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.

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

OMB No. 1545-0047 Open to Public Inspection

ΑI	For the	2017 calendar year, or tax year beginning and en	ding				
В	Check if applicable	I THE NATUMAS BASIN CONSERVANCY, A CALIF.	•	D Employer identifie	cation number		
	Addres						
	Name change	Doing business as		68-0	344388		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)					
	□Final return/	2150 RIVER PLAZA DRIVE 46	50	916-	649-3331		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,264,623.		
	Amend return	SACRAMENTO, CA 93033		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: JOHN SHIREY		for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527	If "No," attach a	list. (see instructions)		
J	Websit	e: ▶ WWW.NATOMASBASIN.ORG		H(c) Group exemption	n number 🕨		
		organization: X Corporation Trust Association Other ►	L Year o	of formation: 1994 N	State of legal domicile: CA		
Pá		Summary					
-O	1 1	Briefly describe the organization's mission or most significant activities: ${ t ACQUIR}$	₹E &	PRESERVE EC	OLOGICALLY		
ũ		SIGNIFICANT LAND IN THE NATOMAS BASI $\overline{ ext{N}}$ $\overline{ ext{OF}}$ $\overline{ ext{C}}$					
ŗ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.		
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	10		
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)			10		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	5		
		Total number of volunteers (estimate if necessary)			0		
Ċ		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
4		Net unrelated business taxable income from Form 990-T, line 34			0.		
Revenue				Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		2,446,683.	1,769,610.		
		Program service revenue (Part VIII, line 2g)		1,174,679.	879,309.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		841,531.	1,819,681.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,462,893.	4,468,600.		
	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	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		544,310.	563,580.		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ.	b -). 🗀				
Ω	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\square	2,328,328.	2,444,171.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,872,638.	3,007,751.		
		Revenue less expenses. Subtract line 18 from line 12		1,590,255.	1,460,849.		
Net Assets or Fund Balances				ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		66,655,999.	69,666,651.		
t As	21	Total liabilities (Part X, line 26)	🗀	579,783.	572,884.		
		Net assets or fund balances. Subtract line 21 from line 20		66,076,216.	69,093,767.		
Pa	art II	Signature Block					
Und	ler penal	lties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of my	/ knowledge and belief, it is		
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.			
Sig	n	Signature of officer		Date			
Her	re	JOHN ROBERTS, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		ate Check	PTIN		
Pai	d [LINDA D. GEERY LINDA D. GEERY	0	3/21/18 if self-employed	P00364484		
		Firm's name GILBERT ASSOCIATES, INC.		Firm's EIN ▶	68-0037990		
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100					
		SACRAMENTO, CA 95833		Phone no.91	6-646-6464		
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

	THE NATOMAS BASIN CONSERVANCY, A CALIF.
	1990 (2017) NON-PROFIT PUBLIC BENEFIT CORP. 68-0344388 Page 2
Pai	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? Yes X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$ 2,694,691 · including grants of \$) (Revenue \$ 724,408 ·)
Ta	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 AND PRESERVE
	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.
4b	(Code:) (Expenses \$162,561. including grants of \$) (Revenue \$154,901.
	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
40	·
40	(Code:) (Expenses \$

Total program service expenses

including grants of \$ 2 , 857 , 252 .

) (Revenue \$

	· ·			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			. v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII Was the experientian included in consolidated independent sudited financial attemperators for the tay year?	12a	21	
D	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₂
	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,"	4.		X
	complete Schedule G. Part III	19	ı	1 47

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 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 L, Part II	26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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 III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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)?	35a		X
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		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders		Check if Schedule O contains a response of note to any line in this Part v					
Enter the number of Forms W-2G included in line 1a. Enter-of-lind applicable 1.1 0 0 0 0 0 0 0 0 0			1	l 0.3		Yes	No
combing ownings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Woge and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3a I at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b I if the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3a I bit the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3a I at years a strength of the year? 3b If I revise, I has it filed a form 990 T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b I revise, I has it filed a form 990 T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b I revise, I have the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," and the the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization and party to a prohibited tax whether transaction at any time dumps the tax year? 5c II revise, I to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have entitle decreased any organization solicit any contributions that may receive deductible as charitable contributions? 5c Does the organization have entitle white the section of the party of provided? 6c Does the organization have entitle white the party of the party of provided? 6c Does the organization have entitle white the party of provided and services provided to the payor? 6c Description of the organization from the domor of the value of the goods or services provided? 6c Description of the organization from the domor of the value of the goods or services provided? 6c Description of the organizati				23			
(agambling) winnings to prize winners? Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year did the organization file all nequired federal employment tax returns? Filed for the calendar year, did the organization file all nequired federal employment tax returns? Filed for the calendar year, did the organization file and the provide an explanation in Schedule O Filed for explanation and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). Filed for the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). Filed for the calendar year, did the organization the file of the filed file				<u> </u>			
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with on within the year covered by this return. 29	С				4.	x	
flied for the calendary year ending with or within the year covered by this return A	22		 I	 	IC	-25	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X at any time during the calendary year, did the organization have undered during the year? 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," inter the name of the foreign country. See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have the organization that it was or is a party to a prichibete tax shelter transaction? 5c If "Yes," it is line 5a or 5b, did the organization file Form 8886:1? 5c If "Yes," it is line 5a or 5b, did the organization file Form 8886:1? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 7d If If the organization receive a payment in excess of \$75 made partly as a contribution or partly for ynotic it was required to file Form 8282? 7d If If the organization receive a payment in excess of \$75 made partly as a contribution of partly for ynotic it was required to file Form 8282? 7d If If Yes, "Indicate the number of Forms 8282 filed during the year. 7d If If the organization receive any funds, directly or indicrectly, to pay premiums on a personal benefit contract? 7d If If the organization receive any	Za		22	5			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," is that if the a Form 990 For this year? If "No," to line \$5, provide an explanation in Schedule O 3b If "Yes," either the name of the foreign country. ► 3c Infancial account in a foreign country such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. ► 3c Infancial accounts (FBAR). 3c Infancial accounts (FBAR). 5c Infancial accounts (FBAR). 5d Infancial ac	h				ł	х	
3a March the organization have unrelated business gross income of \$1,000 or more during the year? bill "Yes," has it flide a Form 9901 for this year? if "No," to like 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a barix account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So was the organization appropriation of the foreign country (such as a barix account, a country of the organization file Form 8886-17) by the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any swable party notify the organization file Form 8886-17 by If "Yes," to line 5 or 5b, did the organization file Form 8886-17 by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? by If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? by If "Yes," did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? by If "Yes," did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required? by If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? by If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? by If the organization file preserved and the							
b If "Yes," in air filed a Form 990 T for this year? If "No," in line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4b If "Yes," enter the name of the foreign country. 5ce instructions for filing requirements for Fine EN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line Sa or 5b, did the organization file Form 886617 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7b Organizations that may receive deductible contributions under section 170(c). a) bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations state was payment in excess of \$75 mate party as a contribution and parity for goods and services provided to the payor? 8b If "Yes," indicate the number of Forms 88282 filed during the year and the organization or motify the donor of the value of the goods or services provided? 7c X 7d If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X 7r Y 8r Yes, "Indicate the number of Forms 88282 filed during the year 9 Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7r X	За				3a		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X X bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X T if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," if of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 To Interest the number of Forms 8282 filed during the year of life Form 82822. 7 To Interest the number of Forms 8282 filed during the year 8 Did the organization colleve and yunds, directly or indirectly, on a personal benefit contract? 9 To Interest the number of Forms 8282 filed during the year 9 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 17 X Sponsoring organization selection and express blodings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable dist							
b If Yes,* enter the name of the foreign country: See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b XX b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b XX c If Yes,* in line Sa or 5b, did the organization file Form 1886 7? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c D If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X X 7b If Yes,* indicate the number of Forms 8282 filed during the year 6 Did the organization oreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 D X 7 D If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(29) qu		· · · · · · · · · · · · · · · · · · ·					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I**Yes,** to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 5b I**Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes,** did the organization notify the donor of the value of the goods or services provided to the payor? 7b I**S**, did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 6c If "Yes,** indicate the number of Forms 8282 filed during the year 6 If I**Yes,** indicate the number of Forms 8282 filed during the year 6 If It the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 8 Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsor		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization life Form 8898-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Use of the companization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organization shall receive a contribution of the value of the goods or services provided? 7 Did the file form 8282? 7 C X X Y Yes,' indicate the number of Forms 8282 filed during the year 9 Did the organization during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 7 To X Y If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization	b	If "Yes," enter the name of the foreign country: ▶					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ao 7 5b, did the organization file Form 8886 T? 8 Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Did the organization received a contribution of cars, boats, aniplanes, or other wholics, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
If "Yes," to line 5a or 5b, did the organization file Form 8886-T7 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 16 If "Yes," inclidate the number of Forms 8282 filed during the year 17 If yes, "inclidate the number of Forms 8282 filed during the year 18 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098 C? 8 Sponsoring organization for qualified intellectual property, did the organization file Form 1098 C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(2) organizations. Enter: a Initiation fees and capital contributions included on Part V	5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization netity the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2822? 7c	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b		X
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 d If "Yes," indicate the number of Forms 8282 filed during the year 9 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 10 f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11 f The organization received a contribution of avised funds. 12 Sponsoring organizations maintaining donor advised funds. 13 Did the sponsoring organization make and stribution of advised funds. 14 Did the sponsoring organization make and distribution to a donor, donor advised fund maintained by the sponsoring organization make and intellectual property, did the organization flee and capital contributions included on Part VIII, line 12 15 Gross receipts, included on Form 990, Part VIII, line 12 16 Gross receipts, included on Form 990, Part VIII, line 12 17 Gross income from mother sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 18 Section 501(c)(2) qualified nonprofit health lineurance issuers. 19 Section 4947(a)(1) non-exe	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с	igsquare	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 In "Yes," did the organization notify the donor of the value of the goods or services provided? 7 In the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 12 July 10 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 13 Section 501(c)(2) qualified nonprofit health insurance is	6a						7.7
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization ceeive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7		•			6a	\vdash	_X_
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To V Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To V Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 To V Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Did 10 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(12) organizations. Enter: a Is the organization indiffer on opporfor the health insurance issuers. a Is the organization indiffer on opporfor the health insurance issuers. a Is the organization indiffer on opporfor the health insurance issuers. b Enter the amount of reserves on hand b If Yes, "note the amount of reserves on hand b	b			-	۱		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c	_				6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations maintaining donor advised funds. a Initiation fees and capital contributions included on Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11b 10b 11c Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12c Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the			rvione i	provided to the payor?	70		x
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c						\vdash	
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c					10	\vdash	
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? f Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? g Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 110 111 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 112 Section 501(c)(12) organization incensed to increase the interest received or accrued during the year 113 Section 501(c)(129) qualified nonprofit health insurance issuers. Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the	Ĭ				7c		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f H the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Dib Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a	d						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 100 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 15 C Enter the amount of reserves on hand 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 17 Did the organization in Schedule O. 18 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			contra	ct?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 15 C Enter the amount of reserves on hand 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 17 No. Provide an explanation in Schedule O.	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	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	$oxed{oxed}$	
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Inob Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Into Gross income from members or shareholders Into Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Into Gross Income from the state organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Interest in which the organization is licensed to issue qualified health plans Interest in the organization is licensed to issue qualified health plans Interest in which the organization is licensed to issue qualified health plans Interest in which the organization is licensed to issue qualified health plans Interest in which the organization is licensed to issue qualified health plans Interest in which the organization is licensed to issue qualified health plans Interest	8		d by th	е			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12					8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12						$\vdash \vdash \vdash$	
a Initiation fees and capital contributions included on Part VIII, line 12					96		
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: a Gross income from members or shareholders 11a 1			102	I			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11			<u> </u>			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a		1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a	b	•	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	-			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		امد ا	I			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	_						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				l	1/10		X
						\vdash	
	<u></u>	11 100, That it filed a 1 offit 120 to report those payments: If 110, provide an explanation in ounedual	<u> </u>			990	(2017)

68-0344388

Page 6

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			
	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 10			
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	X	
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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KIMBERLI BURNS - 916-649-3331			
	2150 RIVER PLAZA DRIVE, STE 460, SACRAMENTO, CA 95833-4141			

68-0344388 Page 7 Form 990 (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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)			_ ((2)			(D)	(E)	(F)	
Name and Title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)			than		Reportable	Reportable	Estimated amount of other	
	hours per week							compensation from	compensation from related		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) STEVE COHN	1.00	=	=	0	~	王壶	T.				
DIRECTOR		x						400.	0.	0	
(2) JEFFREY HELM	1.00										
DIRECTOR		X						400.	0.	0	
(3) JILL LEAL	1.00										
DIRECTOR		X						800.	0.	0	
(4) MICHAEL MCRAE	1.00	Ţ,						F 0 0	0	0	
DIRECTOR	1 00	Х						500.	0.	0	
(5) JEFFREY NORTON	1.00	x						750.	0.	0	
DIRECTOR (6) JOHN SHIREY	1.00	1						750.	0.		
DIRECTOR	1.00	$ _{\mathbf{x}}$						500.	0.	0	
(7) ANTHONY VAN RUITEN	1.00							3000			
DIRECTOR		x						100.	0.	0	
(8) DAVIN NORENE	1.00										
CHAIR UNTIL JUNE 2017		X		Х				0.	0.	0	
(9) STEVEN WILLEY	1.00										
CHAIR, VICE CHAIR		Х		Х				800.	0.	0	
(10) CHANDRA CHILMAKURI	1.00	┨									
TREASURER	1.00	Х		Х				850.	0.	0	
(11) DAVID CHRISTOPHEL	1.00	١,,		7.				000	0	0	
SECRETARY	55.00	Х		Х				800.	0.	0	
(12) JOHN ROBERTS	33.00	-		х				192,646.	0.	36,064	
EXECUTIVE DIRECTOR (13) KIMBERLI BURNS	55.00			Δ				192,040.	0.	30,004	
CFO	33.00	1		х				93,500.	0.	25,363	
Cro				<u> </u>				23,300.	0.	25,505	
		-									
		-									
		1									
	•	•	•	_		•		•		E 000 (004	

Form **990** (2017) 732007 11-28-17

Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(do box	not c		ition more rson	l than is bot	one th an	(D) Reportable compensation	(E) Reportable compensation		an	(F) stimate nount	of
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	,	com fr org and	other pensation the anizated related anization	ation e tion ted
			_											
			_											
												_		
с То	ub-total otal from continuation sheets to Part V	II, Section A						>	292,046. 0. 292,046.		0.		1,4 1,4	0
2 To	otal (add lines 1b and 1c) otal number of individuals (including but numbersation from the organization								<u> </u>	l),000 of reportable			<u> </u>	2 /
	d the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplc	yee	, or	highest compensated e	mployee on			Yes	No
4 Fo	e 1a? If "Yes," complete Schedule J for sor any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	-	the organization		3		Х
5 Di	nd related organizations greater than \$15 d any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	unı	relat				4	X	Х
	ndered to the organization? If "Yes," com n B. Independent Contractors	ipiete Scriedui	e J ī	or s	ucn	pers	son .			<u></u>		5		
	omplete this table for your five highest co	-	-								pens	ation 1	from	
	(A) Name and business								(B) Description of s	services	С	(C ompe		n
STRE	JONES & STOKES ASSOC ET, SUITE 400, SACRAI ITH FARMS		INC CA		-		J 1		BIOLOGICAL MONITORING			30	6,7	29
	MEADOW LANE, SACRAM	ENTO, CA	A 9	958	364	4			LAND MANAGEM	ENT		25	3,6	28

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2017)

Page 9

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	e or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran Jun		Membership dues						
λ, Fine		Fundraising events						
iifts ar /		Related organizations						
s, G		Government grants (contributi		1,769,610.				
on: Sii		All other contributions, gifts, grant						
her		similar amounts not included abov						
Qğ	~	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_				1,769,610.			
<u> </u>		Total. Add lines 1a-1f		Business Code	1,705,010.			
o o	0.0	RENT MITTGATION LANDS		531190	495,231.	495,231.		
vic	2 a RENT MITIGATION LANDS 5 b WATER AND EXPENSE REIMBURSEMENT 9			900099	229,177.	229,177.		
Program Service Revenue	b	SAFCA LAND MANAGEMENT	BORSEMENT	531190	154,901.	154,901.		
m (C			331190	134,901.	134,901.		
gra Re	d	·						
ro	e							
_		All other program service reve			000 200			
		Total. Add lines 2a-2f			879,309.			
	3	Investment income (including	•		625 255			605.055
		other similar amounts)			635,955.			635,955.
	4	Income from investment of tax	•	'				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,977,251	. 2,498.				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	1,181,498	. 2,228.				
	d	Net gain or (loss)			1,183,726.			1,183,726.
ø	8 a	Gross income from fundraising	g events (not					
enue		including \$	of					
eve		contributions reported on line						
F.		Part IV, line 18	á	a				
Other Rever	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19		, l				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		,				
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a			Duaniesa Code				
	ii a b							
			-					
	c							
		All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.		······ ₹	4,468,600.	879,309.	0.	1,819,681.
	14	i otal levellue. Oce ilibil helibilib.		■	±, ±00,000.	U 0 1 2 , 2 0 2 . [υ.	, U _ J , U U _ •

Form 990 (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	352,812.	294,345.	58,467.							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	121,000.	104,517.	16,483.							
8	Pension plan accruals and contributions (include	16 000	14 254	2 446							
	section 401(k) and 403(b) employer contributions)	16,800.	14,354. 38,274.	2,446. 6,523.							
9	Other employee benefits	44,797.	38,274.	6,523.							
10	Payroll taxes	28,171.	24,069.	4,102.							
11	Fees for services (non-employees):										
а	Management	102 255	156 571	26 604							
b	Legal	183,255.	156,571.	26,684.							
С	Accounting	40,405.	34,522.	5,883.							
d	Lobbying				_						
е	Professional fundraising services. See Part IV, line 17	100 (51	100 651		_						
f	Investment management fees	128,651.	128,651.								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	741,121.	739,474.	1,647.							
40	i i	741,1210	133,414	1,047							
12 13	Advertising and promotion	49,986.	42,707.	7,279.							
14	Office expenses	4,793.	4,095.	698.							
15	Royalties	-,,,,,,,	2,0300								
16	Occupancy	67,688.	57,832.	9,856.	_						
17	Travel	19,646.	16,785.	2,861.							
18	Payments of travel or entertainment expenses										
.5	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	4,425.	3,781.	644.							
20	Interest	, -									
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	236,817.	236,817.								
23	Insurance	44,482.	38,005.	6,477.							
24	Other expenses. Itemize expenses not covered 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 0.) WATER SUPPLY	495,622.	495,622.								
a	PROPERTY MAINTENANCE	217,656.	217,656.								
b	PROPERTY TAX	189,291.	189,291.								
C 	UTILITIES	17,248.	17,248.								
d		3,085.	2,636.	449.							
	All other expenses	3,007,751.	2,857,252.	150,499.	0.						
25	Joint costs. Complete this line only if the organization	5,001,151.	4,001,404.	100,499.	<u> </u>						
26	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	, 🗂										
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0047)						

Form 990 (2017)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,027,739.	2	974,821.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			216,104.	4	178,540.
	5	Loans and other receivables from current and for	rmer c	officers, directors,			
		trustees, key employees, and highest compensa	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			46,977.	9	46,168.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	37,074,260.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,837,794.	33,414,613.	10c	33,236,466.
	11	Investments - publicly traded securities	30,950,566.	11	35,230,656.		
	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	66 655 000	15	60 666 654		
	16	Total assets. Add lines 1 through 15 (must equa		1	66,655,999.	16	69,666,651.
	17	Accounts payable and accrued expenses		328,846.	17	131,205.	
	18	Grants payable			100 (10	18	275 252
	19	Deferred revenue			190,618.	19	375,252.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa		ı			
		parties, and other liabilities not included on lines		· ·	60,319.	05	66,427.
	06	Schedule D		F	579,783.	25	572,884.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			313,103.	26	372,004.
"		complete lines 27 through 29, and lines 33 an		ik nere 🚩 🔛 and			
Š	27	_ · · · ·				27	
Fund Balances	28	Unrestricted net assets Temporarily restricted net assets				28	
B	29					29	
ğ	29	Organizations that do not follow SFAS 117 (A		8) check here X		29	
Ē		and complete lines 30 through 34.	30 93	b), check here			
ts c	30	Capital stock or trust principal, or current funds			13,473,394.	30	13,594,471.
SSe	31	Paid-in or capital surplus, or land, building, or eq			33,414,613.	31	33,236,466.
Net Assets or	32	Retained earnings, endowment, accumulated in			19,188,209.	32	22,262,830.
Se	33	Total net assets or fund balances			66,076,216.	33	69,093,767.
	34	Total liabilities and net assets/fund balances		ı	66,655,999.	34	69,666,651.
	, , , ,				,,	J-1	Eorm 990 (2017)

Form 990 (2017)

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

	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 T	otal revenue (must equal Part VIII, column (A), line 12)	1		68,6	
	otal expenses (must equal Part IX, column (A), line 25)	2		07,7	
3 R	Revenue less expenses. Subtract line 2 from line 1	3		60,8	
4 N	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,0	76,2	16.
5 N	let unrealized gains (losses) on investments	5	1,5	56,7	02.
	Donated services and use of facilities	6			
7 Ir	nvestment expenses	7			
8 P	Prior period adjustments 8				
9 0	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	olumn (B))	10	69,0	93,7	67.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1 A	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_		
	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	eparate basis, consolidated basis, or both:				
[Separate basis Consolidated basis Both consolidated and separate basis				
b W	Vere the organization's financial statements audited by an independent accountant?		2b	X	
	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	onsolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.			
	eview, or compilation of its financial statements and selection of an independent accountant?		20	X	
	f the organization changed either its oversight process or selection process during the tax year, explain in Sch				
	is a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	act and OMB Circular A-133?		3a		Х
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		+	t^-
	r audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	,	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

THE NATOMAS BASIN CONSERVANCY, A CALIF.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NON-PROFIT PUBLIC BENEFIT CORP. 68-0344388 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

68-0344388 Page 2

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	· · ·		,			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and		,	,	,	()	
	membership fees received. (Do not						
	include any "unusual grants.")	198,315.		178,619.	2,446,683.	1,769,610.	4,593,227.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	198,315.		178,619.	2,446,683.	1,769,610.	4,593,227.
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)						
	Public support. Subtract line 5 from line 4.						4,593,227.
	ction B. Total Support	r	r				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	198,315.		178,619.	2,446,683.	1,769,610.	4,593,227.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	756 067	FF1 040	F00 174	FF2 020	625 055	
	and income from similar sources	756,067.	551,840.	529,174.	553,038.	635,955.	3,026,074.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						7 (10 201
	Total support. Add lines 7 through 10		,				7,619,301. ,550,779.
	Gross receipts from related activities,						, 550 , 119 •
13	First five years. If the Form 990 is for				-		. —
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2017 (_	oolumn (f)\		14	60.28 %
						14	72.69 %
	Public support percentage from 2016 33 1/3% support test - 2017. If the o						,,,
104		•		•		•	
h	stop here. The organization qualifies33 1/3% support test - 2016. If the organization						
N	and stop here. The organization qual	•		•		•	
172	10% -facts-and-circumstances tes						
11 4	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
,	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-cire		•				
18	Private foundation. If the organization						s

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.)

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	(a) 0010	(b) 0014	(a) 0015	(4) 0010	(a) 0017	(4) Tatal
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•		•
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1	I		<u> </u>
14 First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Pub		roontago				▶∟
· · · · · · · · · · · · · · · · · · ·			. (0)		11	
15 Public support percentage for 2017						
16 Public support percentage from 201					16	
Section D. Computation of Inve					Lan	
17 Investment income percentage for 2						
18 Investment income percentage from						17:
19a 33 1/3% support tests - 2017. If the	-					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATI	on ala not chack s	. DOV OD 1100 1/1 10	m or iun chackt	THE DAY AND COO II	DETRUCTIONS	

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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	134		
	10h		
~ ^	10b 90 or 99	M E2	2017
11 9	an or as	7U-EZ	2017

COIN	Sadio 71 (1 Sim 600 di 600 EE) E617		- 10	igo o
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
800	supported organizations played in this regard.	3		
	ction 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 The organization satisfied the Activities Test. Complete line 2 below.) -		
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each or its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	e)	
2	Activities Test. Answer (a) and (b) below.	tractions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
	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.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ju		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2017 NON-PROFIT PUBLIC BENEFIT CORP.

68-0344388 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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) 2017

68-0344388 Page 7 Schedule A (Form 990 or 990-EZ) 2017 NON-PROFIT PUBLIC BENEFIT CORP. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 **b** From 2013 **c** From 2014 **d** From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

Schedule A (Form 990 or 990-EZ) 2017

and 4c.

8 Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

7 Excess distributions carryover to 2018. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2017 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

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

Employer identification number

68-0344388

Organiz	Organization type (check one):								
Filers of	:	Section:							
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 99	0-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	, ,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules								
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.							
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year							

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2017)

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

Employer identification number

68-0344388

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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.

Employer identification number

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

68 - 0344388

completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	wing line entry. For organizations r less for the year. (Enter this info. once.)
Use duplicate copies of Part III if additiona (b) Purpose of gift	al space is needed. (c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(a) Transfer of sif	
Transferee's name, address, an		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	it
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	it
	(b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar (b) Purpose of gift Transferee's name, address, ar	(b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 68-0344388

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		ds of Accounts. Complete if the
	organization answered Tes On Form 990, Part IV, iiii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		vised 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		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c 0
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		<u> </u>
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization during the tax
	year ▶0		
4	Number of states where property subject to conservation eas	•	-
5	Does the organization have a written policy regarding the per	<u> </u>	
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, 20	handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand \$\Bigsir \frac{2}{500} \cdot \frac{1}{500} \	lling of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
D -	conservation easements.	Ant Illiana de Il Tuesco	Oll O''I AI
Ра	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	-	Other Similar Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		oment and balance sheet works of art
Ia	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that describ		rance of public service, provide, in rait XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		ant and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:	ducation, or research in furtherance of p	rablic service, provide the following amounts
	-		> \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures or other similar assets for financ	
_	the following amounts required to be reported under SFAS 1:		nai gairi, provide
	Revenue included on Form 990, Part VIII, line 1	• •	> \$
а			

NON-PROFIT PUBLIC BENEFIT CORP.

68-0344388	Page 2
ilor Assats/	-1)

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	r Othe	r Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a si	gnificant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange progran	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatior	n's exer	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	r similar	assets		_	
	to be sold to raise funds rather than to be ma						L	Yes	No_
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodi		-					7	
	on Form 990, Part X? Yes L No								
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					•		Yes	No
	If "Yes," explain the arrangement in Part XIII. TY Endowment Funds. Complete in								
ı aı	Endowment Funds: Complete I	(a) Current year					voare back	(a) Four v	oare back
10	Beginning of year balance	18,102,027.	(b) Prior year 16,437,061.	(c) Two years 16,310,			24,636.		.75,111.
		360,248.	505,994.		,691.	13,3	24,030.		40,188.
C	Contributions Net investment earnings, gains, and losses	2,799,040.	1,226,222.		,493.	8	48,704.		
	Grants or scholarships	2,755,010.	1,220,222.	132,	, 155.		10,701.	-,-	,230.
	Other expenditures for facilities								
·	and programs	76,729.	67,250.	64	,009.		62,454.		56,921.
f	Administrative expenses	,	,	,	, ,		,		
g g	End of year balance	21,184,586.	18,102,027.	16,437,	061.	16.3	10,886.	15.5	24,636.
2	Provide the estimated percentage of the curr				<u>' </u>	•	,	,	
а	Board designated or quasi-endowment	•00	%	,,,					
b	Permanent endowment > 49.02	%	_						
С	Temporarily restricted endowment ▶ 5	0.9 8 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for th	ne organiz	zation		
	by:							Y	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990							
	Description of property	(a) Cost or of			. ,	cumulate	ed	(d) Book	value
		basis (investn	,	` '	dep	reciation		0 400	004
	Land		32,48	8,284.			3	2,488	,284.
	Buildings								
	Leasehold improvements			2 227		/1 F	00	11	720
	Equipment			3,337.	2 7	41,5			,739.
	Other (October (1))			2,639.	J, /	796,1		3,236	,443.
ı otal	I. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part	x, column (B), line 1	uc.)			▶ 3	ა,⊿ან	,400.

(a) December	Complete if the organization answered "Yes"	on Form 990. Part IV	, line 11b. See Form 990	. Part X. line 12.	
(a) Descript	ion of security or category (including name of security)	(b) Book value			id-of-year market value
) Financia	I derivatives	. ,	.,		<u> </u>
	neld equity interests				
) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value			id-of-year market value
(1)	()	. ,	 		,
(2)					
(3)					
. ,					
(4)					
(5)					
(6)					
(7)					
(8)					
(9))				
atal (Cal (h	\ muct agual Larm 000 Dart V cal (D\ lina 12 \				
) must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.	on Form 000 Part IV	line 11d. See Form 990	Part V line 15	
	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV Description	, line 11d. See Form 990	, Part X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2)	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description	, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur	Other Assets. Complete if the organization answered "Yes" (a) (a) mn (b) must equal Form 990, Part X, col. (B) line	Description	, line 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur	Other Assets. Complete if the organization answered "Yes" (a) (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description e 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	, line 11e or 11f. See For		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur	Other Assets. Complete if the organization answered "Yes" (a) (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description e 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Young Tark X	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	, line 11e or 11f. See For		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnor X	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnor X) (1) Feder (2) COI	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnor X) (1) Feder (2) COI	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Y X) (1) Feder (2) COI (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X) (1) Fede (2) COI (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur) Part X (1) Fede (2) COI (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur) Part X (1) Fede (2) COI (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description e 15.)	, line 11e or 11f. See For (b) Book value	m 990, Part X, line 2	

68-0344388 Page 4

Dai	rt XI Reconciliation of Revenue per Audited Financial State	tamente Wi	th Revenue ner R	oturr	1
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		ui nevenue pei n	Cturr	•
1				1	6,025,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	0,025,502.
a		2a	1,556,702.		
a b			1/330//021		
C	Recoveries of prior year grants				
d					
e				2e	1,556,702.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	4,468,600.
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:				2,200,000
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,468,600.
	rt XII Reconciliation of Expenses per Audited Financial Sta			•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•		
1	Total expenses and losses per audited financial statements			1	3,007,751.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,007,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	•		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	3,007,751.
Pa	rt XIII Supplemental Information.				
Prov	ide 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	1; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an				
	· · ·				

PART II, LINE 5:

THE CONSERVANCY HOLDS ONLY A VERY SMALL NUMBER OF ACRES IN EASEMENTS, AND MOST ARE WITH GOVERNMENTAL AGENCIES. THE CONSERVANCY IS THE HCP "PLAN OPERATOR" FOR THE 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) 2017 NON-PROFIT PUBLIC BENEFIT CORP. 68 Part XIII Supplemental Information (continued)	-0344388 Page 5
	ND AGGEMG
CONSERVATION EASEMENTS ARE REPORTED ON THE BALANCE SHEET IN LA	ND ASSETS.
PART V, LINE 4:	
THE ENDOWMENT FUND IS RESTRICTED AND ONLY EARNINGS, NOT PRINCI	PAL, 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.

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

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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			
	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 X Compensation survey or study			
	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:	_		v
	Receive a severance payment or change-of-control payment?	4a		X
	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		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only continue 504(a)(2), 504(a)(4), and 504(a)(00) assuminations moved consulate lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
_	contingent on the revenues of:	5a		Х
	The organization?	5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	JD		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		Х
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) JOHN ROBERTS	(i)	192,646.	0.	0.	25,174.	10,890.	228,710.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.		0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)							ļ	
	(i)								
	(ii) (i)							 	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)							ļ	
	(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. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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: THE CONSERVANCY ACHIEVES ITS PURPOSES BY ACQUIRING LAND AND 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:

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

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

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

Employer identification number 68-0344388

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

CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION FORM 700 ANNUALLY

("STATEMENT OF ECONOMIC INTERESTS").

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

THE BOARD DETERMINES THAT CHANGES TO THE EXECUTIVE DIRECTOR'S AND CFO'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) (2017)	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 2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
- AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE CONS	ERVANCY'S WEBSITE
AND UPON REQUEST.	
- GOVERNING/ORGANIZING DOCUMENTS ARE AVAILABLE ONLINE AND	O 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	739,474.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	739,474.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,647.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,647.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	741,121.
	·
FORM 990 PART XII LINE 2C	
	edule O (Form 990 or 990-EZ) (2017)

Schedul	le O (Form 990	or 990-E	EZ) (2017	7)							P	age 2
Name of	f the organizati	on Ti	HE NZ ON-PI	ATOMAS B.	ASIN (BLIC 1	CONSI BENEI	ERVANC' FIT CO	Y, A CA RP.	LIF.	Employer id	dentification nur 344388	nber
тне	PROCESS	HAS	МОТ	CHANGED	FROM	тне	PRIOR	YEAR.				

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Ca	lendar Year	2017 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm/dd/vv\	/V)		
		ganization name		,		fornia corpo	oration n	 number
	•	TOMAS BASIN CONSERVANCY, A (CALTE					
		OFIT PUBLIC BENEFIT CORP.				1915	202	
_		mation. See instructions.			FE		<u> </u>	
A	Julional Infor	mation. See instructions.					211	200
_		 				68-0	344	388
		(suite or room)				PMB no.		
2	150 R	IVER PLAZA DRIVE, NO. 460						
C	ty				State	ZIP code		
S	ACRAM	ENTO			CA	9583	3	
Fo	reign country	name Foreign provi	ince/state/county			Foreign po	ostal co	de
\overline{A}	First Retu	rn Yes 🔼	X No J If exer	npt under R&TC S	ection 237	01d, has t	he ora	anization
В	Amended	Return • Yes 2		ed in political activ			_	
C	IDC Cocti	on 4947(a)(1) trust Yes						701g? • Yes X No
D		rmation Return?		s," enter the gross r				
	• 🔲	Dissolved Surrendered (Withdrawn) Merged/Reorgani		anization is exempt				
		(mm/dd/yyyy)		eets the filing fee e				
E		counting method: (1) Cash (2) X Accrual (3) C	other fee is	required.				• <u>X</u>
F	Federal re	eturn filed? (1) •	(990) M Is the	organization a Lim	ited Liabilit	y Compar	ny?	• Yes X No
	(4) X	Other 990 series		e organization file f				
G		roup filing? See instructions • Yes						• Yes X No
Н	Is this or	ganization in a group exemption Yes		organization under				
		what is the parent's name?		idited in a prior yea	-			
	11 165, W	nat is the parent s name:						
	Distate			eral Form 1023/102				L Yes A NO
ı		ganization have any changes to its guidelines	Date f	iled with IRS				
_		ted to the FTB? See instructions Yes						
<u> </u>	art I	omplete Part I unless not required to file this form. See Gen						
		1 Gross sales or receipts from other sources. From Side 2	2, Part II, line 8 $_{\dots}$				1	6,495,013.00
		2 Gross dues and assessments from members and affiliat	tes			•	2	00
	Danainta	3 Gross contributions, gifts, grants, and similar amounts i	received		STMT	1 •	3	1,769,610.00
	Receipts	 Gross contributions, gifts, grants, and similar amounts in Total gross receipts for filing requirement test. Add line 1 through This line must be completed. If the result is less than \$50,000, see 	line 3. e General Information	В		•	4	8,264,623.00
_	and	5 Cost of goods sold	•	5		ഹി		
ŀ	Revenues	Cost of goods soldCost or other basis, and sales expenses of assets sold	•	6 3,7	96,02	3.00		
		7 Total costs. Add line 5 and line 6					7	3,796,023.00
		8 Total gross income. Subtract line 7 from line 4					8	4,468,600.00
_		Total expenses and disbursements. From Side 2, Part II,					9	3,007,751.00
E	xpenses						10	1,460,849.00
_		·						
		11 Total payments					11	00
		12 Use tax. See General Information K				······ •	12	00
		13 Payments balance. If line 11 is more than line 12, subtra					13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract					14	00
		15 Filing fee \$10 or \$25. See General Information F					15	N/A 00
		16 Penalties and Interest. See General Information J					16	00
		17 Balance due. Add line 12, line 15, and line 16. Then sul	btract line 11 from	the result			17	00
_		17 Balance due. Add line 12, line 15, and line 16. Then sub Under penatties of perjury, I declare that I have examined this return, incli it is true, correct, and complete. Declaration of preparer (other than taxpa	luding accompanying ayer) is based on all in	schedules and stater	nents, and to eparer has a	the best of	my kho ge.	owledge and belief,
Sig He		, , , , , , , , , , , , , , , , , , , ,	I Title		I Date	-		■ Telephone
пе	16	Signature of officer		UTIVE DI				, c.isp.ne.ne
_		or orned		Date	Check	if		● PTIN
		Preparer's ► LINDA D. GEERY		03/21/1		nployed 🛌		P00364484
р.	:			03/21/1		.p.ioyou	Ш	● FEIN
Pa		Firm's name (or yours, CTT.RERT ASSOCTATES T	NTC					
	eparer's	if self-						68-0037990 ● Telephone
Us	e Only	employed) 2880 GATEWAY OAKS DR,	STE 100					·
_		SACRAMENTO, CA 95833				T =-		916-646-6464
_		May the FTB discuss this return with the preparer shown above	ve? See instructio	ns		● <u> X</u>	Yes	No No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

		1	Gross sales or receipts from all	business activities. See instru	ctions		•	1			00
			Interest					2		635,9	55. ₀₀
		3	Dividends				•	3			00
Receipt	ts	4						4			00
from		5	Gross royalties				• • • • • • • • • • • • • • • • • • •	5	4	070 7	00
Other		6	Gross amount received from sal	e of assets (See Instructions)		STA	TEMENT 2	6	4	,979,7	49.00
Source	S		Other income			SEE STA	TEMENT 3 •	7	-	879,3 ,495,0	12
		8	Total gross sales or receipts fro		-			8	0	,495,0	
		9	Contributions, gifts, grants, and	Similar amounts paid				10			00
		10	Disbursements to or for member Compensation of officers, direct	ero and truotogo		CPP CTA	TEMENT 4	11		352,8	12 00
		10	Other calaries and wages			DEE DIA	TEMENT T	12			00.00
Expens	.		Other salaries and wages					13		121,0	00
and	"		Interest Taxes					14		28.1	71.00
Disburs	ا ۔		Rents					15			88.00
ments	.	16	Depreciation and depletion (See	instructions)			•	16		236,8	
		17	Other Expenses and Disburseme	ents		SEE STA	TEMENT 5 •	17	2	,201,2	
		18	Total expenses and disburseme	nts. Add line 9 through line 17	7. Enter h	ere and on Side 1. Pa	art I. line 9	18		,007,7	
Sche	dul			Beginning of				of tax	able y		
Assets				(a)		(b)	(c)			(d)	
1 Cas	sh .				2	,027,739.			•		,821.
2 Net	acco	ounts	s receivable			216,104.			•	178	,540.
			ceivable						•		
4 Inv	entoi	ries _.							•		
5 Fed	leral	and s	state government obligations						•		
			in other bonds						•		
			in stock STMT 6		30	,950,566.			• :	35,230	<u>,656.</u>
			ans						•		
			ments	4 5 4 6 5 6 6			4 505 05		•		
10 a [Depre	eciab	le assets	4,546,709.		006 050	4,585,97				100
			mulated depreciation	(3,620,650.)			(3,837,794	• /			,182.
11 Lar	ıd .		STMT 7		32	,488,554.				32,488	
12 Oth	ier as	ssets	STMT /		66	46,977.			•	46 69,666	,168.
					00	,055,999.				39,000	,051.
			et worth			328,846.		-	•	131	,205.
			yable s, gifts, or grants payable		_	320,040.			•		, 205.
			ada a manadala						•		
									•		
18 Oth	ier lia	abiliti	ayable es STMT 8			250,937.				441	,679.
19 Car	oital s	stock	or principal fund		13	,473,394.			• :	13,594	
			tal surplus. Attach reconciliation			,414,613.				33,236	
			nings or income fund			,188,209.			• 2	22,262	,830.
			ties and net worth		66	,655,999.			(69,666	,651.
Sche	dul	e N		per books with income per r							
			Do not complete this sche	dule if the amount on Schedu		13, column (d), is les	s than \$50,000.				
1 Net	inco	me p	oer books	• 3,017,5	51.	7 Income recorded	· ·				
2 Fed	leral	incor	me tax	•		not included in th	is return STMT	9	•	1,556	,702.
			pital losses over capital gains			8 Deductions in this	=				
			recorded on books this year				ome this year		•	4	
			corded on books this year not			9 Total. Add line 7				1,556	,702.
			this return	2 2 2 5		10 Net income per re				1 460	0.4.0
6 Tot	al. A	dd Iir	ne 1 through line 5	3,017,5	ΣΤ•	Subtract line 9 fro	om line 6		1	1,460	,849.

CA 199 GROSS AM	OUNT FROM SAL	E OF	ASSETS	S	TATEMENT	2
DESCRIPTION	DA ACQU		DATE SOLD		THOD UIRED	
SECURITIES	12/3	1/16	12/31/1	7 PUR	CHASED	
	COST OR OTHER BASIS	DEP		XPENSE F SALE	GROSS SALES PRI	CE
	3,795,753.		0.	0.	4,977,25	1.
DESCRIPTION	DA ACQU		DATE SOLD		THOD UIRED	
FIXED ASSETS	12/3	1/16	12/31/1	7 PUR	CHASED	
	COST OR OTHER BASIS	DEP		XPENSE F SALE	GROSS SALES PRI	CE
	270.		0.	0.	2,49	8.
TOTAL TO FORM 199, PAGE 2, LN 6	3,796,023.		0.	0.	4,979,74	9.
CA 199	OTHER INCOM	E		S	TATEMENT	3
DESCRIPTION					AMOUNT	
RENT MITIGATION LANDS SAFCA LAND MANAGEMENT WATER AND EXPENSE REIMBURSEMENT					495,23 154,90 229,17	1.
TOTAL TO FORM 199, PART II, LINE	7				879,30	9.

CA 199 COMPENS	ATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEVE COHN 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		DIRECTOR 1.00	400.
JEFFREY HELM 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		DIRECTOR 1.00	400.
JILL LEAL 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		DIRECTOR 1.00	800.
MICHAEL MCRAE 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		DIRECTOR 1.00	500.
JEFFREY NORTON 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		DIRECTOR 1.00	750.
JOHN SHIREY 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		DIRECTOR 1.00	500.
ANTHONY VAN RUITEN 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		DIRECTOR 1.00	100.
DAVIN NORENE 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583	•	CHAIR UNTIL JUNE 2017 1.00	0.
STEVEN WILLEY 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		CHAIR, VICE CHAIR 1.00	700.
CHANDRA CHILMAKURI 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		TREASURER 1.00	850.
DAVID CHRISTOPHEL 2150 RIVER PLAZA DRI SACRAMENTO, CA 9583		SECRETARY 1.00	800.

THE NATOMAS BASIN CONSERVANCY, A CALIF.		68-0344388
JOHN ROBERTS EXECUTE 2150 RIVER PLAZA DRIVE, NO. 460 SACRAMENTO, CA 95833	FIVE DIRECTOR 55.00	227,242.
KIMBERLI BURNS CFO 2150 RIVER PLAZA DRIVE, NO. 460 SACRAMENTO, CA 95833	55.00	119,770.
TOTAL TO FORM 199, PART II, LINE 11		352,812.
CA 199 OTHER EXPENS	SES	STATEMENT 5
DESCRIPTION		AMOUNT
WATER SUPPLY PROPERTY MAINTENANCE PROPERTY TAX UTILITIES PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		495,622. 217,656. 189,291. 17,248. 16,800. 44,797. 183,255. 40,405. 128,651. 741,121. 49,986. 4,793. 19,646. 4,425. 44,482. 3,085.
CA 199 INVESTMENTS IN	STOCK	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS - PUBLICLY TRADED SECURITIES	30,950,566.	35,230,656.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	30,950,566.	35,230,656.

CA 199 OTHER ASSETS			STATEMENT '	
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PREPAID EXPENSES AND DEFERRED	CHARGES	46,977.	46,977. 46,168. 46,977. 46,168.	
TOTAL TO FORM 199, SCHEDULE L	, LINE 12	46,977.		
CA 199	OTHER LIABILITIES			
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
COMPENSATED ABSENCES DEFERRED REVENUE		60,319. 190,618.	66,427. 375,252.	
TOTAL TO FORM 199, SCHEDULE L	, LINE 18	250,937.	441,679.	
CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN			STATEMENT	9
DESCRIPTION			AMOUNT	
UNREALIZED GAINS/(LOSSES)			1,556,7	02.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7			1,556,702.	

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

		Chook if:					
State Charity Registration Number: CT 96322		Check if: Change of address					
THE NATOMAS BASIN CONSERVANCY, A CALIF. NON-PROFIT PUBLIC BENEFIT CORP. Name of Organization		Amended report					
2150 RIVER PLAZA DRIVE, NO. 460 Address (Number and Street)		Corporate (or Organization No. 1915293				
SACRAMENTO, CA 95833 City or Town, State and ZIP Code Federal Employer I.D. No. 68-0344388							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Receipts Fee Gross Annual	Revenue	<u>Fee</u>	Gross Annual Revenue	Fee	<u>e</u>		
				\$150 \$225 \$300			
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $01/01/2017$ ending $12/31/2017$) list: Gross annual revenue \$ 4,468,600. Total assets \$ 69,666,651.							
PART B - STATEMENTS REGARDING ORGANIZATION DUR	ING THE PERIOD (OF THIS RE	PORT				
Note: If you answer "yes" to any of the questions below, you "yes" response. Please review RRF-1 instructions fo			ge providing an explanation and details t	or eac	ch		
				Yes	No		
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 				х			
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					х		
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?					x		
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.					Х		
 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. 					х		
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 10							
name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 10 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.							
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.					х		
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							
Organization's area code and telephone number $916-649-33$	331						
Organization's e-mail address							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.							
JOHN ROBERTS EXECUTIVE DIRECTOR							
Signature of authorized officer Printed Name Title Date							

729291 12-27-17 RRF-1 (08/2017)

INFORMATION REGARDING GOVERNMENT FUNDING CA RRF-1 PART B, LINE 6

STATEMENT 10

SACRAMENTO AREA FLOOD CONTROL AGENCY 1007 7TH STREET, 7TH FLOOR SACRAMENTO, CA 95814 JOHN BASSET (916) 874-7606