Form <b>990</b>
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#### EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and	the latest in	formation.	Inspection	
A For the 2022 calend			ar year, or tax year beginning and	ending			
	Check if applicable	e: <b>C</b> Name or	forganization		D Employer identificat	ion number	
Г	Addre	ss NATU	RAL AREAS CONSERVANCY, INC.				
	Name		usiness as		46-1791849	)	
F	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return/	123/	FIFTH AVENUE	rice en la cuite	908-912-61	.13	
	termin ated	-	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,676,496.	
	Ameno		YORK, NY 10029		H(a) Is this a group retu		
	Applic tion		nd address of principal officer: SARAH CHARLOP-POWE	RS		Yes X No	
	pendir		AS C ABOVE		H(b) Are all subordinates includ		
I	Tax-exe	empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527			
J	Websit	te: HTTP	://NATURALAREASNYC.ORG/		H(c) Group exemption n	umber	
ĸ	Form of	organization:	X Corporation Trust Association Other	L Year	of formation: 2012 M S	tate of legal domicile: ${f N}{f Y}$	
Ρ	art I	Summary					
	1		e the organization's mission or most significant activities: CHAM				
Governance		NYC AND	ACROSS THE NATION THROUGH INNOVAT	IVE RE	SEARCH AND AI	VOCACY.	
20	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets		
e vo	3 3	Number of vot	ting members of the governing body (Part VI, line 1a)			<u> </u>	
<u> </u>	g 5		of individuals employed in calendar year 2022 (Part V, line 2a)		42		
Activities	6	Total number	of volunteers (estimate if necessary)			500	
∆c‡:	5 7a					0.	
_	<u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.	
					Prior Year	Current Year	
đ	8		and grants (Part VIII, line 1h)		2,289,146.	2,528,062.	
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.	
2eV	<u> </u> 10		come (Part VIII, column (A), lines 3, 4, and 7d)		18,747.	35,264.	
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	152.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,307,893.	2,563,478.	
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
			to or for members (Part IX, column (A), line 4)		1,822,677.	2,001,377.	
Sec.	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	2,001,377.	
en e	10a	Protessional fi	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>327, 2</u>	88	•	• 0	
Exnenses					503,744.	769,948.	
ш	1 17		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,326,421.	2,771,325.	
					-18,528.	-207,847.	
L.			expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year	
Net Assets or	20	Total assets (F	Part X, line 16)		5,460,471.	5,114,993.	
Asse	20		(Part X, line 16)		50,666.	166,902.	
Net,	22		fund balances. Subtract line 21 from line 20		5,409,805.	4,948,091.	
P	art II	Signature		·····	-,,	,,	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

•		$\frown$					
Sign 📢	Agnature of officer		Date 11/10/23				
Here	SARAH CHARLOP-POWERS, EXECUTIVE DIR.	January	11/10/20				
	Type or print name and title						
	Print/Type preparer's name Preparer's name	Date	Check PTIN				
Paid	MIKE SCHALL MIKE SCHAL	10/31	L/23 self-employed P02024184				
Preparer	Firm's name SAX LLP		Firm's EIN 81-2950760				
Use Only	Firm's address 1040 AVENUE OF THE AMERICAS	- 16TH FL					
	NEW YORK, NY 10018		Phone no. 212-661-8640				
May the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No				
232001 12-1			Form <b>990</b> (2022)				
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Form	990 (2022) NATURAL AREAS CONSERVANCY, INC. 46-1791849 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE NATURAL AREAS CONSERVANCY CHAMPIONS URBAN NATURAL AREAS IN NEW
	YORK CITY AND ACROSS THE NATION THROUGH INNOVATIVE RESEARCH,
	PARTNERSHIPS, AND ADVOCACY.
	(CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,928,808. including grants of \$) (Revenue \$)
чa	FORESTS IN CITIES - IN 2022, THE FORESTS IN CITIES PROGRAM GREW AND
	STRENGTHENED A NATIONAL NETWORK OF FORESTED NATURAL AREAS
	PRACTITIONERS, CREATED NEW RESEARCH PROTOCOLS AND TOOLS TO SUPPORT THE
	CARE AND MANAGEMENT OF FORESTS ACROSS THE US, AND ENHANCED THE ROLE OF
	FORESTS AS NATURE-BASED SOLUTIONS TO CLIMATE CHANGE. WE ADDED FIVE NEW CITY TEAMS TO OUR NETWORK THROUGH A COMPETITIVE PROCESS GROWING OUR
	REACH TO 17 US CITIES. WE FURTHERED OUR WORK IN ADVANCING URBAN FOREST
	SCIENCE AND PRACTICE, LAUNCHING A 12-CITY STUDY TO QUANTIFY THE COOLING
	BENEFITS OF FORESTED NATURAL AREAS, AND WE HOSTED A WORKSHOP IN
	SEATTLE, WASHINGTON WITH OVER 70 NETWORK MEMBERS TO SHARE BEST
	PRACTICES, DEEPEN OUR NETWORK, SET COLLECTIVE GOALS FOR THE COMING
4b	YEARS, AND ENGAGE WITH THE FOREST RESTORATION (CONTINUED ON SCHEDULE O)         (Code:       ) (Expenses \$ including grants of \$ ) (Revenue \$ )
чы	(oude) (Lypenses a) (nevenue a) (nevenue a)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )           Table and the second
4e	Total program service expenses 1,928,808. Form 990 (2022)
232002	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
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Part IV Checklist of Required Schedules

NATURAL AREAS CONSERVANCY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
D	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			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	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,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<b>_</b> _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Form 990 (	2022)	NATURAL		
Part IV	Checklis	t of Required Sch	edules <sub>(c</sub>	ontinued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<b>v</b>
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	x	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		
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 on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance Charle if Calculate O constraine a model to any line in this Dat V	38	Х	
гd	Check if Schedule O contains a response or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Var	
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	_		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Х Form 990 (2022)

1c

Form	990 (2022) NATURAL AREAS CONSERVANCY, INC. 46-1791	849	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
		6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
<b>`</b> ~	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	х	
а ь		7a 7b	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	- 11	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┣──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b			
с	Enter the amount of reserves on hand 13c			
	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

# Public Disclosure Copy

Form **990** (2022)

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NATURAL AREAS CONSERVANCY, INC.

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

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

Sec	tion A. Governing Body and Management					
4.		40	26	:	Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	20	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
L		46	26			
b	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship			4		
2				0		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			2		
3			•	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filod?	4		X
4	Did the organization make any significant changes to its governing documents since the phoreonics Did the organization become aware during the year of a significant diversion of the organization's as			5		X
5				6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
7a	more members of the governing body?	-		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, 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	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s, 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 bod	y befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," c	lescribe			
	on Schedule O how this was done			12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	vith a			37
-	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			10		
<u> </u>	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>		T ( +	1 - 3		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 99(	-1 (section 501(c)(3)	s only)	availal	SIE
	for public inspection. Indicate how you made these available. Check all that apply.					
10	Own website Another's website X Upon request Other (explain		,	d finar	oiol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	JUNICE	millerest policy, an	u iinan	udi	
20	statements available to the public during the tax year.	oko or	d rocordo			
20	State the name, address, and telephone number of the person who possesses the organization's boost SARAH CHARLOP-POWERS - 908-912-6113	oks an	u records			
	1234 FIFTH AVENUE, NEW YORK, NY 10029					
232004	12-13-22			Forn	<b>990</b>	(2022)
0		• • •				,_ <u>_</u> )
	Public Disclosure Co	op	JУ			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Avera hours	•	(do		Posi				Reportable	Reportable	E a thur a trait
hours	per						ne l		neportable	Estimated
			(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
wee			er an	d a di	recto	r/trust	iee)	from	from related	other
(list a		rector						the	organizations	compensation
hours		or di	ee			ated		organization	(W-2/1099-MISC/	from the
relati		ustee	trust		ee	npens		(W-2/1099-MISC/	1099-NEC)	organization and related
organiza belo		ual tr	tional		n ploy	t con /ee	_	1099-NEC)		organizations
line		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARAH CHARLOP-POWERS 35.	,	_	_	0	×	τø	ш.			
EXECUTIVE DIR.				x				199,745.	Ο.	5,024.
(2) ELIZABETH MARRA 35.	00									
DEPUTY DIR. PROGRA						х		108,386.	Ο.	21,465.
(3) CLARA PREGITZER 35.	00									-
DEPUTY DIR. CONSER						Х		109,062.	Ο.	4,944.
(4) HUNTER ARMSTRONG 35.	00									
DEPUTY DIR. DEV.						Х		104,789.	0.	3,453.
(5) ANDREW WALLACH 1.	00									
CHAIRMAN		Х		Х				0.	0.	0.
(6) SARAH R. MOROS 1.	00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) JODI SCHEURENBRAND 1.	00									
TREASURER		Х		Х				0.	0.	0.
(8) KAREN BROWN 1.	00									
SECRETARY (FORMER)		Х		Х				0.	0.	0.
(9) ADRIAN BENEPE <u>1.</u>	00									
DIRECTOR		Х						0.	0.	0.
(10) JON PAUL BUCHMEYER 1.	00									
DIRECTOR		Х						0.	0.	0.
(11) MARCIA BYSTRYN 1.	00									
DIRECTOR		Х						0.	0.	0.
(12) KATHERINE FRITTS <u>1.</u>	00									
DIRECTOR		Х						0.	0.	0.
(13) AUGIE FURST 1.	00									
DIRECTOR		Х						0.	0.	0.
(14) LAUREN GRAHAM <u>1.</u>	00									
DIRECTOR (FORMER)		Х						0.	0.	0.
(15) BRAM GUNTHER 1.	00									
DIRECTOR		X						0.	0.	0.
(16) ROSS HABERMAN <u>1.</u>	00									
DIRECTOR		x						0.	0.	0.
	00									_
DIRECTOR		Х						0.	0.	0 .

232007 12-13-22

Form 990 (2022)

Form 990 (2022) NATURAL	AREAS CC	)NS	ER	.VA	NC	ΥY,	I	INC.	46-179	184	<b>19</b> Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	<i>.</i> .		Pos				Reportable	Reportable		Estimated
	hours per	box	, unles	ss per	rson i	than d is both	n an	compensation	compensation		amount of
	week		cer an	d a d	irecto I	or/trus <sup>.</sup>	tee)	from	from related		other
	(list any	director						the	organizations		compensation
	hours for related	or dir	ee			ated		organization	(W-2/1099-MISC		from the
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
	below	lual tr	tional		n ploye	st con	_	,			organizations
	line)	ndividual trustee or	nstitutional trustee	Officer	ey en	Highest compensated employee	Former				Sigunzations
(18) DAVID LANGER	1.00	_		0	×					+	
DIRECTOR		х						0.	C	).	0.
(19) EMORY LEE	1.00									+	
DIRECTOR		х						0.	C	).	0.
(20) CAROLINE MCGEOUGH	1.00									+	
DIRECTOR		х						0.	C	).	0.
(21) CLARK MITCHELL	1.00									+	
DIRECTOR		х						0.	C	).	0.
(22) CLARE PEETERS	1.00									+	
DIRECTOR		х						0.	C	).	0.
(23) JULIA ROBBINS	1.00										
DIRECTOR		х						0.	C	).	0.
(24) ERIC SANDERSON	1.00										
DIRECTOR		Х						0.	C	).	0.
(25) OMAR SLOWE	1.00										
DIRECTOR		Х						0.	C	).	0.
(26) ARIEL SPEICHER	1.00										
DIRECTOR		Х						0.		).	0.
1b Subtotal								521,982.		).	34,886.
c Total from continuation sheets to Part V	I, Section A							0.		).	0.
d Total (add lines 1b and 1c)								521,982.	C	).	34,886.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											4
										_	Yes No
<b>3</b> Did the organization list any <b>former</b> officer	, director, trust	ee, k	key e	mpl	oye	e, or	hig	phest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s										. L	3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$15										🖵	4 X
5 Did any person listed on line 1a receive or a	-				-			ed organization or individ	lual for services		
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ich i	oers	on .				.   .	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co										isatio	n from
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin I		ear.		
(A) Name and business	address							<b>(B)</b> Description of s	ervices	Con	(C) npensation
		12	00				_	Beschption of s			
PHILADELHIA, PHILADELPHIA	YPTC, 1500 WALNUT STREET, SUITE 1200										105,215.
FAIDADEDAIA, FAIDADEDFAIA	а, FA						-	ACCOUNTING S	ERVICES		105,215.

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

\$100,000 of compensation from the organization 1 SEE PART VII, SECTION A CONTINUATION SHEETS

232008 12-13-22

Form 990 (2022)

Form 990NATURAL	AREAS CC	NS	ER	.VA	NC	Υ,	I	NC.	46-179	1849
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ed em		(W-2/1099-MISC)	(112/1000 11100)	organization
	related	tee or	Istee			ensate		(		and related
	organizations	I trus	nal tri		loyee	9d mos				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ind	lns	0ff	Key	Hig	For			
(27) JANE SOKOLOW	1.00									0
DIRECTOR	1 0 0	X			<u> </u>			0.	0.	0.
(28) STACY SONNENBERG	1.00	77							0	0
DIRECTOR (29) VERONICA WHITE	1.00	Х						0.	0.	0.
(29) VERONICA WHITE DIRECTOR	L	x						0.	0.	0.
(30) TED WOLFF	1.00	^			-			0.	0.	
DIRECTOR	<u> </u>	x						0.	0.	0.
(31) HON. SUSAN DONOGHUE	1.00									
DIRECTOR		х						0.	0.	0.
(32) KENNETH SAHL	1.00									
DIRECTOR		х						0.	0.	0.
		1								
Total to Part VII, Section A, line 1c										

#### 232201 04-01-22

					AREAS	CONSERV	ANCY,	INC.		46-1791	849 Page 9
Pa	rt \	/	Statement of Re	evenue							
			Check if Schedule O	contains a	response	or note to any lin			(=)	(-)	
								<b>A)</b>	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								evenue		business revenue	from tax under
											sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
ran		b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1c		]				
ifts ar A			Related organizations		1d		1				
s, G nils			Government grants (conti		1e	156,406.	1				
Sir			All other contributions, gifts,				1				
her			similar amounts not included			371,656.					
trib Otl		~	Noncash contributions included in		1g \$	25,277.	1				
no:		-	Total. Add lines 1a-1f				2,528	062.			
0 0			Tutal. Aud lines ta 11			Business Code	2,520	,002.			
	~	_				Dusiness Coue					
Program Service Revenue	2	а									
erv		b									
n S 'eni		С									
lrar 3ev		d									
rog		е									
đ			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue	ding divide	ends, intere	est, and					
			other similar amounts)			36	<u>,762.</u>			36,762.	
	4				roceeds						
	5		Royalties	· · <u>· · · · · · · · · · · · · · · · · </u>							
				(	(i) Real	(ii) Personal					
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	3)							
	7		Gross amount from sales of		Securities	(ii) Other					
			assets other than inventory	7a 111	,520.		1				
		b	Less: cost or other basis				1				
e			and sales expenses	76113	3,018.						
venue		с	Gain or (loss)	1	,498.		1				
<b>a</b>			Net gain or (loss)				-1	,498.			-1,498.
Other Re	8		Gross income from fundraisi					,			,
Jth	Ŭ	u	including \$								
0			contributions reported on								
			Part IV, line 18								
		h	Less: direct expenses				1				
			Net income or (loss) from		····· —	1					
	0		Gross income from gamir		-						
	Э	d									
		L	Part IV, line 19								
			Less: direct expenses			L					
			Net income or (loss) from	• •		·····					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales of in	iventory						
S						Business Code		1 - 0			150
Miscellaneous Revenue	11	а	OTHER INCOME			900099		152.			152.
lanc		b									
cell sev		с									
Vis			All other revenue					4			
_		е	Total. Add lines 11a-11d				<b>a -</b>	152.			
	12		Total revenue. See instruction	ons			2,563	,478.	0.	0.	35,416.

232009 12-13-22

Form **990** (2022)

NATURAL AREAS CONSERVANCY, INC. 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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 216,445. 43,289. 129,867. 43,289. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,477,135. 1,226,397. 62,635. 188,103. Other salaries and wages 7 8 Pension plan accruals and contributions (include 1,125. 35,716. 28,986. 5,605. section 401(k) and 403(b) employer contributions) <u>129,7</u>78. 109,722. 10,475. 9,581. Other employee benefits 9 142,303. 116,794. 8,717. 16,792. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 100. 100. b Legal 128,421. 128,421. С Accounting 736. 736. Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 256,320. 181,020. 55,550. 19,750. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13,618. 6,940. 6,085. 593. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 129,544. 133,987. 4,309. 134. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 5,060. 5,060. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 104,546. 20,390. 40,715. 43,441. OTHER EXPENSES а 64,512. BAD DEBT 64,512. h 39,869. 39,769. MATERIALS AND SUPPLIES 100. С 22,779. STAFF DEVELOPMENT 4,896. 17,883. d All other expenses е 2,771,325. 1,928,808. 515,229. 327,288. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 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)

232010 12-13-22

Form 990 (2022)

Form 990 (2022)

#### NATURAL AREAS CONSERVANCY, INC. Part X | Balance Sheet

46-1791849 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	994,084.	1	969,174.
	2	Savings and temporary cash investments	270,099.	2	370,161.
	3	Pledges and grants receivable, net		3	1,244,483.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	2 5 6 2	9	5,317.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2,716,705.	11	2,525,858.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	5,114,993.
	17	Accounts payable and accrued expenses	50,666.	17	166,902.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	50,666.	26	166,902.
		Organizations that follow FASB ASC 958, check here $X$			
sec		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	2,487,013.	27	3,041,507.
Ba	28	Net assets with donor restrictions	2,922,792.	28	1,906,584.
nd		Organizations that do not follow FASB ASC 958, check here			
ΓĽ		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	5,409,805.	32	4,948,091.
_	33	Total liabilities and net assets/fund balances		33	5,114,993. Form <b>990</b> (2022)

Form 990 (2022)

	1990 (2022) NATURAL AREAS CONSERVANCY, INC.	46-17	91849	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,563		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,771		
3	Revenue less expenses. Subtract line 2 from line 1	3	-207		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,409	9,80	<u> J5.</u>
5	Net unrealized gains (losses) on investments	5	-253	8,86	<u>57.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,948	3,09	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	····	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				I
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	
--------------------------	--

Nam	eori	ine organization			TNO							
Pa	t I			CONSERVANCY, (All organizations must c		nic part ) S		6-1791849				
							ee instructions.					
	organ			(For lines 1 through 12, c			4\( A \/;\					
1 2			•	on of churches described (Attach Schedule E (Forn		)(a)011 no	I)(A)(I).					
2				ganization described in se		V6V1VAVi	::)					
4		• •		onjunction with a hospital			•	the hospital's name				
-		city, and state:			accombed	ocolic		the neopital e name,				
5		•	ed for the benefit of a co	ollege or university owned	l or operate	ed by a go	overnmental unit describe	ed in				
-		section 170(b)(1)(A)(iv)		5 ,		, ,						
6				mental unit described in	section 17	70(b)(1)(A)	(v).					
7	Х	An organization that nor	rmally receives a substa	antial part of its support fi	rom a gove	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi).	. (Complete Part II.)									
8		A community trust desc	ribed in section 170(b	)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research	organization described	d in section 170(b)(1)(A)(	ix) operate	ed in conju	unction 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		•	•	e than 33 1/3% of its supp				•				
				ct to certain exceptions;				-				
				e (less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975.				
44		See section 509(a)(2).		nively to test for public or	fatu Caa	ocation E	O(a)(A)					
11 12		<b>v v</b>	•	sively to test for public sa				purposes of one or				
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а												
			•	egularly appoint or elect a	• • •	-						
			st complete Part IV, S	• • • •								
b		<b>Type II.</b> A supporting	organization supervise	d or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing				
		control or managemen	nt of the supporting org	ganization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You n	nust complete Part IV	, Sections A and C.								
С		Type III functionally i	integrated. A supporti	ng organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organiza	ation(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d				porting organization oper								
				ization generally must sat	•			veness				
	_			mplete Part IV, Sections								
е				written determination fro			Type I, Type II, Type III					
4	Fate		ad arganizations	onally integrated supporting								
י מ		er the number of supporte vide the following information	•	od organization(s)								
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Tota								<u> </u>				
LHA	For F	Paperwork Reduction Ac	ct Notice, see the Inst	ructions for Form 990 or	990-EZ.	232021 12-	09-22 Sche	dule A (Form 990) 2022				
			Dublia	Dicoloc		$\sim$	Onv					
		r		Disclos	SUI		JULA					

Schedule	A (Foi	rm 9	90)	2022
Part II	S	upp	ort	Sc

NATURAL AREAS CONSERVANCY, INC.

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4396219.	3364654.	3175692.	2289146.	2528062.	15753773.
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						
л	<b>Total.</b> Add lines 1 through 3	4396219.	3364654.	3175692.	2289146.	2528062.	15753773.
5	The portion of total contributions	13302131	5504054.	5175052.	2209140.	2520002.	<u>+ 5 / 5 5 / / 5 •</u>
5	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,						2202044
	column (f)						3383944.
	Public support. Subtract line 5 from line 4.						12369829.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4396219.	3364654.	3175692.	2289146.	2528062.	15753773.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	790.	2,464.	9,579.	22,193.	36,762.	71,788.
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.)					152.	152.
11	<b>Total support.</b> Add lines 7 through 10						15825713.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	•
	First 5 years. If the Form 990 is for th		,	ourth. or fifth tax v	ear as a section 5	 01(c)(3)	
	organization, check this box and <b>stop</b>	-					X
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2021.</b> If the o		-				
	and <b>stop here.</b> The organization qual	-					
<b>1</b> 7a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•	U U	
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is	
ŭ		-					
	more, and if the organization meets the						
40	organization meets the facts-and-circu						L
IŎ	Private foundation. If the organization	п ий пот спеск а Г		a, 100, 178, 01170	, check this box al	iu see instructions	<u> </u>

Schedule A (Form 990) 2022

Schedule A	Form 990	) 2022
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NATURAL AREAS CONSERVANCY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	Alon A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(	<b>e)</b> 2022	(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 per- formed, 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								
•	<b>o o</b>					-			
	Total. Add lines 1 through 5								_
7 a	Amounts included on lines 1, 2, and 3 received from disgualified persons								
	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								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support	<del></del>	1	1					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(	e) 2022	(f) Total	
	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								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3	3) organizatio	on,	_,
_							<u></u>		
	ction C. Computation of Publ					<del></del>			
	Public support percentage for 2022 (			column (f))		15			%
	Public support percentage from 202					16			%
	ction D. Computation of Invest					<u> </u>			
17	Investment income percentage for 2			ne 13, column (f))		17			%
18	1 0					18			%
19a	33 1/3% support tests - 2022. If the						6, and line 17	′ is not	٦
_	more than 33 1/3%, check this box a	-	•		•••••			L	7
b	<b>33 1/3% support tests - 2021.</b> If the	-							٦
	line 18 is not more than 33 1/3%, che			-			•	······	ļ
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structic		L	
23202	23 12-09-22						Schedule A	(Form 990) 202	2

#### NATURAL AREAS CONSERVANCY, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	aule A	(Form 990) 2022 NATORAL AREAS CONSERVANCE, INC.	40-1/9104	9 Pa	age 5
Par	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No

ADEAC CONCEDUANCY

TNO

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operat supervised, or controlled the supporting organization.

Sec	ction 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		

Section D. All Type in 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 on line 2, above, did the organization's supported organizations have a						
	significant voice in the organization's investment policies and in directing the use of the organization's						
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	supported organizations played in this regard	3		1			

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a ... 2a ... 2b ... 3a ... 3b ...

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Schedule A (Form 990) 2022

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		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting orga	nization (see
	instructions).			
			S	Schedule A (Form 990) 2022

NATURAL AREAS CONSERVANCY, INC.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

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

Schedule A (Form 990) 2022

1

Schedule A (Form 990) 2022

## **Public Disclosure Copy**

Secti	Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Carryover from 2017 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
			S	chedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 NATURAL AREAS CONSERVANCY, INC.
 46-1791849
 Page 7

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)
 Page 7

Schedule A	(Form 990) 2022	NATURAL	AREAS	CONSERV	ANCY,	INC.	46-1791849	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provid , 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	le the expla c, 5a, 6, 9a, rt IV, Sectio	nations required 9b, 9c, 11a, 11 n E, lines 1c, 2a	d by Part II, b, and 11c; a, 2b, 3a, an	line 10; Part II, line Part IV, Section B, id 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,
								_
232028 12-09-	22						Schedule A (Form 9	1901 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	NATURAL AREAS CONSERVANCY, INC.	46-1791849
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

Form 990-PF

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions  $\theta x clusively$  for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an  $\theta x clusively$  religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received  $\theta x clusively$  religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\theta x clusively$  religious.

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

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	ll space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cont
1		

		\$93,657.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$104,673.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$75,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$92,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>  223452 11-15-22		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

(d) Type of contribution

46-1791849

(C)

**Total contributions** 

Schedule B (Form 990) (2022)	
Name of organization	

223452 11-15-22

NATURAL AREAS CONSERVANCY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\$00,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		- \$ <u>132,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number

46-1791849

Page 2

(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
		\$	

NATURAL AREAS CONSERVANCY, INC.

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

Name of organization

Employer identification number

46-1791849

223453 11-15-22

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page <b>4</b>						
Name of c	organization		Employer identification number						
	AL AREAS CONSERVANCY, II		46-1791849						
Part III	from any one contributor. Complete columns (a)	) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year htty. For organizations • less for the year. (Enter this info. once.) \$						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
223454 11-1:	l 5-22	I	Schedule B (Form 990) (2022)						

SCHEDULE C	Po	litical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	Tax Under section 4	501(c) and section 5	97	2022
	-	if the organization is described b				
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for ins			0-22.	Open to Public Inspection
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Camp	baign Ac	tivities), then
		plete Parts I-A and B. Do not com				
		1(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Par	t I-B.	
<ul> <li>Section 527 organiz</li> </ul>	•	•				
		Form 990, Part IV, line 4, or For				
		nave filed Form 5768 (election und		•		
		nave NOT filed Form 5768 (election	•			•
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	rax) (See Separate i	instructions) or Form	1 990-EZ	, Part V, line 350 (Proxy
<i>,</i> , ,		ions: Complete Part III.				
Name of organization	,, or (o) organizat				Employ	ver identification number
5	NATURAL	AREAS CONSERVANC	Y. INC.		,	46-1791849
Part I-A Compl		anization is exempt under		or is a section 5	27 orga	
· · ·		-				
1 Provide a descripti	on of the organiz	ation's direct and indirect political	campaign activities ir	n Part IV.		
2 Political campaign					\$_	
3 Volunteer hours for	political campai	gn activities				
				-		
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3	3).		
		incurred by the organization under				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in Part I-C Compl		anization is exempt under	section 501(c)	excent section	501(c)(	3)
-		by the filing organization for secti		-		<i>.</i>
		ization's funds contributed to othe	•		····· Ψ_	
			-		\$	
		. Add lines 1 and 2. Enter here and			···· · -	
					\$	
						Yes No
5 Enter the names, a	ddresses and err	ployer identification number (EIN)	of all section 527 pol	itical organizations to	which tl	ne filing organization
		tion listed, enter the amount paid f				
		omptly and directly delivered to a s			eparate s	segregated fund or a
		additional space is needed, provid	1	1		
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organization funds. If none, ent		contributions received and promptly and directly
						delivered to a separate
						political organization. If none, enter -0

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

Schedule C (Form 990) 2022

#### LHA 232041 11-08-22

Schedule C (Form 990) 2022 N.	ATURAL	AREAS	CONSERVA	NCY, INC.	46-1	791849 Page 2
Part II-A Complete if the organ	nization is	s exemp	t under sectioi	n 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
0 0	•		•	n Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share		, , ,	,			
B Check if the filing organization	on checked I	box A and	'limited control" pro	ovisions apply.	<i>.</i> . –	
Limits	on Lobbyin	g Expendi	tures		(a) Filing organization's	(b) Affiliated group totals
(The term "expendit	ures" mean	is amounts	s paid or incurred.		totals	lotais
<b>1a</b> Total lobbying expenditures to influe	nce public o	ninion (gra	ssroots lobbying)			
<b>b</b> Total lobbying expenditures to influen	•				736.	
c Total lobbying expenditures (add line					736.	
d Other exempt purpose expenditures					1,928,072.	
e Total exempt purpose expenditures (					1,928,808.	
f Lobbying nontaxable amount. Enter	the amount				246,440.	
If the amount on line 1e, column (a) or (	b) is:	The lobby	ing nontaxable am	ount is:		
Not over \$500,000		20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,000,0	000	\$100,000 p	olus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	0,000	\$175,000 p	olus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	00,000	\$225,000 p	olus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,000	).			
g Grassroots nontaxable amount (ente	r 25% of line	e1f)			61,610.	
<b>h</b> Subtract line 1g from line 1a. If zero o	or less, ente	r -0-			0.	
i Subtract line 1f from line 1c. If zero o					0.	
j If there is an amount other than zero		e 1h or line	1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this ye						Yes No
(Some organizations tha			ging Period Under		of the five columne he	low
			•	nes 2a through 2f.)		10w.
				ar Averaging Period		
		<u>J - 1 </u>				
Calendar year	(a) 201	9	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount				229,183.	246,440.	475,623.
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						713,435.
c Total lobbying expenditures				1,284.	736.	2,020.
				74 700	C1 C10	126 406
d Grassroots nontaxable amount				74,796.	61,610.	136,406.
e Grassroots ceiling amount						201 600
(150% of line 2d, column (e))						204,609.
				0.		
f Grassroots lobbying expenditures				U .		

Schedule C (Form 990) 2022

#### NATURAL AREAS CONSERVANCY, INC.

### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(t	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	5), or sec		
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from th <b>t III-B</b> Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	n 501(c)(5	ō), or sec		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
_	expenses for which the section 527(f) tax was paid).		0		
	Current year Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and percenditures next year?	olitical	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-A LINE 1				

#### MEETINGS WITH LEGISLATORS AND THEIR STAFF TO PRESENT ISSUES OF CONCERN

#### RELATED TO NATURAL AREAS AND TO PROMOTE HEALTHY NATURAL AREAS IN NYC.

		<u>Cupplement</u>	al Financial Statemento		OMB No. 1545-0047	
		al Financial Statements		2022		
(Form	n 990)		2022			
	nent of the Treasury Revenue Service		Attach to Form 990. 10 for instructions and the latest information.		Open to Public Inspection	
	e of the organizat			Employe	er identification number	
Mann	or the organizat	ERVANCY, INC.		46-1791849		
Par	t I Organiz		d Funds or Other Similar Funds or Ac			
	organizatio	on answered "Yes" on Form 990, Part IV, lin	ne 6.			
			(a) Donor advised funds	( <b>b)</b> Funds ar	nd other accounts	
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor advised fund	ds		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No	
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly		
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing		
Der	impermissible priv				Yes No	
Par			ganization answered "Yes" on Form 990, Part IV,	, line 7.		
1		servation easements held by the organizati				
		n of land for public use (for example, recrea	, <u> </u>			
		of natural habitat	Preservation of a cert	fied historic	structure	
•		n of open space	final name ation and the time in the former of a			
2	day of the tax yea		fied conservation contribution in the form of a co		asement on the last	
a h				2a 2b		
u o	•		ucture included in (a)	20 2c		
		rvation easements included in (c) acquired a		20		
u				2d		
3		•	leased, extinguished, or terminated by the organi		ng the tax	
Ũ	year		based, extinguished, or terminated by the organ	Zation dam		
4		where property subject to conservation eas	sement is located			
5		ation have a written policy regarding the per				
	0	forcement of the conservation easements it	<b>3</b> , <b>1</b> , <b>3</b>		Yes No	
6			handling of violations, and enforcing conservation			
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements du	ring the year	
8	Does each conser	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h	ı)(4)(B)(ii)?			Yes No	
9	In Part XIII, descri	be how the organization reports conservati	on easements in its revenue and expense statem	ent and		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
_		counting for conservation easements.				
Par		_	f Art, Historical Treasures, or Other S	imilar As	sets.	
	Complete i	if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet v	works	
			olic exhibition, education, or research in furtherar	nce of public	C	
			ncial statements that describes these items.			
b	-		8, to report in its revenue statement and balance			
			exhibition, education, or research in furtherance	of public s	ervice,	
	provide the follow	ing amounts relating to these items:				

	provide the following amounts relating to these follows.	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Partial       Other Similar Assess       Continued         3       Using the organization sequestion, accession, and other records, check any of the following that make significant use of the following that make significant use of the control of the solution times (check all that apply): <ul> <li>Partial with the organization sequestion, accession, and other records, check any of the following that make significant use of the control of the solution of art, historical treasures, or other similar assets</li> <li>Provide a description of the organization is collections and explain how they further the organization's collection?</li> <li>Yes</li> <li>Provide a description of the organization is collections of art, historical treasures, or other similar assets</li> <li>to be add to more 900, Part X into 21.</li> </ul> <li>The organization sequence of the organization's collection?</li> <li>Yes</li> <li>No.</li> <li>Part W Enclosed an anount on form 900, Part X into 21.</li> <li>The second coll of the organization solution or other intermediary for contributions or other assets not included on form 900, Part X into 21.</li> <li>If the organization sangement in Part Xill and complete the following table:</li> <li>Addition churing the year</li> <li>The organization include an anount on form 900, Part X, line 21.</li> <li>Part W Enclower Part Part M and Complete the organization narwwerd 'Yes' on Form 900, Part X into 20.</li> <li>Part W Enclower Part Part M and Complete the organization narwwerd 'Yes' on Form 900, Part X into 20.</li> <li>Part W Enclower Part Part M and Complete the organization narwwerd 'Yes' on Form 900, Part X into 20.</li> <li>Part W Enclower Part M and Complete the organization narwwerd 'Yes' on Form 900, Part X into 20.</li> <li>Parevid the assession of the organization narwwer</li>	Sche		AREAS CON						46-17			age <b>2</b>
collection terms (check all that apply):       d       Loan or exchange program         a       Debic exclusion       d       Loan or exchange program         b       Scholarly research       e       Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or Ot	ther S	imila	r Assets	(conti	nued)	
a Public exhibition b Scholary research c Preservation for future generations d C Consider a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During they exit, dith or organization is collections and explain how they further the organization's exempt purpose in Part XIII. During they exit, dith or organization is collections and explain how they further the organization's exempt purpose in Part XIII. Part VI Excover and Cutoragements. Complete the organization's collection? I reported an amount on Form 900, Part X, line 21. I is the organization answered Yes" on Form 900, Part VI, line 80, or reported an amount on Form 900, Part X, line 21. B is the organization an agent, trustes, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. B is the organization anagent in Part XIII and complete the following table:          Additions during the year         Beginning balance         Additions during the year         B if Yes, "explain the arrangement in Part XII. Check here if the organization and part MI in the Viste is a mount on Form 900, Part X, line 21, for escrow or custodial account liability?         Yes         No         B if Yes, "explain the arrangement in Fart XII. Check here if the organization has been provided an Part XII         Ending balance         (a) Current year         (b) Orter year (c) Throw years back         (c) Four years back         (d) Four years back         (e) Four years back         (f) Three years back         (f	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that mal	ke sign	ificant ι	use of its			
be Scholarly research     e Other		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization answered "Yes" on Form 990, Part X is 21. 2 Is the organization answered "Yes" on Form 990, Part X is 21. 3 Is the organization answered "Yes" on Form 990, Part X is 21. 3 Is the organization answered "Yes" on Form 990, Part X is 21. 3 Each organization answered "Yes" on Form 990, Part X is 21. 3 Additions during the year      Eacling balance     Is ending balance     Is the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?     Yes No b If 'Yes' violain the arrangement in Part XIII. 3 Beginning of year balance     Is ending balance     Is endi	а	Public exhibition	c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization allot of receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Is diditions during the year     Ite         Distributions during the year     Ite         Distributions during the year     Ite         Ite - It	b	Scholarly research	e	•	Other							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         1       be solid to raise funds cartificate than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Is the organization and part, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Is the organization angent, trustee, custodian or other intermediary for contributions or organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         b       If 'Yes', 'explain the arrangement in Part XIII and complete the following table:       Amount       16       14       14       14       14       14       14       14       14       14       14       14       16       14       16       14       16       14       16       14       16       14       16       14       16       14       16       14       16       14       16       14       16       14       16       14       16       14       1	С	Preservation for future generations										
to be odd to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization in agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10.         Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Is defined a	4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organization's	exempt	purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Ves       No         b If "Yes," explain the arrangement in Part XII. and complete the following table:       Amount       Id       Id         c Beginning balance       Id       Id       Id       Id         d Additions during the year       Ie       Ie       Id       Id         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Im       Im         Part V       Fordowment Fundos. Complete the regenziation answered "Yes" on Form 990, Part X, line 10.       Im       Im         fa Beginning of year balance       [a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         a G Grants or schelarships	5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or other sir	nilar as	sets		_	_	_
reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XII and complete the following table:  c Beginning balance d Additions during the year d Additions during the year f Ending balance d Additions during the year f Ending balance f End of year balance f Ending balance f End of year balance f Ending balance f Endi												No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Completetable:       Image: Complete table: <th>Par</th> <th></th> <th></th> <th>ete if the</th> <th>organizatio</th> <th>on answered "Yes</th> <th>" on Fo</th> <th>orm 990</th> <th>, Part IV,</th> <th>ine 9, or</th> <th></th> <th></th>	Par			ete if the	organizatio	on answered "Yes	" on Fo	orm 990	, Part IV,	ine 9, or		
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         fa Beginning of year balance       (a) Current year       (b) Prior years back.       (d) Three years back.       (d) Four years back.         a Net investment earnings, gains, and losses												
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>to</li> <li>d</li> <lid< li=""> <li>d<th><b>1</b>a</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>٦</th><th></th><th>۰</th></li></lid<></ul>	<b>1</b> a									٦		۰
Beginning balance     Amount     Actions during the year     Additions during the year     Actions during the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?     Yes     No     Bit Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Action     Actin     Action     Actin     Actin     Action     Action     Action		on Form 990, Part X?							L	Yes		_ No
c       Beginning balance       1c         d       Additions during the year       1d         d       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         a       Beginning of year balance       (b) Ourner year       (b) Prior year       (c) Two years back       (d) Three years back         a       Grants or scholarships	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					A		
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custolial account liability?       Yes       No         b if 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. complete if the organization answered 'Yes' on Form 990. Part X, line 10.         to Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         to Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       %       %       %       %         Permanent endowment       %       %       %       %         Permanent endowment       %       %       %       %										Amoun	τ	
e Distributions during the year 1e   f Ending balance 1f   2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves   Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.     1a Beginning of year balance   b Contributions   c Notice   c Administrative expenses   d Indice   g End of year balance   g End of year balance   g End of year balance   g Pord development   g %   b Permanet endowment   g% %   f Permanet endowment   g%												
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If "Yes", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII.       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not trivestment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         g       End of year balance       (b) Prior year       (c) Two years back       (d) Tree years back       (e) Four years         g       End of year balance       (b) Privide organization												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No thirty westment earnings, gains, and losses       (b) Current year       (c) Two years back       (d) Three years back       (e) Four year         c       Other expenditures for facilities       (a) Image: complete if the organization       (a) Image: complete if the organization       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Four year       (f) Tom endowment       (f) Tom endowment       (f) Tom endowment<	-											
b       If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Fure years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years       (d) Three years       (d) Three years         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years       (d) Three years       (d) Three years         g       End of year balance       (c) Two years       (e) Four years       (d) Four years       (e) Four years       (f) Four years         g       End of year balance       (f) Four years       (f) Four years       (f) Four years       (f) Four years       (f)								· · · ·				
Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Administrative sof facilities       (c) Four years back       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (c) Administrative expenses       (c) Administrative expenses       (c) Administrative expenses       (c) Administrative expenses         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (c) Administrative expenses       (c) Two years back       (c) Two years bac		-					-		∟			
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance	_											
1a       Beginning of year balance       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       %         b       Permanent endowment      %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations by:       Image: Contributions       Image: Contributions       Image: Contributions         (i)       Unrelated organizations       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Three \</th><th>ears back</th><th>(e) Fou</th><th>r vears</th><th>back</th></t<>								Three \	ears back	(e) Fou	r vears	back
b       Contributions	1a	Beginning of year balance			<u> </u>							
c       Net investment earnings, gains, and losses       Image: Constraint of the expenditures for facilities and programs         e       Other expenditures for facilities and programs       Image: Constraint of the expenditures for facilities and programs         f       Administrative expenses       Image: Constraint of the expenses       Image: Constraint of the expenses         g       End of year balance       Image: Constraint of the expenses       Image: Constraint of the expenses         g       End of year balance       Image: Constraint of the expenses       Image: Constraint of the expenses         g       End of year balance       Image: Constraint of the expenses       Image: Constraint of the expenses         g       End of year balance       Image: Constraint of the expenses       Image: Constraint of the expenses         g       End of year balance       Image: Constraint of the expenses       Image: Constraint of the expenses         g       End of year balance       Image: Constraint of the expenses       Image: Constraint of the expenses         g       The percentages on lines 2a, 2b, and 2c should equal 100%.       Image: Constraint of the organizations       Image: Constraint of the organizations         g       (i)       Nelated organizations       Image: Constraint of the organizations       Image: Constraint of the organization is necessariation is endowment funds.         Part VI	b											
d Grants or scholarships	c											
e Other expenditures for facilities and programs	d											
and programs	е											
f       Administrative expenses												
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         c       Term endowment%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li></ul>												
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		ent year end balance	e (line 1g	, column (a	)) held as:						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment	-	_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Other</li> <li>(f) Related improvements</li> <li>(f) Equipment</li> <li>(g) Other</li> <li>(h) Related improvements</li> <li>(h)</li></ul>	с	Term endowment	%									
organization by:       Yes       No         (i) Unrelated organizations       3a(i)       is       is<		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administered f	or the					
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements		organization by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.										3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       (d) Equipment         e Other       (d) Book part X, column (B), line 10c.)		(ii) Related organizations										
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4			wment fu	unds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par				line 11e C			- 10				
basis (investment)       basis (other)       depreciation         1a Land									.			
b Buildings		Description of property			.,				d	( <b>d</b> ) Boo	k valu	le
b Buildings	1a	Land										
c       Leasehold improvements												
e Other         Other           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)         0.												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	d	Equipment										
	Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	<u>X, colum</u>	<u>n (B), line 1</u>	0c.)						-

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022 NATURAL ARE	AS CONSERVANCE	Y, INC.	46-1791849 Page <b>3</b>
Part VII	Investments - Other Securities.			
() December 1	Complete if the organization answered "Yes"			
	tion of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
	I derivatives			
.,	held equity interests			
(3) 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"		-	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part IX	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
T art IX	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line	15.
	-	Description		(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part )	
1.	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	25)		
10tal. (Colu	<u>πη (b) πισεί equal Form 990, Part X, col. (B) line</u>	<i>; 20.)</i>		

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

X

Sche	dule D (Form 990) 2022 NATURAL AREAS CONSERVANCY,	INC.		46-2	1791849	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,366	,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-253,867.			
b	Donated services and use of facilities	2b	57,055.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-196	,812.
3	Subtract line 2e from line 1			3	2,563	<u>,478.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	2,563	,478.		
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,828	,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	57,055.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	57	,055.
3	Subtract line 2e from line 1			3	2,771	,325.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,771	,325.
Pa	rt XIII Supplemental Information.					

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

#### PART X, LINE 2:

THE CONSERVANCY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY

MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR THE PERIOD ENDING

DECEMBER 31, 2019 ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING

AUTHORITIES.

232054 09-01-22

Schedule D (Form 990) 2022

SC	CHEDULE J Compensation Information								
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>n</b> n				
		Compensated Employees		20	22				
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organizatior		Employer i			mber			
D		NATURAL AREAS CONSERVANCY, INC.	46-1	79184	9				
Ра	rt I Question	s Regarding Compensation							
	<b>O</b> I I II I				Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	,							
		ation and gross-up payments Health or social club dues or initiation fee							
		spending account							
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
~	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	,	, , , , , , , , , , , , , , , , , , , ,							
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	i						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to						
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.							
	Compensation	committee Written employment contract							
	Independent compensation consultant								
	X Form 990 of o	ther organizations Approval by the board or compensation of	ommittee						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	-							
а		e payment or change-of-control payment?				X			
b	•	eive payment from a supplemental nonqualified retirement plan?				X X			
с	-	eive payment from an equity-based compensation arrangement?		4c					
	If "Yes" to any of IIr	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501/a	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n						
5	contingent on the re								
а	•			5a		x			
		ation?				X			
-		r 5b, describe in Part III.							
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the n	et earnings of:							
а	The organization?			6a		X			
		ation?				X			
		r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i						
		ies 5 and 6? If "Yes," describe in Part III		7		X			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	1e						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		d the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?							
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	2022			

46-1791849

Page **2** 

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SARAH CHARLOP-POWERS	(i)	199,745.	0.	0.	4,325.	699.	204,769.	0.	
EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(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 J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

OMB No. 1545-0047

Inspection

2

ſ

Employer identification number

46 - 1791849

ΖU **Open to Public** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization

#### NATURAL AREAS CONSERVANCY, INC.

Par	τι	IY	bes of Property							
				(a)	(b) Number of	(c) Noncash contribution	(d) Mothod of do	tormin	ina	
				Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		•	s
					items contributed	Form 990, Part VIII, line 1g				
1			of art							
2			ical treasures							
3	Art -	Fractio	onal interests							
4	Boo	ks and	publications							
5			nd household goods							
6	Cars	s and o	ther vehicles							
7	Boa	ts and	planes							
8			property							
9	Sec	urities -	Publicly traded	X		25,277.	FMV			
10	Sec	urities -	Closely held stock							
11	Sec	urities -	Partnership, LLC, or							
	trust	t intere	sts							
12	Sec	urities -	Miscellaneous							
13	Qua	lified co	onservation contribution -							
	Hist	oric str	uctures							
14	Qua	lified co	onservation contribution - Other							
15	Rea	lestate	- Residential							
16	Rea	lestate	- Commercial							
17	Rea	lestate	- Other							
18	Colle	ectibles	§							
19			tory							
20			medical supplies							
21	Тахі	dermy								
22			rtifacts							
23			pecimens							
24			cal artifacts							
25	Othe		)							
26	Othe	ər (	)							
27	Othe		)							
28	Othe	ər (	)							
29	Num	nber of	Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for v	vhich tl	ne organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
									Yes	No
30a	Duri	ng the	year, did the organization receive by	y contributic	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	mus	t hold t	for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	or			
	exer	npt pu	rposes for the entire holding period'	?				30a		Х
b	lf "Y	es," de	escribe the arrangement in Part II.							
31	Doe	s the o	rganization have a gift acceptance <b>r</b>	policy that re	equires the review o	of any nonstandard contribut	ions?	31		Х
32a	Doe	s the o	rganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	cont	tributio	ns?					32a		Х
b	lf "Y	es," de	escribe in Part II.							
33	If the	e orgar	nization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	ked,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

describe in Part II.

<u>Schedule M</u>	(Form 990) 2022	NATURAL	AREAS	CONSER	<u>VANCY</u> ,	INC.		46-1791849	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	Information	<ul> <li>Provide the number of the numbe</li></ul>	ne information f contribution	n required by s, the numb	Part I, lines er of items re	30b, 32b, and 33, ar aceived, or a combina	d whether the organiz ation of both. Also com	ation Iplete
32142 09-09-2	2							Schedule M (Forr	n 990) 2022

SCHEDULE O (Form 990)

232211 10-28-22

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



46 - 1791849

NATURAL AREAS CONSERVANCY, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE INCREASE THE HEALTH AND RESILIENCE OF URBAN FORESTS AND WETLANDS,

CATALYZE CONNECTIONS BETWEEN PEOPLE AND NATURE, AND STRENGTHEN THE

ENVIRONMENTAL WORKFORCE.

WORKING IN PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF PARKS AND RECREATION (NYC PARKS), WE SEEK TO ENSURE THE HIGH-QUALITY MANAGEMENT OF NYC'S 20,000 ACRES OF FORESTS AND WETLANDS. DRIVING THE NAC'S WORK IS THE RECOGNITION THAT NATURAL AREAS ARE INCREASINGLY VITAL TO SUSTAINING AIR QUALITY, IMPROVING PUBLIC HEALTH, PROVIDING NEW YORKERS WITH ACCESS TO NATURE, AND STRENGTHENING OUR COMMUNITIES. OUR WORK INCLUDES CONDUCTING SCIENTIFIC RESEARCH, RESTORING NATURAL HABITATS, DEVELOPING TOOLS TO INFORM DATA-DRIVEN MANAGEMENT, AND INCREASING AWARENESS AND OPPORTUNITIES FOR THE PUBLIC TO EXPERIENCE NYC'S ABUNDANT NATURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORK HAPPENING ON THE GROUND IN SEATTLE.

 TRAILS - IN 2022, THE NAC'S TRAILS TEAM CONTINUED TO EXPAND ACCESS TO

 NEW YORK CITY'S 300 MILES OF NATURE TRAILS CITYWIDE THROUGH INNOVATIVE

 NEW TRAIL DESIGNS THAT ALLOW NEW YORKERS OF ALL ABILITIES TO ENJOY

 TRAILS. WE ALSO PROVIDED PAID INTERNSHIP OPPORTUNITIES TO CUNY STUDENTS

 TO IMPROVE ACCESS AND NAVIGATION BY MAPPING 700 TRAIL ACCESS POINTS IN

 29 PARKS. FINALLY, WE CONTINUED OUR COMMUNITY ENGAGEMENT WORK BY ADDING

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

AND CREATED COMMUNITY ENGAGEMENT PLANS FOR 36 PARKS.

INTERNSHIP - IN 2022, OUR INTERNSHIP PROGRAM FOR CITY UNIVERSITY OF NEW YORK (CUNY) STUDENTS HAD ANOTHER SUCCESSFUL RECRUITMENT YEAR AS WE HIRED FOR 30 INTERNSHIP POSITIONS THROUGHOUT THE YEAR, WORKING ON A DIVERSITY OF URBAN ECOLOGY-FOCUSED PROJECTS AND ENGAGED WITH CURATED PROFESSIONAL DEVELOPMENT CURRICULUM FOCUSED ON JOB READINESS TRAINING FOR SOCIAL IMPACT CAREERS. PROJECTS THIS YEAR INCLUDED FOREST MANAGEMENT, WETLAND MONITORING, TRAIL MAINTENANCE, SUPPORTING THE DEVELOPMENT OF NAC'S HIGH SCHOOL URBAN ECOLOGY INTERNSHIP PROGRAM, AND LAUNCHING THE NAC ALUMNI NETWORK. ANOTHER MILESTONE OF 2022 WAS THE RETURN OF THE NAC X LEON LEVY NATIVE PLANT PRESERVE EXCHANGE PROGRAM, WHERE WE FACILITATED A KNOWLEDGE-SHARING PROGRAM BETWEEN NAC INTERNS WORKING ON URBAN NATURAL AREAS MANAGEMENT AT INTERNS FROM THE LEON LEVY NATIVE PLANT PRESERVE IN ELEUTHERA, BAHAMAS, WHO ARE FOCUSED ON TROPICAL PLANT TAXONOMY.

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

NAC'S SENIOR MANAGEMENT REVIEWS DRAFT 990 AND SHARES IT WITH THE FINANCE & AUDIT COMMITTEE, WHICH APPROVES AND THEN SUBMITS IT TO THE BOARD OF DIRECTORS. THE ENTIRE BOARD HAS GIVEN THE FAC AUTHORITY TO CONSENT ON ITS BEHALF, BUT FORM 990 IS SHARED WITH THE BOARD BEFORE FILING.

FOF	RM 99	0,	PAR	T VI	:, s	ECTI	ON B	, L	INE	12	C:									
NAC	: HAS	A	BOA	RD A	PPR	OVED	CON	FLI	CTS	OF	INT	'ERES'	ГР	OLICY.	A	RELA	TED	PAF	RTY	AND
CON	IFLIC	T-(	OF-I	NTER	REST	POL	ICY	IS	STAT	ΓED	IN	ARTI	CLE	VIII	OF	NAC'	S B	Y-LA	WS	AS
OF	12/4	/2	017.	EAC	CH B	OARD	MEM	BER	MUS	SΤ	FILL	OUT	AN	ANNUA	L	DECLA	RAT	ION	STA	TING
	10-28-22		-	-		-				-			-							990) 2022

THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY

TRANSACTIONS; EMPLOYEES DO SO AT THE START OF THEIR EMPLOYMENT.

NO CONFLICTS OF INTEREST WERE REPORTED FOR THE PERIOD ENDING DECEMBER 31ST, 2022

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

USING MARKET DATA FROM SEVERAL NYC-BASED ENVIRONMENTAL NON-PROFITS OF A

SIMILAR SIZE, STANDARD TITLES AND RANGES OF PAY FOR EACH TITLE WERE CREATED

AND USED AS A GUIDELINE DURING THE ANNUAL REVIEW PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED

FINANCIAL STATEMENTS AND FORM 990S ARE POSTED ON THE ORGANIZATION'S WEBSITE

FOR PUBLIC VIEWING.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR.

Page 2

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oach	roturn
File a	separate	application	tor each	return.

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	Name of exempt organization or other filer, see instru	Name of exempt organization or other filer, see instructions.								
print	NATURAL AREAS CONSERVANCY,	INC.		46-1791849						
File by th due date filing you	Image: broken street     Number, street, and room or suite no. If a P.O. box, s       1234     FTFTH		ions.							
return. So instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions.           NEW YORK,         NY         10029									
Enter t	he Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1				
Applic	ation	Return	Application			Return				
ls For		Code	Is For			Code				
Form 9	990 or Form 990-EZ	01	Form 1041-A							
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	990-PF	04	Form 5227	10						
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	990-T (trust other than above)	06	Form 8870			12				
Form 9	990-T (corporation)	07								
<ul> <li>If the second second</li></ul>	ephone No. ►       908-912-6113         the organization does not have an office or place of business         this is for a Group Return, enter the organization's four digit         .       .         .       If it is for part of the group, check this box         .       .         .       If it is for part of the group, check this box         .       .         .	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all membe	r the whole grou ers the extensio npt organization 	n is for.				
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less		<b>•</b>	0.				
-	any nonrefundable credits. See instructions. 3a \$									
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
-	estimated tax payments made. Include any prior year overp			3b	\$	0.				
	Balance due. Subtract line 3b from line 3a. Include your pa	•								
	using EFTPS (Electronic Federal Tax Payment System). See on: If you are going to make an electronic funds withdrawal tions.			<b>3c</b> 153-TE and	L	0 . for payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)