, BENEFIT CORP	A CALIF.	Employer identification number 68-0344388
	NON	TROPII	ТОВЫТС	DENEFTI CONT	•	00 0344300