Form 990	
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Department of the Treasury

EXTENDED TO NOVEMBER 15, 2024 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. /Form990 for instructions and the latest infor C - 4ire ao

<u>23</u> / **Open to Public**

Internal Revenu	e Service Go to www.irs.gov/Form990 for instructions and the	latest information.	Inspection
A For the	2023 calendar year, or tax year beginning and en	ding	
B Check if applicable:	C Name of organization	D Employer identifi	cation number
Address change	NATURAL AREAS CONSERVANCY, INC.		
Name change	Doing business as	46-17918	49
Initial return	Number and street (or P.0. box if mail is not delivered to street address)	oom/suite E Telephone numbe	r
Final return/	1234 FIFTH AVENUE	(212) 36	0-3356
termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,952,458.
Amende return	NEW IORK, NY 10029	H(a) Is this a group re	
Applica- tion	F Name and address of principal officer: SARAH CHARLOP-POWERS	for subordinates	? Yes X No
pending	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
I Tax-exer	npt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or	527 If "No," attach a	list. See instructions
J Website		H(c) Group exemption	
	rganization: 🚺 Corporation 🦳 Trust 🦳 Association 🦳 Other	L Year of formation: 2012	A State of legal domicile: NY
	Summary		
0 1 B	riefly describe the organization's mission or most significant activities: \underline{SEE}	CHEDULE O	
<u> </u>			
Activities & Governance 1 2 9 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	heck this box if the organization discontinued its operations or disposed	I	
3 N			27
ଅଧ୍ୟ N	umber of independent voting members of the governing body (Part VI, line 1b) \dots		27
s₀ 5 ⊺	otal number of individuals employed in calendar year 2023 (Part V, line 2a)		43
1. 6 ⊺	otal number of volunteers (estimate if necessary)		500
ਹੋ 7a⊺ ∡		<u>7a</u>	0.
<u> </u>	et unrelated business taxable income from Form 990-T, Part I, line 11		0.
		Prior Year	Current Year
__ 8 ⊂	ontributions and grants (Part VIII, line 1h)		3,534,014.
0	rogram service revenue (Part VIII, line 2g)		252,058.
a) 10 lr	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		119,130.
11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,905,202.
	rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	enefits paid to or for members (Part IX, column (A), line 4)		0.
6 15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,320,062.
କ୍ଷ୍ମ 16 a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×I	otal fundraising expenses (Part IX, column (D), line 25) 389, 516		
1" 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	769,948. 2,771,325.	685,736.
	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,005,798.
	evenue less expenses. Subtract line 18 from line 12	207,847. Beginning of Current Year	899,404. End of Year
ts of			
T 02 Baga	otal assets (Part X, line 16)	100 000	6,175,980. 157,418.
53	otal liabilities (Part X, line 26)	4 9 4 9 9 9 4	6,018,562.
	et assets or fund balances. Subtract line 21 from line 20	4,948,091.	0,010,502.
	es of perjury, I declare that I have examined this return, including accompanying schedules ar	ad statements, and to the bast of m	knowledge and belief it is
-	and complexe. Declaration of preparer (other than officer) is based on all information of which		r niowieuye allu bellel, il IS
			1/2024
Sinn 1	Signature of officer	Date)1/2024
oigii	ARAH CHARLOP-POWERS, EXECUTIVE DIR.	Duto	
	When or print name and title		

Here	SARAH C	HARLOP-POWERS,	EXECUTIVE I	DIR. 🦯							
	Type or print n	ame and title	M.	· 1/	11						
	Print/Type pre	parer's name	MAC	latur 700	Date	Check	PTIN				
Paid	MIKE SC	HALL	MIKE SC	HALL	10/30)/24 self-employed	P0202418	34			
Preparer	Firm's name	SAX LLP			L I	Firm's EIN 81-	2950760				
Use Only	Firm's address	1040 AVENUE O	F THE AMERIC	CAS - 16TH	FL						
		NEW YORK, NY	10018			Phone no.212-	661-8640)			
May the IRS discuss this return with the preparer shown above? See instructions											
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2023) NATURAL AREAS CONSERVANCY,	INC.	46-1791849 _F	Page 2
Par	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	THE NATURAL AREAS CONSERVANCY CHAMPIONS			
	YORK CITY AND ACROSS THE NATION THROUGH	INNOVATIVE RES	EARCH,	
	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?		Υes Σ	No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it co	nducts, any program service	s?Υes Σ	∑ No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its thr	ee largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	of grants and allocations to o	thers, the total expenses, and	
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 2,196,198. including grants of \$		evenue \$ 252,05	
	1. RESEARCH & CONSERVATION: IN 2023, THE			W
	AND STRENGTHENED A NATIONAL NETWORK OF F			
	PRACTITIONERS, CREATED NEW RESEARCH PROT			
	CARE AND MANAGEMENT OF FORESTS ACROSS TH			·
	FORESTS AS NATURE-BASED SOLUTIONS TO CLI			
	CITY TEAMS TO OUR NETWORK THROUGH A COMP		-	
	REACH TO 19 US CITIES. WE FURTHERED OUR	WORK IN ADVANC	ING URBAN FORESI	<u>.</u>
	SCIENCE AND PRACTICE, LAUNCHING A STUDY	TO QUANTIFY TH	E BENEFITS OF	
	FORESTED NATURAL AREAS FOR ABSORBING STO	RMWATER AND REI	DUCING RUNOFF.	
	WE LAUNCHED AN ECOLOGICAL ASSESSMENT PRO	GRAM IN NEW YO	RK CITY TO	
	UNDERSTAND HOW NATURAL AREAS HAVE CHANGE	D OVER THE PAS	T TEN YEARS. WE	
	PLANNED A WORKSHOP TO BE HOSTED IN MIAMI	, FL, TO SHARE	BEST PRACTICES,	
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue\$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,196,198.	, ι. ιονοπάο ψ	1	
			Form 990	(2023)
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 Form 990 (2023)
 NATURAL AREAS CONSERVANCY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals of Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organian and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>Schedule J</i> 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1 last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d an Schedule K. If</i> "No," <i>go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a g that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E2? <i>If</i> "Yes," <i>schedule L, Part 1</i> 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cur or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> 27 Did the organization aparty to a business transaction with ne of the following parties? (See the Schedul to reanization aparty to a business transaction with one of the follow	22 nization's current " complete 100,000 as of the nd complete 24a 24b ear to defease 24c 24d penefit 25a prior year, and res, " complete 25b urrent 26 , key employee, to a 35% controlled nedule L, Part IV, ? If 28a 28b	x	
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 last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and Schedule K. If</i> "No," <i>go to line 25a</i>	nd complete 24a 24b ear to defease 24c 24d penefit 25a prior year, and res, " complete 25b urrent 26 , key employee, to a 35% controlled nedule L, Part III 27 ule L, Part IV, 2 If 28a 28b		x x x x
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"Yes, " complete Schedule L, Part IV			X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N			I
			X
30 Did the organization receive contributions of art, historical treasures. or other similar assets. or oualified of	M 29		X
	conservation		1
contributions? If "Yes," complete Schedule M			X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule			X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," cor	mplete		1
Schedule N, Part II			X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	tions		1
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	III, or IV, and		I
Part V, line 1			_X
	<u>35a</u>		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a co			1
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable re-	elated organization?		
If "Yes," complete Schedule R, Part V, line 2			<u> </u>
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, Par			_X_
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b		<u>_</u>	1
Note: All Form 990 filers are required to complete Schedule O		Х	
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	NI-
	1 .		No
	la 16		NO

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

1c

Form	990 (2023) NATURAL AREAS CONSERVANCY, INC. 46-1791	849	Р	age 5		
Par				U		
			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 43					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	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		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
•	to file Form 8282?	7c		x		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 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?					
-	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
Ū						
9	Sponsoring organization have excess business holdings at any time during the year?	8				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders					
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans					
~	Enter the amount of reserves on hand					
		14a		x		
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
10		15		x		
	excess parachute payment(s) during the year?	61				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16				
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

Form 990 (2023
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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				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	27			
	If there are material differences in voting rights among members of the governing body, or if the governing	- 1			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	- 1			
b	Enter the number of voting members included on line 1a, above, who are independent	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	.	8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
<u></u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		Г	10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	·· -	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	··· F	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- h	<u>11a</u>	<u></u>	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	- 1	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	···	120		
U	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	F			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 1			
а	The organization's CEO, Executive Director, or top management official	- [15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	- 1			
	taxable entity during the year?	. L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- 1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))(3)s (only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	SARAH CHARLOP-POWERS - 908-912-6113 1234 FIFTH AVENUE NEW YORK NY 10029				

Part VII	Co	mpensation (of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d
	Em	ployees, and	I Independe	ent Contra	ctors				

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trust	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARAH CHARLOP-POWERS	35.00	_		0		1 0				
EXECUTIVE DIR.				х				229,943.	0.	10,535.
(2) ELIZABETH MARRA	35.00									
DEPUTY DIR. PROGRAM						X		124,278.	Ο.	30,326.
(3) KATE SEASE	35.00									
DEPUTY DIRECTOR OF DEVELOPMENT						X		125,258.	0.	13,574.
(4) CLARA PREGITZER	35.00									
DEPUTY DIR. CONSER						X		129,367.	0.	7,127.
(5) SHANNON JORDY	35.00									
DEP DIR OF COM & EXT AFFAIRS						X		106,414.	0.	17,202.
(6) CRYSTAL CROWN	35.00									
SENIOR MANAGER, DATA & ANALYTICS						X		100,300.	0.	4,607.
(7) ANDREW WALLACH	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) JODI SCHEURENBRAND	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) DAVID LANGER	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) KATHERINE FRITTS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(11) ADRIAN BENEPE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ARIEL SPEICHER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) AUGIE FURST	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BRAM GUNTHER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CAROLINE BARAD	1.00									
DIRECTOR		х						0.	0.	0.
(16) CHRISTINA CLAUDIO	1.00								-	
DIRECTOR		Х						0.	0.	0.
(17) CLARE PEETERS	1.00								•	
DIRECTOR		Х						0.	0.	0.

Form 990 (2023) NATURAL A	AREAS CC)NS	ER	VA	NC	ΥY,	I	INC.	46-1791	849	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		۱ than d		Reportable	Reportable	Es	timate	d
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	an	nount	of
	week		cer ar I	nd a d I	irecto	or/trus [.]	iee)	from	from related		other	
	(list any	recto						the	organizations	1	pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		om the	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	Ĭ	anizati d relate	
	below	lual tr	tional		n ploye	st con yee	2	1099-1120)			anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Former			l	inzan	113
(18) CLARK MITCHELL	1.00	-			×	Ξæ	ш					
DIRECTOR		х						0.	0.			Ο.
(19) ERIC SANDERSON	1.00											
DIRECTOR		x						0.	0.			Ο.
(20) HON. SUSAN DONOGHUE	1.00								0.			••
DIRECTOR	1.00	х						0.	0.			0.
(21) JANE SOKOLOW	1.00	Δ						0.	0.			0.
DIRECTOR	1.00	х						0.	0.			0.
(22) JON PAUL BUCHMEYER	1.00	Δ	<u> </u>					0.	0.			0.
DIRECTOR	1.00	x						0.	0.			0.
(23) JULIA ROBBINS	1.00	Λ						0.	0.			0.
DIRECTOR	1.00	x						0.	0.			0.
	1.00	Λ						0.	0.			0.
(24) JUSTIN HALL	1.00	v						0	0			0
	1 00	Х						0.	0.			0.
(25) KENNETH SAHL	1.00							0	0			0
DIRECTOR	1 00	Х						0.	0.			0.
(26) MARCIA BYSTRYN	1.00	x						0	0			0
DIRECTOR		Δ						0. 815,560.	0.		3,37	0.
1b Subtotal								015,560.	0.	0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c Total from continuation sheets to Part VI								815,560.	0.		3,37	0.
d Total (add lines 1b and 1c)								•		0	5,5	/ 1 •
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable			6
compensation from the organization											Yes	6
											res	No
3 Did the organization list any former officer,	-			•			•					37
line 1a? If "Yes," complete Schedule J for s										3		<u>X</u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fe	or si	ıch ı	oers	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							· ·	ation fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)				_				(B))		_
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Compe	nsatior	1
									ļ			

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

Image: Construction of the constrult of the construction of the constructio	Form 990 NATURAL A									46-179	1849
Name and titleAverage hours per week (list any hours for related organizations below line)Position (check all that apply) and that apply)Reportable compensation from the organization (W-2/1099-MISC)Estimated amount of other compensation from related organization (W-2/1099-MISC)Estimated amount of other compensation from related organization and related organization and related organization weight applied and related organization weight applied and related organization weight applied <b< td=""><td></td><td></td><td>nplo</td><td>yee</td><td></td><td></td><td>lighe</td><td>est (</td><td></td><td>· · ·</td><td></td></b<>			nplo	yee			lighe	est (· · ·	
hours per week (list any hours for related organization below line)(check all that apply) related organization below line)compensation from the organization (W-2/1099-MISC)amount of other compensation from (W-2/1099-MISC)amount of other compensation from related organization (W-2/1099-MISC)amount of other compensation from related organization (W-2/1099-MISC)amount of other compensation from related organization (W-2/1099-MISC)amount of other compensation from related organization(27) OMAR SLOWE1.00X00.0.(27) OMAR SLOWE1.00X0.0.0.(28) ROSS HABERMAN1.00X0.0.0.DIRECTORX0.0.0.0.(30) SETH MCNARY1.00X0.0.0.DIRECTORX0.0.0.0.(31) STACY SONNENBERG1.00X0.0.0.DIRECTORX0.0.0.0.(32) TED WOLFF1.00X0.0.0.DIRECTORX0.0.0.0.(33) VERONICA WHITE1.00X0.0.0.	(A)	(B)			(0	C)			(D)	(E)	(F)
per week (list any hours for related organizations below line)per veek (list any hours for related organizations below line)per related organization set or the set organization set organization (W-2/1099-MISC)from related organizations (W-2/1099-MISC)other compensatio from the organization (W-2/1099-MISC)other organization (W-2/1099-MISC)other compensatio from the organization organization(27) OMAR SLOWE DIRECTOR1.00 XX0.0.0.0.(28) ROSS HABERMAN DIRECTOR1.00 XX0.0.0.0.(29) SARAH R. MOROS DIRECTOR1.00 XX0.0.0.0.(30) SETH MCNARY DIRECTOR1.00 XX0.0.0.0.(31) STACY SONNENBERG DIRECTOR1.00 XX0.0.0.0.(32) TED WOLFF DIRECTOR1.00 XX0.0.0.0.(33) VERONICA WHITE1.00X0.0.0.0.	Name and title	Average									Estimated
week (list any hours for related organizations below line)veek (list any hours for related organizations below line)veek related organizations below line)the organization (W-2/1099-MISC)organizations (W-2/1099-MISC)compensatio from the organization (W-2/1099-MISC)(27) OMAR SLOWE DIRECTOR1.00 XX00.0.0.(28) ROSS HABERMAN DIRECTOR1.00 XX00.0.0.(29) SARAH R. MOROS1.00 XX00.0.0.DIRECTORX00.0.0.0.(30) SETH MCNARY DIRECTOR1.00 XX00.0.0.(31) STACY SONNENBERG DIRECTOR1.00 XX00.0.0.(32) TED WOLFF DIRECTOR1.00 XX00.0.0.(33) VERONICA WHITE1.00X00.0.0.		hours	(cl	heck	c all :	that	app	ly)	compensation		
(ist any hours for related organizations below line)(ist any hours for related organizations below line)(ist any hours for related organization below line)(ist any hours for related organization below line)(ist any hours for related organization (W-2/1099-MISC)(W-2/1099-MISC) related organization (W-2/1099-MISC)from the organization and related organization and related organization(27) OMAR SLOWE DIRECTOR1.00 XX00.0.000(28) ROSS HABERMAN DIRECTOR1.00 XX00.0.000 <t< td=""><td></td><td>1 ·</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		1 ·									
(27) OMAR SLOWE 1.00 X 0.<			5				loyee				
(27) OMAR SLOWE 1.00 X 0.<			irecto				emp			(W-2/1099-MISC)	
(27) OMAR SLOWE 1.00 X 0.<			e or d	tee			sated		(00-2/1099-00150)		v
(27) OMAR SLOWE 1.00 X 0.<			ruste	al trus		yee	mpen				
(27) OMAR SLOWE 1.00 X 0.<			dual t	ution	-	m plo	stco	er			er gamzaner ie
(27) OMAR SLOWE 1.00 X 0.<		line)	Indivi	Instit	Office	Key e	Highe	Form			
DIRECTOR X 0. <t< td=""><td>(27) OMAR SLOWE</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(27) OMAR SLOWE	1.00									
(28) ROSS HABERMAN 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (29) SARAH R. MOROS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (30) SETH MCNARY 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (31) STACY SONNENBERG 1.00 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. (32) TED WOLFF 1.00 X 0.	DIRECTOR		x						0.	0.	0.
DIRECTOR X 0. 0. (() (29) SARAH R. MOROS 1.00 X 0. 0. () DIRECTOR X 0. 0. 0. () (30) SETH MCNARY 1.00 X 0. 0. () DIRECTOR X 0. 0. () () DIRECTOR X 0. 0. () (31) STACY SONNENBERG 1.00 X 0. 0. () DIRECTOR X 0. 0. () () (32) TED WOLFF 1.00 X 0. 0. () DIRECTOR X 0. 0. () (33) VERONICA WHITE 1.00 1.00 1. 1.00	(28) ROSS HABERMAN	1.00									
(29) SARAH R. MOROS 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (30) SETH MCNARY 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (31) STACY SONNENBERG 1.00 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. <t< td=""><td>DIRECTOR</td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		x						0.	0.	0.
DIRECTOR X 0. 0. (() (30) SETH MCNARY 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (31) STACY SONNENBERG 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (32) TED WOLFF 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (33) VERONICA WHITE 1.00 0. 0. 0. 0.		1.00								~ •	
(30) SETH MCNARY 1.00 X 0.			x						0.	0.	0.
DIRECTORX0.0.0.(31) STACY SONNENBERG1.00X0.0.DIRECTORX0.0.0.(32) TED WOLFF1.000.0.0.DIRECTORX0.0.0.(33) VERONICA WHITE1.000.0.		1.00								.	3.
(31) STACY SONNENBERG 1.00 X 0. <			x						0.	0.	0.
DIRECTOR X 0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td>3.</td></t<>		1.00								.	3.
(32) TED WOLFF 1.00 X 0.			x						0.	0.	0.
DIRECTOR X O. O. ((33) VERONICA WHITE 1.00		1.00							Ŭ		
(33) VERONICA WHITE 1.00			x						0.	0.	0.
		1.00							Ŭ.		
		1.00	x						0	0	0.
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			1			1					
		1	I	I	I	L	L	I			
Total to Part VII, Section A, line 1c											

					AS (CONSERVA	ANCY, INC.		46-1791	849 Page 9
Pa	rt VII	Statement of Re	venu	е						
		Check if Schedule O	contair	ns a respor	nse or	note to any lin			(-)	
								(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
ts t	1 a	Federated campaigns		1a						
iran	b	Membership dues		1b						
, Guy	с	Fundraising events		1c	3	46,914.				
ar /	d	Related organizations								
s, G	е	Government grants (contr				86,118.				
Sion	f	All other contributions, gifts,	grants,	and						
but		similar amounts not included	l above	1f	3,1	00,982.				
itri O	g	Noncash contributions included in				3,179.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f					3,534,014.			
						Business Code				
Ð	2 a	FEE FOR SERVI	CE	REVEN	υΓ	900099	252,058.	252,058.		
vic	b						-	-		
Ser	c									
an S	d									
Program Service Revenue	ت م									
Pro	f	All other program service	reveni	Ie.						
	, a						252,058.			
	3	Investment income (includ					,			
	U						117,626.			117,626.
	4	Income from investment of								
	5	Royalties		-	-					
	5	noyalles		(i) Real	·····	(ii) Personal				
	6 0	Grana ranta	6a	(i) Hoar						
		Gross rents	6b							
		Less: rental expenses Rental income or (loss)	6c							
	C A	· · ·								
		Net rental income or (loss)) <u></u>	(i) Securiti		(ii) Other				
	<i>i</i> a	Gross amount from sales of		24,84						
		assets other than inventory	7a	24,04	<u> </u>					
	a	Less: cost or other basis	_	23,34	5					
venue		and sales expenses	7b 7c	<u>23,54</u> 1,50						
eve		Gain or (loss)	· · · ·				1 504			1 504
r Re		Net gain or (loss)					1,504.			1,504.
Other	8 a	Gross income from fundraisin	-							
0		including \$ 346								
		contributions reported on		-		22 011				
		Part IV, line 18			8a	<u>23,911.</u> 23,911.				
		Less: direct expenses			<u> </u>		0.			
		Net income or (loss) from		-	ts		0.			
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from	-	-	· · · · · ·					
	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	of inventor						
S					В	Business Code				
Miscellaneous Revenue	11 a				_					
lan	b				_ ⊢					
Sev	с				_ -					
Mis	d	All other revenue								
	е	Total. Add lines 11a-11d								110 120
	12	Total revenue. See instruction	ons			<u></u>	3,905,202.	252,058.	0.	119,130.

Form	990 (2023) NATURAL AREA	S CONSERVANO	CY, INC.	46-17	91849 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respons	se or note to any line in t (A)	this Part IX	(C)	<u>A</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	260 020	121 161	00 076	67 100
~	trustees, and key employees	269,920.	121,464.	80,976.	67,480.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	1,677,413.	1,331,106.	147,628.	198,679.
7	Other salaries and wages	1,0//,413.	1,331,100.	147,020.	190,079.
8	Pension plan accruals and contributions (include	56 191	45,328.	5 4 4 7	5 700
•	section 401(k) and 403(b) employer contributions)	56,484. 151,739.	115,430.	<u>5,447.</u> 17,443.	<u>5,709.</u> 18,866.
9	Other employee benefits	164,506.	124,455.	19,590.	20,461.
10	Payroll taxes	104,500.	124,455.	19,590.	20,401.
11	Fees for services (nonemployees):				
-	Management				
b					
	Accounting				
d	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
y	column (A), amount, list line 11g expenses on Sch 0.)	352,353.	206,838.	123,907.	21,608.
10	Advertising and promotion	552,555.	200,050.	123,507.	21,000.
12	Office expenses	9,828.	8,632.	420.	776.
13 14	Information technology	5,020.	0,052.	120.	770.
15	Royalties				
16	Occupancy				
17	Travel	62,474.	56,878.	2,018.	3,578.
18	Payments of travel or entertainment expenses	,•			-,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,114.		1,114.	
23	Insurance	5,266.	3,826.	663.	777.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	124,441.	56,547.	18,092.	49,802.
b	MATERIALS AND SUPPLIES	91,834.	89,342.	1,831.	661.
c	STAFF DEVELOPMENT	38,426.	36,352.	955.	1,119.
		÷			· · · ·

3,005,798.

2,196,198.

389,516.

420,084.

d

е

25

26

All other expenses

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

NATURAL AREA	S CONSERVAL	NCY, INC.
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46-1791849 Page 11

		Check if Schedule O contains a response or no	te to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			969,174.	1	375,186.
	2	Savings and temporary cash investments			370,161.	2	908,607.
	3	Pledges and grants receivable, net			1,244,483.	3	1,479,507.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			5,317.	9	12,658.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,345.			
	b	Less: accumulated depreciation		4,345.	0.	10c	3,231.
	11	Investments - publicly traded securities			2,525,858.	11	3,396,791.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			5,114,993.	16	6,175,980.
	17	Accounts payable and accrued expenses			166,902.	17	107,462.
	18	Grants payable				18	
	19	Deferred revenue				19	49,956.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			166,902.	26	157,418.
		Organizations that follow FASB ASC 958, che	eck her	e X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,041,507.	27	3,196,043.
Bal	28	Net assets with donor restrictions			1,906,584.	28	2,822,519.
pu		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ē		and complete lines 29 through 33.					
۵ د	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		····· -	4,948,091.	32	6,018,562.
	33	Total liabilities and net assets/fund balances			5,114,993.	33	6,175,980.

Form **990** (2023)

Part X Balance Sheet

Form	aan	(2023
FOUL	990	(2023

	990 (2023) NATURAL AREAS CONSERVANCY, INC.	46-17	91849	Pag	_{ge} 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	3,905		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,005		
3	Revenue less expenses. Subtract line 2 from line 1	3	899		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,948		
5	Net unrealized gains (losses) on investments	5	171	.,00	67.
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	6,018	3,50	52.
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>	
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 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?		2 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	audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A	١
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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
2023
Open to Public Inspection

Nam	e of t	he organization							identification number	
				CONSERVANCY,					6-1791849	
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The	organ	ization is not a private foun								
1	Ū.	A church, convention of cl					I)(A)(i).			
2		A school described in sec					- // - // - // - // -			
3	\square	A hospital or a cooperative				(h)(1)(A)(ii	i)			
4		A medical research organi						(iii) Entor	the bosnital's name	
4				ijunction with a nospital	uescribeu	III SECIIO	11 170(b)(1)(A)		the hospital s hame,	
_		city, and state:	fau tha have after a far a st						- al :	-
5		An organization operated		lege of university owned	or operation	ed by a go	ivernmental ur	in describe		
		section 170(b)(1)(A)(iv). (
6		A federal, state, or local go	•				.,			
7	X	An organization that norm	ally receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	e general p	public described in	
		section 170(b)(1)(A)(vi). (0	Complete Part II.)							
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research or	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	the college	or	
		university:								
10		An organization that norm	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
		activities related to its exe	•					-	•	
		income and unrelated bus							-	
		See section 509(a)(2). (Co		(
11		An organization organized		vely to test for public sa	etv See	section 50)9(a)(4)			
12		An organization organized	-	•	•			ny out the	nurnoses of one or	
		more publicly supported o	-	•				•		
		lines 12a through 12d that	-							
~		Type I. A supporting org	• •					-	aivina	
а					• • • •	-				
		the supported organizat			majonty o	i the direc	tors or trustee	is of the su	ipporting	
	_	organization. You must	-							
b		Type II. A supporting or	-				-		-	
		control or management			ame perso	ns that coi	ntrol or manag	le the supp	orted	
		organization(s). You mu	-							
с		Type III functionally int						y integrate	d with,	
		its supported organizatio	on(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functional	ly integrated. A supp	oorting organization oper	ated in cor	nnection w	ith its support	ted organiz	ation(s)	
		that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness	
		requirement (see instruc	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, o	or Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported	organizations							
g		vide the following information	on about the supporte	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
										-
										-
										-
T . ·										_
Tota							1		1	

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3364654.	3175692.	2289146.	2528062.	3534014.	14891568.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3364654.	3175692.	2289146.	2528062.	3534014.	14891568.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4643572.
6	Public support. Subtract line 5 from line 4.						10247996.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3364654.	3175692.	2289146.	2528062.	3534014.	14891568.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,464.	9,579.	22,193.	36,762.	117,626.	188,624.
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	Total support. Add lines 7 through 10						15080344.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	252,058.
	First 5 years. If the Form 990 is for th			fourth or fifth tax y	ear as a section 5		
	organization, check this box and stor			-			
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2023 (li			olumn (f))		14	67.96 %
	Public support percentage from 2022					15	78.16 %
16a	33 1/3% support test - 2023. If the c	organization did no				ore, check this bo	
	stop here. The organization qualifies						V
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
				, ,,	,		

Schedule A (Form 990) 2023

Schedule A	(Form	990	2023
		000	

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (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 business under section 513						
 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 						
14 First 5 years. If the Form 990 is for th	Leorganization's fi	rst second third	fourth or fifth tox	Vear as a section P		I
check this box and stop here	Ū			•		
Section C. Computation of Publi						
15 Public support percentage for 2023 (I			column (f))		15	9
			.,,		16	
16 Public support percentage from 2022 Section D. Computation of Invest						9
· · ·			no 12 oclumn (f))		47	0
17 Investment income percentage for 20					17	<u> </u>
18 Investment income percentage from					18	% d line 17 is not
19a 33 1/3% support tests - 2023. If the						iu line i / Is not
more than 33 1/3%, check this box as b 33 1/3% support tests - 2022. If the	e organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33	
line 18 is not more than 33 1/3%, che			-		-	ization
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

Schedule A (Form 990) 2023 NATT 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.)

INC.

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.)

10a 10b Schedule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes

No

NATURAL AREAS CONSERVANCY, itions

Sche	dule A (Fo	orm 990) 2023	NATURAL	AREAS	CONSERVANCY,	INC.	46-17	9184	9 Pa	age 5
Par	t IV S	Supporting Or	ganizations (contin	ued)						
									Yes	No
11	Has the	organization acce	epted a gift or contributio	on from any	of the following persons?					
а	A persor	n who directly or i	ndirectly controls, either	alone or to	gether with persons desci	ribed on lines 11b and				
	11c belo	w, the governing	body of a supported org	anization?				11a		
b	A family	member of a pers	son described on line 11	a above?				11b		
с	A 35% c	ontrolled entity of	f a person described on I	ine 11a or 1	11b above? If "Yes" to line	e 11a, 11b, or 11c, provide				
	detail in	Part VI.						11c		
Sect	tion B.	Type I Suppo	rting Organization	S						
									Yes	No
	.						. [

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Sec	ction D. All Type III Supporting Organizations		
			Yes
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.

Section E. Type III Functionally Integrated Supporting Organizations

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

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

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

1

2

3

2a

2b

3a

No

No

No

Yes

	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

6

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

NATURAL AREAS CONSERVANCY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.

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	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). 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 Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u> i</u>	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
_					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 NATURAL AREAS CONSERVANCY, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont

Schedule A	(Form 990) 2023	NATURAL	AREAS	CONSERVAN	CY, IN	с.	46-1791849	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the explar , 5a, 6, 9a, t IV, Sectior	nations required by 9b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2t	Part II, line nd 11c; Part), 3a, and 3b	I0; Part II, line 17a o IV, Section B, lines ⁻ ; Part V, line 1; Part ⁻	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

Schedule of Contributors

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

2023

Employer identification number

Schedule	E
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

NATURAL	AREAS	CONSERVANCY,	INC.
Organization type (check one):			

46-1791849

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

(a)

No.

6

	(Form 990) (2023) janization	Employer identific	ation numb
ATURA	L AREAS CONSERVANCY, INC.	46-17918	49
art I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
1		\$ 700,000. Person \$ 700,000. Noncas (Complete noncash c Noncas	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contributior
2		\$100,000. Person Payroll Noncas (Complete noncash c	 ≽h
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
3		\$150,000. S (Complete noncash c	 ≽h
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
4		\$75,000. (Complete	X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) contribution
5		\$ 400,000. Person \$ 400,000. Noncas (Complete poprash c poprash c	X sh Part II for

(b)

Name, address, and ZIP + 4

yer identification number

> Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

\$

125,000.

(d)

Type of contribution

Χ

Page 2

(a)

No.

Name, address, and ZIP + 4 Total cont 7	1) o. 7 	Name, address, and ZIP + 4	(c) Total contributio
Image: second	7		
Image: Second system Image: Second system <th></th> <th></th> <th>1 50 0</th>			1 50 0
Name, address, and ZIP + 4 Total cont 8			\$150,0
\$ \$5	i) o.		(c) Total contributio
	8		
			\$500,0
	i) o.	(b) Name, address, and ZIP + 4	(c) Total contributio
9	9		
	-		\$300,0

(b)

Name, address, and ZIP + 4

Schedule	B (Form	990)	(2023
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Name of organization

Employer identification number

Person

Payroll

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person

Payroll

Noncash (Complete Part II for noncash contributions.)

(d) Type of contribution

(d)

Type of contribution

(d)

Type of contribution

Χ

Χ

Χ

46-1791849

00,000. Noncash (Complete Part II for noncash contributions.) (d) (c) **Total contributions** Type of contribution

<u> 10 </u>		\$200,000.	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
		\$	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.)

Name of organization

323453 12-26-23

NATURAL	AREAS	CONSERVANCY,	INC.

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$

46-1791849

Employer identification number

Schedule	B (Form 990) (2023)		Page 4		
Name of c	organization		Employer identification number		
NATUR	AL AREAS CONSERVANCY, I	NC.	46-1791849		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations described in sec) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations		
(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	Ind ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
	(e) Transfer of gift				
	Transferee's name, address, a	und 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	Ind 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	und ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C	SCHEDUL	ЕС
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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or 	(6) organizations:	Complete Part III.
--	--------------------	--------------------

Name of organization				Emplo	oyer identification number
	L AREAS CONSERVAN				46-1791849
Part I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 52	27 org	anization.
 Provide a description of the organ Political campaign activity expend Volunteer hours for political campa 	itures	1 0			
Part I-B Complete if the or	ganization is exempt und				
1 Enter the amount of any excise tax		ler section 4955		\$_	
2 Enter the amount of any excise tax	k incurred by organization manage	ers under section 4955	5	\$	
3 If the organization incurred a section					
4a Was a correction made?					Yes No
b If "Yes," describe in Part IV.				04(-)	(0)
Part I-C Complete if the or	• •		-	. ,	(3).
1 Enter the amount directly expende				\$_	
2 Enter the amount of the filing orga		•		•	
exempt function activities3 Total exempt function expenditure	. Add lines 1 and 0. Eater have a			Þ.	
			,	¢	
line 17b 4 Did the filing organization file Forn					
5 Enter the names, addresses, and e					
made payments. For each organiz contributions received that were p political action committee (PAC). It	ation listed, enter the amount paid romptly and directly delivered to a	d from the filing organiz a separate political org	zation's funds. Also en anization, such as a se	ter the	amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	on's	(e) Amount of political 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.

OMB No. 1545-0047

2023

Open to Public

Inspection

	dule C (Form 990) 2023 NATUR.	AL AREAS CONSERVANCY, INC.	46-1	791849 Page 2
Pa	rt II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
	Check if the filing organization belon expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated is lobbying expenditures). ted box A and "limited control" provisions apply.	group member's name	, address, EIN,
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	5,559.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	5,559.	
d			2,190,639.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	2,196,198.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	259,810.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	64,953.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e		0.	
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		-
		a section 501(h) election do not have to complete all o	of the five columns be	low.
	Sec	e the separate instructions for lines 2a through 2f.)		

	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount		229,183.	246,440.	259,810.	735,433.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,103,150.
c Total lobbying expenditures		1,284.	736.	5,559.	7,579.
d Grassroots nontaxable amount		74,796.	61,610.	64,953.	201,359.
e Grassroots ceiling amount (150% of line 2d, column (e))					302,039.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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)		(k)
	e lobbying activity.	Yes	Νο	Amo	ount
1	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:				
a	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с 4	Media advertisements?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
a	Direct contact with legislators, their staffs, government officials, or a legislative body?				
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-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 '	'No" OR (k	o) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
С					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
_	expenditures next year?				
5 Dar	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	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.				

MEETINGS WITH LEGISLATORS AND THEIR STAFF TO PRESENT ISSUES OF CONCERN

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

~~		Supplement	al Financial	C+	atomon	łe		1	OMB No. 1	545-0047
	HEDULE D n 990)	Complete if the orga							20	7 2
(FOI)	1 990)	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d					_	ZU	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form99	Attach to Form 990. 90 for instructions ar	nd th	ne latest inforn	nation.			Open t Inspec	o Public tion
	e of the organizat						Emp	loyer ide		on number
	-	NATURAL AREAS CONS					-	46-	-1791	849
Pa		ations Maintaining Donor Advise		er S	imilar Fund	s or Ac	coun	ts. Cor	mplete if t	he
	organizatio	on answered "Yes" on Form 990, Part IV, lin	r							
			(a) Donor ad	lvise	d funds	()	o) Fun	ds and o	ther acco	unts
1		nd of year								
2		of contributions to (during year)								
3		of grants from (during year)								
4		at end of year				<u> </u>				
5	0	on inform all donors and donor advisors in	U					_		
6		on's property, subject to the organization's on inform all grantees, donors, and donor a						∟	Yes	└── No
6		poses and not for the benefit of the donor								
	impermissible priv		,		, , ,		0	Г	Yes	No
Pa		vation Easements. Complete if the or						·····		
1		servation easements held by the organizat				, ,				
	Preservation	n of land for public use (for example, recrea	ation or education)		Preservation	of a histo	rically	importan	t land are	a
	Protection of	of natural habitat] Preservation	of a certif	ied his	toric stru	ucture	
	Preservation	n of open space								
2	Complete lines 2a	a through 2d if the organization held a qual	ified conservation cor	ntribu	ution in the form	n of a cor	iservat	ion ease	ment on t	he last
	day of the tax yea	ır.						Held at t	he End of t	he Tax Year
а	Total number of c	onservation easements					2a			
b	Total acreage rest	tricted by conservation easements					2b			
С		rvation easements on a certified historic st					2c			
d		rvation easements included on line 2c acqu	•							
-		ture listed in the National Register					2d			
3		rvation easements modified, transferred, re	leased, extinguished,	or te	erminated by th	ie organiz	ation	during th	e tax	
4	year	where property subject to concernation of	compart is located							
4 5		where property subject to conservation ea ation have a written policy regarding the pe		noct	ion bandling o	 F				
5	•	forcement of the conservation easements i		peci	lon, nanoling o			Г	Yes	No
6		er hours devoted to monitoring, inspecting,		s. an	nd enforcina co	nservation	n ease	∟ ments du		
-				_,						
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and	d ent	forcing conserv	ation eas	ement	s during	the year	
			.		C C			C C		
8	Does each conser	rvation easement reported on line 2d above	e satisfy the requirem	ents	of section 170	(h)(4)(B)(i)				
	and section 170(h	ı)(4)(B)(ii)?						[Yes	No No
9	In Part XIII, descri	be how the organization reports conservat	ion easements in its r	even	nue and expens	e stateme	ent and	k		
	balance sheet, an	d include, if applicable, the text of the foot	note to the organizati	on's	financial stater	nents tha	t desc	ribes the		
D.		counting for conservation easements.		T -4 -						
Pa		ations Maintaining Collections o	-	ı rea	asures, or C	iner Si	milai	Asset	5.	
		if the organization answered "Yes" on Forn								
1 a	•	elected, as permitted under FASB ASC 9	•						S	
		easures, or other similar assets held for pu					ce ot p	OIIDIIC		
L	· •	Part XIII the text of the footnote to its fina					chart	worke of		
b		elected, as permitted under FASB ASC 98 sures, or other similar assets held for public								
		ing amounts relating to these items.		n, or	103caron in lui	and and	or put		,	
	r. 61.66 110 1010W									

ιцΔ	For Departmerk Reduction Act Nation, see the Instructions for Form 990	Schodulo D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

Sche	dule D (Form 990) 2023 NATURAL	AREAS CON	SERVA	NCY, I	INC.			46-17	91849	Э Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	^r Othe	r Similar	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	make s	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	I 🗌 L	oan or exc	hange progra	ım					
b	Scholarly research	e	, 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	torical treas	sures, or othe	r simila	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	organizatior	ו answered "ו	res" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for c	ontributior	ns or other as	sets not	included		_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:					_		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	•								7		٦
	Did the organization include an amount on F						lity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if						0		<u></u>		
T ai		(a) Current year		ior year	(c) Two year		(d) Three y	ware hack		Veare	hack
4.0	Designing of year balance	(a) Ourient year		ioi yeai		3 DUCK	(u) mice y		(e) i oui	your s	Dack
1a 5	Beginning of year balance										
D	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr	l cont year and balance	l n (lino 1 a	column (a))) hold as:						
2	Board designated or quasi-endowment		e (inte rg, %	column (a	<i>))</i> Helu as.						
a h	Permanent endowment	%	/0								
c c		<u> </u>									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	/ -									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for th	ne				
	organization by:]	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• • •	ccumulate	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				4,345.		1,11	14.		3,2	31.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	c. column	<u>(B))</u>					3,23	31.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 NATURAL	AREAS CONSERVANC	Y, INC.	46-1791849 Page 3
Part VII Investments - Other Securit			
Complete if the organization answere			
(a) Description of security or category (including name of		(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col	. (B))		
Part VIII Investments - Program Rela			
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	11c. See Form 990, Part X, li	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col	. (B))		
Part IX Other Assets			
Complete if the organization answere		11d. See Form 990, Part X, I	
	(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)(1)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, lin	2e 15 col (B))		
Part X Other Liabilities			
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	art X, line 25.
1. (a) Description of liability		,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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) 2023 NATURAL AREAS CONSERVANCY ,				1791849 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,096,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	171,067.		
b	Donated services and use of facilities	2b	20,585.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	191,652.
3	Subtract line 2e from line 1			3	3,905,202.
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.)				
с	Add lines 4a and 4b			4c	0.
-				5	3,905,202.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12.	nents With	Expenses per F		n
	t XII Reconciliation of Expenses per Audited Financial Statem	a.	Expenses per F		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	Expenses per F	Retur	n
Pa 1	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.	Expenses per F	Retur	n
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a. 	Expenses per F	Retur	n
Pa 1 2 a b	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b	Expenses per F	Retur	n
Pa 1 2 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Retur	n 3,026,383.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Retur	n <u>3,026,383.</u> 20,585.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n 3,026,383.
Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n <u>3,026,383.</u> 20,585.
Pa 1 2 b c d e 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n <u>3,026,383.</u> 20,585.
Pa 1 2 a b c d 3 4 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n <u>3,026,383.</u> 20,585.
Pa 1 2 a b c d e 3 4 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F	1 2e	n <u>3,026,383.</u> <u>20,585.</u> <u>3,005,798.</u> 0.
Pa 1 2 b c d a b c d a b c 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n <u>3,026,383.</u> 20,585.

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, 2020, ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING

AUTHORITIES.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No.	1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	20	23
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.				o Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.		Inspec	
Name of the organization			·				Employer 46-179		on number
Part I Fundrais		AREAS CONSERVANCY Complete if the organization answ			Earm 000 Dart IV/ I	ino 1			o not
	complete this part		erea r	es or	1 Form 990, Part IV, 1	ine i	r. Form 990	-EZ mers a	enot
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o ted in Form 990, Pa) highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (inclue professi	non-g gover aising o ding of	overnment grants nment grants events ficers, directors, trus undraising services?	-		Yes	No
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or coi	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount pai or retained b fundraiser ted in col. (i	by) to (or l	nount paid etained by) anization
			Yes	No					
Total		·		•					
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	n registratio	n

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

NATURAL AREAS CONSERVANCY, INC.

46-1791849 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 NIGHT FOR NATURE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	370,825.			370,825.
	2	Less: Contributions	346,914.			346,914
	3	Gross income (line 1 minus line 2)	23,911.			23,911
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
		Other direct expenses				23,911
_ I		Direct expense summary. Add lines 4 throug				23,911
	rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		1 990, Part IV, line 19, or r		0
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Hev	1	Gross revenue				
	-	Gross revenue				
	2					
Direct Expenses Revenue	2 3	Cash prizes				
	2 3 4	Cash prizes Noncash prizes Rent/facility costs				
	2 3 4 5	Cash prizes	Yes%		☐ Yes %	

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ______ Ves ____ No b If "No," explain: ______

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

332082 09-13-23

Yes

No

Sch	edule G (Form 990) 2023	NATURAL AREAS	G CONSERVANCY,	INC. 4	6-1791849 Page 3
11	Does the organization conduct ga				Yes No
12	Is the organization a grantor, bene	ficiary or trustee of a trust	or a member of a partners	hip or other entity formed	
	to administer charitable gaming?				Yes No
	Indicate the percentage of gaming				1 1
	The organization's facility				
	An outside facility				13b %
14	Enter the name and address of the	e person who prepares the	organization's gaming/spe	cial events books and records:	
	Name				
	Address				
15a	a Does the organization have a cont	tract with a third party from	whom the organization re	ceives gaming revenue?	Yes No
I	If "Yes," enter the amount of gam		-	and the amour	nt
	of gaming revenue retained by the If "Yes," enter name and address				
	in res, entername and address	or the third party.			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Carning manager compensation	Ψ			
	Description of services provided				
	· · ·				
	Director/officer	Employee	Independent contra	actor	
	Mandatory distributions:	etata law ta maka abaritak	le distributions from the as	mina proceedo to	
ā	a Is the organization required under retain the state gaming license?		-		Yes No
	Enter the amount of distributions		be distributed to other exe		
	organization's own exempt activiti	•	\$		
Pa	rt IV Supplemental Infor	mation. Provide the exp	anations required by Part I	, line 2b, columns (iii) and (v); an	d Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide a	ny additional information. S	See instructions.	
_					

	a (Form 990)
Dart IV	Quinnla

Part IV	Supplemental Information (continued)

SC	HEDULE J	Compensation Information	OMB N	o. 1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	2	იეე)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	2	023	
Depa	tment of the Treasury	Attach to Form 990.		to Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		pection	
Nam	e of the organization		Employer identifica		nber
		NATURAL AREAS CONSERVANCY, INC.	46-17918	49	
Pa	rt I Question	s Regarding Compensation			
4				Yes	No
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Housing allowance or residence for perso			
	Travel for com				
		ation and gross-up payments I 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	11	5	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		:	
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	·	ation of the CEO/Executive Director, but explain in Part III.			
	Compensation				
		ompensation consultant Compensation survey or study			
	X Form 990 of o	ther organizations Approval by the board or compensation c	ommittee		
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a re				
а	Receive a severanc	e payment or change-of-control payment?	4	a	х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?	41	5	X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		-	X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the re				37
					X
b		ation?		2	X
~		or 5b, describe in Part III.	_		
0	contingent on the n	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio			
2	•		6		х
		ation?			X
		or 6b, describe in Part III.		-	
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		les 5 and 6? If "Yes," describe in Part III			х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th			
-	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			x
9		id the organization also follow the rebuttable presumption procedure described in			
_		1 53.4958-6(c)?			
For		on Act Notice, see the Instructions for Form 990.	Schedule J (Fo	orm 990)	2023

Schedule J (Form 990) 2023

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-MIS 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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH CHARLOP-POWERS	(i)	204,943.	25,000.	0.	9,904.	631.	240,478.	0.
EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH MARRA	(i)	124,278.	0.	0.	6,141.	24,185.	154,604.	0.
DEPUTY DIR. PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service 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. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



46 - 1791849

NATURAL AREAS CONSERVANCY, INC.

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

CHAMPIONS URBAN NATURAL AREAS IN NYC AND ACROSS THE NATION THROUGH

INNOVATIVE RESEARCH, PARTNERSHIPS, AND ADVOCACY.

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: STRENGTHEN THE NETWORK, SET COLLECTIVE GOALS FOR THE GROUP, AND ENGAGE WITH THE FOREST RESTORATION WORK HAPPENING ON THE GROUND IN MIAMI.

Schedule O (Form 990) 2023	Page 2
Name of the organization NATURAL AREAS CONSERVANCY, INC.	Employer identification number 46-1791849
	40 1791049
PARTNERSHIP WITH THE CITY UNIVERSITY OF NEW YORK (CUNY), C	ELEBRATED ITS
100TH INTERN IN THE PROGRAM SINCE ITS INCEPTION IN 2017. W	E OFFERED 30
PAID INTERNSHIPS, AND STUDENTS WORKED ON DIVERSE PROJECTS,	INCLUDING
SHORELINE MONITORING, FOREST DATA COLLECTION, AND NATIVE S	EED
PROPAGATION. AFTER HIRING OUR FIRST INTERNSHIP COMMUNITY C	OORDINATOR,
WE OFFICIALLY LAUNCHED AN ALUMNI NETWORK, PROVIDING PROFES	SIONAL
DEVELOPMENT, MENTORING, AND NETWORKING OPPORTUNITIES FOR O	UR 100+
INTERNSHIP ALUMNI. WE ALSO LAUNCHED OUR FIRST YEAR OF A HI	GH SCHOOL
INTERNSHIP PROGRAM IN FOREST PARK, QUEENS, PROVIDING NATUR	E-BASED
CAREER LEARNING FOR EIGHT LOCAL STUDENTS. IN 2023, THE NAC	'S TRAILS
TEAM CONTINUED TO EXPAND ACCESS TO NEW YORK CITY'S 300 MIL	ES OF NATURE
TRAILS CITYWIDE BY PILOTING NEW ACCESSIBLE TRAIL STRUCTURE	S THAT CAN
ACCOMMODATE MOBILITY DEVICES, MAKING TRAILS ACCESSIBLE FOR	ALL NEW
YORKERS. WE ALSO EXPANDED THE TEAM WITH A NEW TRAILS VOLUN	TEER
COORDINATOR TO ALLOW US TO SCALE OUR GOAL OF WEEKLY PROGRA	MMING IN
PARKS CITYWIDE. WE ALSO HOSTED OUR 5TH ANNUAL TRAIL TECHNI	QUES TRAINING
FOR PRACTITIONERS AROUND THE CITY THAT WORKED ON TRAILS AN	D PROVIDED
MULTI-DAY TRAINING TO OVER 40 PARTICIPANTS. FINALLY, WE TR	AINED
VOLUNTEERS TO ADOPT AN ADDITIONAL 20 MILES OF TRAILS THIS	YEAR,
BRINGING THE TOTAL NUMBER OF ADOPTED MILES TO 130.	

3. COMMUNICATIONS & EXTERNAL AFFAIRS: THE NATURAL AREAS CONSERVANCY LAID A STRONG FOUNDATION IN 2023 FOR ITS COMMUNICATIONS, MARKETING, AND ADVOCACY WITH THE HIRING OF A NEW THREE-PERSON TEAM TO OVERSEE THESE EFFORTS. WORK BEGAN IN EARNEST IN Q2 TO BUILD AWARENESS OF THE CRITICAL IMPORTANCE OF NATURAL AREAS AND ESTABLISH THE NAC AS THE TOP EXPERT ON SUPPORTING AND IMPROVING THESE SPACES IN NYC AND NATIONWIDE. WE

LAUNCHED A BLOG AND EVENTS CALENDAR IN SPRING 2023 TO SHOWCASE OUR 332212 11-14-23

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
NATURAL AREAS CONSERVANCY, INC.	46-1791849
THOUGHT LEADERSHIP AND HIGHLIGHT THE PEOPLE AT THE NAC WHO	SUPPORT THE
CITY'S FORESTS, WETLANDS, AND GRASSLANDS. WE WORKED ACROSS	OWNED AND
EARNED MEDIA CHANNELS TO RESURFACE CRITICAL CLIMATE RESEAR	CH AND
DISTRIBUTE AND PROMOTE NEW KNOWLEDGE THROUGH THE COOLING C	ITIES REPORT,
WHICH LED TO THE RESEARCH BEING FEATURED ON WNYC'S BRIAN L	EHRER SHOW
AND OTHER LOCAL AND NATIONAL MEDIA. WE LEVERAGED OUR FUNDI	NG FORESTED
NATURAL AREAS RESEARCH AND ACCOMPANYING INFOGRAPHICS TO CO	MMUNICATE THE
IMPORTANCE OF SUFFICIENT AND SUSTAINED FUNDING OF FORESTS	го
POLICYMAKERS AND ELECTED OFFICIALS AS PART OF A LARGER, RO	BUST ADVOCACY
CAMPAIGN AND WORKED TO: 1) BUILD ADVOCACY COMPETENCY WITH	THOSE IN OUR
NETWORK, INCLUDING VOLUNTEER TRAIL MAINTAINERS, INTERN ALU	MNI, AND
FORESTS IN CITIES NETWORK PARTNERS, AND 2) STRENGTHEN OUR	PARTNERSHIPS
WITH PARKS ADVOCACY COALITION MEMBERS. WE ALSO CELEBRATED	OUR 100TH
INTERN MILESTONE IN THE SUMMER OF 2023, WHICH RESULTED IN 3	LOCAL
TELEVISION COVERAGE OF THE NAC'S INTERNSHIP PROGRAM. WE ST	RENGTHENED
THE NAC'S SOCIAL MEDIA PRESENCE WITH A CONSISTENT VOICE AN	D POSTING
SCHEDULE ACROSS SOCIAL MEDIA CHANNELS AND NOVEL CONTENT TO	ENGAGE A
WIDE SWATH OF NEW YORKERS IN CAMPAIGNS FOCUSED ON QUALITY-	OF-LIFE
ISSUES IN THE CITY. FINALLY, THE TEAM AND AN INTERNAL WORK	ING GROUP
KICKED OFF THE PROCESS OF REDESIGNING AND REDEVELOPING THE	NAC WEBSITE,
WHICH LAUNCHED IN EARLY 2024.	

FORM 990, PART VI, SECTION B, LINE 11B: THE ACCOUNTING FIRM PREPARED FORM 990 IN COLLABORATION WITH NAC'S FINANCE DEPARTMENT. THE MANAGEMENT THOROUGHLY REVIEWED IT. AFTER THE REVIEW, A FINAL DRAFT WAS SHARED WITH THE FINANCE AND AUDIT COMMITTEE AND THE ENTIRE BOARD FOR THEIR REVIEW AND COMMENTS BEFORE FILING IT WITH THE IRS.

lame of the organization	Employer identification number
lame of the organization	Employer identification number
NATURAL AREAS CONSERVANCY, INC.	46-1791849
ORM 990, PART VI, SECTION B, LINE 12C:	
NAC HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. A	RELATED PARTY AND
CONFLICT-OF-INTEREST POLICY IS STATED IN ARTICLE VIII OF	NAC'S BY-LAWS AS
OF 12/4/2017, EACH BOARD MEMBER MUST FILL OUT AN ANNUAL D	ECLARATION STATING

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, 2023.

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

THE NAC REGULARLY CONDUCTS MARKET ASSESSMENTS OF OTHER SIMILARLY SIZED ENVIRONMENTAL NONPROFITS IN NYC TO ENSURE WE ARE OFFERING COMPETITIVE SALARIES TO STAFF. A TITLE AND SALARY MATRIX IS REGULARLY UPDATED SO THAT EVERY LEVEL OF THE ORGANIZATION HAS A LOW, MID, AND HIGH SALARY RANGE FOR COMPENSATION. ON AN ANNUAL BASIS, WE ASSESS MARKET CONDITIONS, EMPLOYEE PERFORMANCE AND BUDGET RESTRICTIONS TO DETERMINE THE SALARY INCREASES FOR EMPLOYEES. THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND IS RESPONSIBLE FOR SETTING THE EXECUTIVE DIRECTOR'S COMPENSATION.

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.

Schedule O (Form 990) 2023 Name of the organization	Page : Employer identification number
NATURAL AREAS CONSERVANCY, INC.	46-1791849
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	206,838.
MANAGEMENT AND GENERAL EXPENSES	123,907.
FUNDRAISING EXPENSES	21,608.
TOTAL EXPENSES	352,353.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	352,353.

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

must use	Form 7004 to request an extension of time to file income	e tax returi	าร.			
Part I - Id	lentification					
Type or Print	Name of exempt organization, employer, or other filer	, see instru	actions.	Taxpayer	r identification r	number (TIN)
FIIIL	NATURAL AREAS CONSERVANCY,		46-1791849			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 1234 FIFTH AVENUE					
instructions.	City, town or post office, state, and ZIP code. For a fo NEW YORK, NY 10029	oreign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicatio	on Is For	Return	Application Is For			Return
		Code				Code
orm 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
orm 472	0 (individual)	03	Form 5227			10
orm 990-	-PF	04	Form 6069			11
-orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
orm 990-	-T (trust other than above)	06	Form 5330 (individual)			13
orm 990-	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
● If this ap Plar Plar	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name n Number n Year Ending (MM/DD/YYYY)	ou must ei	nter the following information.			
● If this ap Plar Plar Plar Part II - Au	pplication is for an extension of time to file Form 5330, y n Name	izations (s	ee instructions)			
● If this ap Plar Plar <u>Plar</u> Plar Cart II - Au The bo	pplication is for an extension of time to file Form 5330, y n Name	izations (s	ee instructions)			
● If this ap Plar Plar <u>Plar</u> art II - Au The bo Teleph	pplication is for an extension of time to file Form 5330, ye n Name	izations (s IERS E – NE	wee instructions) WYORK, NY 10029 Fax No.			
 If this applies of the second s	pplication is for an extension of time to file Form 5330, ye n Name	izations (s IERS E – NE . in the Uni	wee instructions) W YORK, NY 10029 Fax No ted States, check this box			
 If this applies of the second s	pplication is for an extension of time to file Form 5330, ye n Name	izations (s IERS E – NE in the Uni	wee instructions) W YORK, NY 10029 Fax No ted States, check this box	f this is fo	r the whole gro	up, check this
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.