			EXTENDED TO AUGUST 17, 202		OMD No. 1545-0047
For	m 9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundatio	OMB No. 1545-0047
		of the Treasury enue Service	Do not enter social security numbers on this form as it may also be a security number on this form as it may also be a security number of the security numbers on this form as it may also be a security number of the security numbers on this form as it may also be a security number of the security numbers on this form as it may also be a security number of the security numbers on this form as it may also be a security number of the security numbers on the s		Open to Public
			► Go to www.irs.gov/Form990 for instructions and the lat lar year, or tax year beginning OCT 1, 2018 and ending	SEP 30, 2019	Inspection
		-	f organization	D Employer identifie	ation number
ь —	Check if applicab	le:			
	Addre chang Name chang		ER FOR NATURAL LANDS MANAGEMENT	68-0	233573
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Room/su 8 VIA INDUSTRIA B		ſ
	termi ated Amer returr	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group re	12,441,881. eturn
	Appli tion pend	^{ca-} F Name a ing SAME	nd address of principal officer:MELANIE BARRANCO AS C ABOVE	for subordinates H(b) Are all subordinates in	? Yes X No
		empt status:		527 If "No," attach a	list. (see instructions)
			CNLM.ORG	H(c) Group exemption	
				ear of formation: 1990 N	State of legal domicile: CA
P	art I				
e	1	Briefly describ	be the organization's mission or most significant activities:	L PROTECTION A	AND
Governance			SHIP OF LANDS, NATIVE SPECIES AND THE		ESPECIALLY
ern	2		x 🕨 📖 if the organization discontinued its operations or disposed of m	1 1	
200	3		ting members of the governing body (Part VI, line 1a)		9
	4	Number of inc	8		
Activities &	5		of individuals employed in calendar year 2018 (Part V, line 2a)		96
ivit	6		of volunteers (estimate if necessary)		639
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 38		0.
				Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	48,494,769.	8,170,564.
Revenue	9	•	ice revenue (Part VIII, line 2g)	2,165,820.	2,960,340.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	669,742.	1,310,977.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,330,331.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,441,881.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	396,846. 0.	146,312.
			to or for members (Part IX, column (A), line 4)	• •	<u> </u>
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	4,778,863. 0.	5,038,290. 0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Ä	d D			3,575,111.	3,581,318.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	8,750,820.	8,765,920.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,579,511.	3,675,961.
L X	19	nevenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets or Fund Balances		Total casata "	Dart V line 16)	208,169,581.	End of Year 215,851,625.
Asse	20	Total assets (2,330,281.	2,014,984.
let /	21		; (Part X, line 26) fund helenees, Subtract line 21 from line 20	205,839,300.	213,836,641.
	<u>22</u> art II		fund balances. Subtract line 21 from line 20	203,039,300.	213,030,041.
		-	I declare that I have examined this return, including accompanying schedules and stat	tements and to the hest of m	knowledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of which prepa		י ההסשוטעשט מווע שפוופו, ול 5
aut	,	si, una sompiolo		a or muo arry mio mougo.	

Sign Here	Signature of officer MELANIE BARRANCO, CFO Type or print name and title		Date							
Paid	Print/Type preparer's name LINDA L. HOUSE, CPA	Preparer's signature D	ate Check if self-employed	PTIN P00003225						
Preparer	Firm's name CAMPBELL TAYLOR		Firm's EIN	68-0251243						
Use Only	Firm's address 3741 DOUGLAS BLV	D, SUITE 350								
	ROSEVILLE, CA 95	661	Phone no. (91	6)929-3680						
May the If	May the IRS discuss this return with the preparer shown above? (see instructions)									
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) CENTER FOR NATURAL LANDS MANAGEMENT 68-0233573 P
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE CENTER FOR NATURAL LANDS MANAGEMENT IS:
	(A) TO CONSERVE NATIVE SPECIES, THEIR HABITAT AND FUNCTIONING
	ECOSYSTEMS IN PERPETUITY; (B) TO OWN AND/OR MANAGE LANDS IN AN
	ECOLOGICALLY BENEFICIAL MANNER CONSISTENT WITH LOCAL, STATE AND
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,218,247. including grants of \$ 146,312.) (Revenue \$ 2,960,34
чa	AS OF SEPTEMBER 30, 2019, THE CENTER FOR NATURAL LANDS MANAGEMENT
	(CNLM) HAS PERMANENTLY PROTECTED, THROUGH IN-FEE OWNERSHIP AND
	CONSERVATION EASEMENTS, 72,469.76 ACRES OF LAND AND WETLANDS THAT
	PROVIDE ASSOCIATED HABITAT FOR AT-RISK SPECIES. PROTECTION AND
	STEWARDSHIP WERE PROVIDED THROUGH PATROLLING, PUBLIC EDUCATION, CONTR
	OF NON-NATIVE VEGETATION, BIOLOGICAL MONITORING, BOUNDARY SECURITY,
	HABITAT RESTORATION, RESEARCH, AND OTHER ACTIVITIES. THROUGH THIS
	STEWARDSHIP, CNLM PROTECTED APPROXIMATELY 123 FEDERAL- OR STATE- LIST
	OR SPECIAL-STATUS SPECIES, INCLUDING 21 MAMMAL, 25 BIRD, 11 REPTILE,
	AMPHIBIAN, 5 FISH, 13 INVERTEBRATE, AND 43 PLANT SPECIES ON ITS
	PRESERVES IN CALIFORNIA, OREGON, AND WASHINGTON. CNLM'S GOAL IS
	PERPETUAL PROTECTION AND CONSERVATION OF THESE SPECIES AND THEIR
	PERPETUAL PROTECTION AND CONSERVATION OF THESE SPECIES AND THEIR
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4c 4d	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$)
4c 4d	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$) (Revenue \$) Code:) (Revenue \$) (Revenue \$) Code:) (Revenue \$) (Revenue \$) Code:) (Revenue \$) (
4c 4d 4e	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$)

Form	aan	(2018)	
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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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			
		9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
Ū	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	u	_	<u> </u>
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form **990** (2018)

	Form 990 (2	2018)	CENTER	FOR	NATURAL
ĺ	Part IV	Checklist	of Required Sc	hedul	es (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	37
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	<u>л</u>	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
51	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	L
. u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37		169	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
832004	4 12-31-18	Form	990	(2018)
	Δ			

Form 990	(2018)	CENTER	FOR	NATURAL	LANDS	MANAGEMENT
Part V	Statements	Regarding C	Other I	RS Filings a	nd Tax Co	ompliance (continued)

2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a 96 b If a least one is reported on line 2a, did the organization file all required tedre employment tax returns? 2b X 3a Dot line organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a A tax ytim during the audiend year, did the organization have an interest in, or a signature or other authord yoer, at financial account if a throng year, did the organization have an interest in, or a signature or other authord yoer, at financial account is present than explore the lengin contry. 4a X b if 'ves, 'institution ary present of FinCSN Form 114, Report of Foreign Bank and Financial account(? 4a X b if 'ves, 'institution party to comparization if a Point Bank and prime during the xyser? 5a X b dam to availe party notify the organization that if twas or is a party to a prohibited tax shelter transaction? 5b X c if '''ess,' id the organization in PointBas tax bare available contributions? 5a X c if ''ess,' id the organization in PointBas tax bare available contributions? 5a X c if ''ess,' id the organization in PointBas tax bare available contributions? 7a X c if ''ess,' id the organization factor was available				Yes	No			
b If a last one is reported on line 2a, dd the organization like all required to <i>c</i> /life (see instructions) 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>c</i> /life (see instructions) 3a X If "Yes," has if field a form 900.1 for this year? If "No" to line 3b, provide an explanation in Schedule 0 3b X If "Yes," has if field a forming the called year, dith the organization have an explanation in Schedule 0. 3b X If "Yes," instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X If "Yes," instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X If wes, 'in los as or sb, dith eorganization have an entrally greater than \$100,000, and did the organization solut any transition party to a prohibited tax shelter transaction? 5a X If wes, 'in did the organization have an entrally call that such contributions orgits were not tax deductible as charitable contributions under section 170(c). 7a X If "wes,'' indicate the number of Fores 820. Hid during the year? 7a X If "wes,'' indicate the number of Fores 820. Hid during the year? 7a X If "wes,'' indicate the number of Fores 820. Hid during the yearon 10 approxinal bonetit contract? <td< th=""><th>2a</th><th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th><th></th><th></th><th></th></td<>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Image: Control of Control of Control of Control Contrel Contro Control Control Control Control Control Contro Contro		filed for the calendar year ending with or within the year covered by this return 2a 96						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'has if field a Form 980-T for this year? If 'No' to <i>lane 3b, provide an explanation in Schedule O</i> . 3b X b If Yes, 'has if field a Form 980-T for this year? If 'No' to <i>lane 3b, provide an explanation in Schedule O</i> . 3b X b If Yes, 'enter the name of the foreign country, south as a bank account, a soundiator or other financial account? 4a X b If Yes, 'enter the name of the foreign country, South as a bank account, a soundiate tax sheler transaction? 5a X b Us any taxable party notify the organization that it was or is a party to a prohibited tax sheler transaction? 5a X b If Yes, 'in the organization in the rem R886-17. 5a X b If Yes, 'in the organization include with every solicitation a express statement that such contributions or gifts were not tax deductible? 7a X c Organizations that may receive deductible contributions under section 170(c). 10 the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X d If Yes, 'i dut the organization include with every solicitation are provided or services provided? 7a X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
b If "Yes," has it filed a Form 390 T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account? 4a X b If "Yes," enter the name of the foreign country (ber, as a bank account, scultres account? 5a X 56 Was the organization the organization that was or is a party to a prohibited tax shelter transaction? 5a X 50 Did any taxabut party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X 61 Does the organization name organization that was or is a party to a prohibited tax shelter transaction solid: 6a X 61 Does the organization new angl organization include with were y solidition an express statement that such contributions or gifts 6b 6b 7 Taganization solidit acdouncible? 7a X 7a X 16 Tres," dd the organization notify the donor of the value of the goods or services provided 1 7a X 17 Taganization solidit, acdouncible? 7b 7a X 16 the organization include with were y solidition on appressive sprovided 1 7a X 17		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a At any time during the calendar year, ald the organization have an interest in, or a signature or other authority over, a difficult or the financial account)? 4a X b If "Yea," anter the name of the foreign country, it is a bank account, or other financial account? 5a X b Was the organization approximation that it was or is a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization financial account? 5a X c If "Yea," to be Sa or 5b, did the organization financial account? 5a X c Did any taxable party notify the organization financial account? 5a X c If "Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X f Organization static may contribution and partly for goods and services provided the partify a contribution and partly for goods and services provided the part of the form 882? 7a X d If "Yea," did the organization notify the donor the value of the organization financial accountar? 7a X d If "Yea," did the organization include with every solicitation an express statement that such contribution of call account any contributions or gifts 6a X d If "Yea," did	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
In Prose, "enter the name of the 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. Securities account is a party to a prohibited tas sheller transaction at any time during the tax year? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction at any time during the tax year? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is a party to a prohibited tas sheller transaction? Securities account is	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13c 13a c Enter the amount of reserves on hand 13b 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000	10	Section 501(c)(7) organizations. Enter:						
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a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13c c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 X 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			120					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X			14a		Х			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X								
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X			<u> </u>					
If "Yes," see instructions and file Form 4720, Schedule N. 16 X			15		x			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
	16		16		Х			
			_					

Form **990** (2018)

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Form 990	(2018)
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CENTER FOR NATURAL LANDS MANAGEMENT

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 in Schedule O. See instructions.

		1 1		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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	•			Ι_
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		2
	Did the organization make any significant changes to its governing documents since the prior Form S				2
5	Did the organization become aware during the year of a significant diversion of the organization's as				Σ
6	Did the organization have members or stockholders?		6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	•			_
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		. 7b		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar 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 read	iched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Σ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		. 10a		Σ
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		. 10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	, 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	. 12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		. 12c	Х	
	Did the organization have a written whistleblower policy?			Х	
	Did the organization have a written document retention and destruction policy?			Х	
	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		. 15a	X	
	Other officers or key employees of the organization			X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		. 16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		. 16b		
ec	tion C. Disclosure			•	•
	List the states with which a copy of this Form 990 is required to be filed CA				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, ar	nd 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		, e, e o ny	,	
	X Own website Another's website X Upon request Other (explain	in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy,	and finar	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨			
	MELANIE BARRANCO - (760) 731-7790	·			
	27258 VIA INDUSTRIA, SUITE B, TEMECULA, CA 92590-	3751			

Part VII	Co	mpensation of	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensa	ted
	Em	ployees, and	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 (Ď), (E), and (F) if no compensation was paid.

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

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

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	ר than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ru stee			pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal t		ploye	t com				and related
	line)	Idivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRIS LEE	0.00	-			×	Ξē	Ē			
BOARD CHAIRMAN		x						0.	Ο.	0.
(2) KEN SANCHEZ	0.00									
VICE CHAIR		X						0.	0.	0.
(3) DAVID IVESTER	0.00									
BOARD TREASURER		X						0.	0.	0.
(4) JAMES HARTER	0.00									
BOARD TREASURER		Х						0.	0.	0.
(5) SUSAN MOORE	0.00									
BOARD MEMBER		Х						0.	0.	0.
(6) RICHARD BURGI	0.69								_	_
BOARD MEMBER		Х						2,250.	0.	0.
(7) DAVID THOREAU	2.25									
BOARD MEMBER		Х						7,300.	0.	0.
(8) RICK RAYBURN	0.00									
BOARD MEMBER		X						0.	0.	0.
(9) DAVID LEE	0.00									<u> </u>
BOARD MEMBER		X						0.	0.	0.
(10) LAUREL RAYBURN	0.00									•
BOARD MEMBER	40.00	X						0.	0.	0.
(11) DAVID BRUNNER	40.00							010 100	0	10 740
EXEC. DIRECTOR	40.00			X				210,109.	0.	10,742.
(12) ISABELLA GELMI	40.00							104 000	0	1 5 5 0 0
CORPORATE SECRETARY	40.00			X				104,882.	0.	15,503.
(13) MELANIE BARRANCO	40.00	-		37				100 424	0	
CHIEF FINANCIAL OFFICER	40.00			X				129,434.	0.	28,774.
(14) DAVID MONROE	40.00	-				v		141 065	^	E 13E
GENERAL COUNSEL	10.00	<u> </u>		<u> </u>	<u> </u>	X	<u> </u>	141,965.	0.	5,435.
(15) DEBORAH ROGERS	40.00	-				v		122 272	0.	15 600
DIR. OF CONSERVATION SCIENCE		-	\vdash			X		133,273.	0.	15,600.
		1								
										F000 (001.0)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average		not cl		more	than		Reportable	Reportable			timate	
		hours per week					is bot pr/trus		compensation	compensatio			ount o	of
		(list any	tor						from the	from related organization			other bensat	tion
		hours for	· direc				eq		organization	(W-2/1099-MIS			om the	
		related	stee or	'u stee			ensat		(W-2/1099-MISC)	-		orga	anizati	on
		organizations below	al tru:	onal ti		loyee	comp ee						l relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	JIIS
		,	드	드	ò	l ₹	ты	F						
1b	Sub-total								729,213.		0.	76	5,0!	54.
с	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								729,213.		0.	76	5,0!	54.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			-
	compensation from the organization												Yes	5 No
2	Did the organization list any former officer,	director or tru	to					~ *	highest somespected a		I		Tes	NO
3	line 1a? If "Yes," complete Schedule J for s	,		'					•			3		Х
4	For any individual listed on line 1a, is the su	im of reportab	 le co	 omo	ensa	atior	 n and	 1 ot	her compensation from	the organization				
•	and related organizations greater than \$150			-						and organization		4	x	
5	Did any person listed on line 1a receive or a			•						idual for services		-		
	rendered to the organization? If "Yes," com	=				-						5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•								pens	ation fr	rom	
	the organization. Report compensation for t	the calendar y	ear	endi	ng v	vith	or w	ithir		year.		(0)		
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	С	(C omper		ı
					_				•					
								_						
2	Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz						0	_	·					
												Form S	990 (2	2018)

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Form	n 990 (TURAL LA	NDS MANAGE	MENT	68-0233573 Pag		
Ра	rt VII	I Statement of Rever	nue						
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a c c d e	SEED REVENUE	1b 1c 1d ions) 1e ts, and 1f 1a-1f: \$	Business Code 813312 111000	8,170,564. 2,951,209. 9,131.	2,951,209. 9,131.			
Other Revenue	b c d 7 a b c d 8 a b c 9 a b c 10 a b	Investment income (including other similar amounts) Income from investment of tax Royalties Gross rents Less: rental expenses	dividends, intere x-exempt bond p (i) Real (i) Securities (i) Securities g events (not of 1c). See a b draising events ctivities. See a b ning activities returns a b s of inventory	est, and	2,960,340.			1,310,977.	
	11 a b			Business Code					

Form 990 (2018)

1,310,977.

Ο.

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d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

12,441,881.

2,960,340.

►

►

68-0233573 Page 9

CENTER FOR NATURAL LANDS MANAGEMENT

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D۵	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	X (D)
	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	146,312.	146,312.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	525,829.	12,017.	513,812.	
6	Compensation not included above, to disqualified	,	, -		
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,491,908.	2,913,570.	578,338.	
8	Pension plan accruals and contributions (include	. , -		· · ·	
	section 401(k) and 403(b) employer contributions)	84,108.	70,615.	13,493.	
9	Other employee benefits	624,163.	485,617.	138,546.	
0	Payroll taxes	312,282.	235,179.	77,103.	
1	Fees for services (non-employees):		-		
а	Management				
b					
с	Accounting	48,666.	38,006.	10,660.	
	Lobbying				
е					
f	Investment management fees				
g					
Ū	column (A) amount, list line 11g expenses on Sch 0.)	1,057,815.	1,024,753.	33,062.	
12	Advertising and promotion				
3	Office expenses	25,673.	19,092.	6,581.	
4	Information technology	49,492.	20,136.	29,356.	
5	Royalties				
6	Occupancy	199,845.	140,163.	59,682.	
7	Travel	123,271.	111,325.	11,946.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	23,108.	8,204.	14,904.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	51,262.	51,262.		
3	Insurance	102,737.	72,892.	29,845.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRESERVE MGMT	1,030,744.	1,030,744.		
b	SUPPLIES	615,098.	606,772.	8,326.	
с	TAXES FEES AND LICENSES	121,372.	121,042.	330.	
d	VEHICLE EXPENSE	78,251.	78,251.		
е	All other expenses	53,984.	32,295.	21,689.	
5	Total functional expenses. Add lines 1 through 24e	8,765,920.	7,218,247.	1,547,673.	C
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

Form 990 (2018)

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Form 990 (2018)
Part X Balance Sheet

		oneek in benedule of contains a response of not	0 10 41			1	······ ·
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			474,901.	1	439,832.
	2	Savings and temporary cash investments			4,547,042.	2	4,792,886.
	3	Pledges and grants receivable, net			256,959.	3	99,461.
	4				1,011,036.		1,370,529.
	5	Accounts receivable, net Loans and other receivables from current and for			1/011/0300	-	1/0/0/0200
	5						
		trustees, key employees, and highest compensa Part II of Schedule L				5	
	6	Part II of Schedule L Loans and other receivables from other disquali				5	
	6	-	-				
		section 4958(f)(1)), persons described in section		•			
<i>(</i> ^		employers and sponsoring organizations of sect		-		6	
Assets	_	employees' beneficiary organizations (see instr).				6 7	
Ase	7	Notes and loans receivable, net			293,950.	8	263,236.
	8	Inventories for sale or use			146,739.	8 9	46,550.
	9				140,755.	9	
	10a	Land, buildings, and equipment: cost or other	10-	92 825 936			
		basis. Complete Part VI of Schedule D	10a	430,138.	90,682,234.	10-	92,395,798.
		Less: accumulated depreciation	100		93,489,349.		96,624,092.
	11	Investments - publicly traded securities		17,267,371.	11	19,819,241.	
	12	Investments - other securities. See Part IV, line 1	17,207,371.	12	19,019,241.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			208,169,581.	15	215,851,625.
	16	Total assets. Add lines 1 through 15 (must equa	943,229.	16	719,530.		
	17	Accounts payable and accrued expenses		J=J,22J•	17	115,550.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee				00	
Lia	00	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pai				24	
	25	parties, and other liabilities not included on lines					
					1,387,052.	25	1,295,454.
	26	Total liabilities. Add lines 17 through 25			2,330,281.	25	2,014,984.
	20	Organizations that follow SFAS 117 (ASC 958			2/000/2010	20	2/011/2010
ú		complete lines 27 through 29, and lines 33 an					
čě	27	· · · · · · · · · · · · · · · · · · ·			3,096,968.	27	5,258,614.
alar	28	Temporarily restricted net assets			45,349,537.	28	208,578,027.
Fund Balances	20				157,392,795.	20	0.
ŭ	25	Organizations that do not follow SFAS 117 (A		8) check here	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	25	
or T		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets	32	Retained earnings, endowment, accumulated in				31	
Ne	33	Total net assets or fund balances			205,839,300.	33	213,836,641.
	34	Total liabilities and net assets/fund balances			208,169,581.	34	215,851,625.
	54	TOTAL HADHILIES AND HEL ASSELS/TUNU DAIANCES			,,,,_	1 34	<u>213,031,023</u>

CENTER FOR NATURAL LANDS MANAGEMENT

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

Form **990** (2018)

Form	990 (2018) CENTER FOR NATURAL LANDS MANAGEMENT	68-	023357	3 ра	age 12
Par	t 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	12,4	41,8	381.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,7		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,6	75,9	961.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	205,8	39,3	300.
5	Net unrealized gains (losses) on investments	5	4,3	21,3	380.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	213,8	36,6	541.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d 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?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		1
	Act and OMB Circular A-133?			X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3k		

Form **990** (2018)

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2018
Open to Public Inspection

Internal	Inspection Inspection							spection			
Name	of t	he organizati									cation number
					URAL LANDS M					8-02	33573
Par					All organizations must co	-			S.		
The o	Ť,		•		For lines 1 through 12, o		,				
1		-			on of churches describe			1)(A)(i).			
2					Attach Schedule E (Forn						
3 L					anization described in s e						
4 L			0	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hosp	ital's name,
г	_	city, and stat	-								
5 L	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ite, or local go	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).			
7 [An organizati	ion that norma	ally receives a substa	Intial part of its support f	from a gov	vernmental	unit or from	the general	public d	escribed in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-o	grant college of agric	ulture (see instructions).	. Enter the	name, city	, and state c	of the colleg	je or	
_		university:									
10	X	An organizati	ion that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross	receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gro	oss investment
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after Jur	ıe 30, 1975.
-		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4) .			
12 🗌		An organizati	on organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purpose	es of one or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the	e box in
		7	-	• •	of supporting organizatio		-		-		
а				-	upervised, or controlled	•					
					gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supportin	g
	_	7 -		complete Part IV, Se							
b				-	l or controlled in connec			•		-	
			•		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported	
		7 -		t complete Part IV,							
с			-		g organization operated				ally integrat	ed with,	
		л ··	0		b). You must complete l			-			
d					orting organization oper				-		
					zation generally must sa				id an attent	iveness	
		7			nplete Part IV, Sections written determination fro						
е	L		0		nally integrated support			атурет, туре	еп, туре п		
f	Ento		of supported of				2011011.				
				n about the supporte	ad organization(s)						
<u> </u>		Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) An	nount of other
		organization	ı		(described on lines 1-10	Yes	ing document? No	support (see i	nstructions)	support ((see instructions)
					above (see instructions))						
Total											
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR NATURAL LANDS MANAGEMENT Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	•	•	12	
13	First five years. If the Form 990 is for	r the organization'				on 501(c)(3)	
	organization, check this box and stor	o here			-		
See	ction C. Computation of Publ		ercentage				
14	Public support percentage for 2018 (ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
	••••••••••••••••••••••••••••••••••••••					adula A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR NATURAL LANDS MANAGEMENT Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	Section A. Public Support											
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
	Gifts, grants, contributions, and	(4) 2011	(0) 2010	(0) 2010	(4) 2011	(0) 2010	(1) 10101					
•	membership fees received. (Do not											
	include any "unusual grants.")	7,385,353.	17,813,647.	6,210,138.	44,758,893.	8,170,564.	84,338,595.					
2	Gross receipts from admissions,	.,		-,,	,,,	-,,	,,•					
2	merchandise sold or services per-											
	formed, or facilities furnished in											
	any activity that is related to the organization's tax-exempt purpose	1,591,512.	1,379,174.	1,470,881.	2,165,820.	2,960,340.	9,567,727.					
3	Gross receipts from activities that	, , , -	, , -	, , -	, , ,	, , ,	, , -					
•	are not an unrelated trade or bus-											
	iness under section 513											
4	Tax revenues levied for the organ-											
•	ization's benefit and either paid to											
	or expended on its behalf											
5	The value of services or facilities											
Ŭ	furnished by a governmental unit to											
	the organization without charge											
6	Total. Add lines 1 through 5	8,976,865.	19,192,821.	7,681,019.	46,924,713.	11,130,904.	93,906,322.					
	Amounts included on lines 1, 2, and		,,	.,,	,,,	,,	,					
10	3 received from disgualified persons	9,636.	9,000.	6,500.	5,350.		30,486.					
b	Amounts included on lines 2 and 3 received	5,0000	5,0000	0,0001	5,5501							
-	from other than disqualified persons that											
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	99,290.		84,485.		61 847.	245,622.					
	Add lines 7a and 7b	108,926.	9,000.	90,985.	5,350.	61,847.	276,108.					
		100,5100	570001	5075001	5,5501	01/01/0	93,630,214.					
	8 Public support. (Subtract line 7c from line 6.) 93,630,214. Section B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
	Amounts from line 6	8,976,865.	19,192,821.	7,681,019.	46,924,713.	11,130,904.	93,906,322.					
	Gross income from interest,	0,570,005.	19,192,021.	7,001,019.	40,524,713.	11,130,904.	55,500,522.					
100	dividends, payments received on											
	securities loans, rents, royalties, and income from similar sources	584,546.	1,036,162.	703,590.	669,742.	1,310,977.	4,305,017.					
h	Unrelated business taxable income	001/0101	_,,	, ,		_,o_o,o,o,o,	1,000,017.					
	(less section 511 taxes) from businesses											
	acquired after June 30, 1975											
	Add lines 10a and 10b	584,546.	1,036,162.	703,590.	669,742.	1,310,977.	4,305,017.					
	Net income from unrelated business	001/0101	_,,	, ,		1,010,077	1,000,01,0					
	activities not included in line 10b,											
	whether or not the business is regularly carried on											
12	Other income. Do not include gain											
	or loss from the sale of capital	622.					622.					
13	assets (Explain in Part VI.)	9,562,033.	20,228,983.	8,384,609.	47,594,455.	12,441,881.	98,211,961.					
	First five years. If the Form 990 is for			, ,	, ,	, ,	, ,					
	check this box and stop here	e e										
Sec	ction C. Computation of Publ											
15	Public support percentage for 2018 (column (f))		15	95.33 %					
16	Public support percentage from 2017					16	95.48 %					
	ction D. Computation of Invest	/	,									
17	Investment income percentage for 20		¥	ne 13. column (fl)		17	4.38 %					
18	Investment income percentage from 2					18	4.18 %					
	33 1/3% support tests - 2018. If the											
	more than 33 1/3%, check this box a						► X					
h	33 1/3% support tests - 2017. If the											
~	line 18 is not more than 33 1/3%, che	•										
20	Private foundation. If the organization											
	23 10-11-18			2, 5, 102, 0100A ti) or 990-EZ) 2018					
20201				15	Cont							
			0 0 0 0 1 0 0				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 CENTER FOR NATURAL LANDS MANAGEMENT Part IV Supporting Organizations (continued)

			V.	N
	Lies the even institution account of a site of even which there are a fither following means 0		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
d	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
82000			0-E7	2019
03202	5 10-11-18 Schedule A (Form 9 17	50 01 33	, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2010

Schedule A (Form 990 or 990-EZ) 2018 CENTER FOR NATURAL LANDS MANAGEMENT Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(A) Prior Year	(B) Current Year (optional)
(A) Prior Year	(B) Current Year (optional)
	Current Year
p	pe III supporting

instructions).

1

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 CENTER FOR NATURAL LANDS MANAGEMENT

Par	·) ····· ···························	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
-	From 2015			
-	From 2016			
	From 2017			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributions of phot years			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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		EZ) 2018 CENTER							0233573	Га
	Part IV Section A	Il Information. Pro A, lines 1, 2, 3b, 3c, 4b,	4c 5a (6 9a 9b 9c 1	la 11b and 1	1c [·] Part	IV Section B	lines 1 and 2.	Part IV Sectio	n C
	line 1; Part IV, See	ction D, lines 2 and 3;	Part IV, S	Section E, lines	1c, 2a, 2b, 3a	, and 3b;	Part V, line 1;	Part V, Sectio	n B, line 1e; P	art V
	Section D, lines 5	, 6, and 8; and Part V,	Section	E, lines 2, 5, an	d 6. Also com	plete this	s part for any a	dditional info	mation.	
	(See instructions.	.)								
32028 10-11-1	8				20		Sc	hedule A (Fo	m 990 or 990	-EZ)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



CENTER FOR NATURAL LANDS MANAGEMENT

Employer identification number 68-0233573

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
-	Total number at and of year		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	witing that the apparts hold in depart advises	1 fundo
5	Did the organization inform all donors and donor advisors in w	-	
e	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or impormissible private benefit?		
Par	impermissible private benefit? t II Conservation Easements. Complete if the org.		
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		cally important land area
	X Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		100
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
-	year ► 0		· · · · · · · · · · · · · · · · · · ·
4	Number of states where property subject to conservation eas	ement is located 2	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	► 1239		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	on easements during the year
	▶\$387,694.		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		X Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		jain, provide
	the following amounts required to be reported under SFAS 11		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
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Sche		FOR NATURA						68-02			ige 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histor	ical Tr	easures, c	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check ar	ly of the	following that	t are a s	ignificant	use of its	collectior	item	S
	(check all that apply):										
а	Public exhibition	d	Loa		hange progra						
b	Scholarly research e Other										
с											
4	Provide a description of the organization's co	ollections and explair	n how they	further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histo	rical trea	asures, or othe	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiza	tion's co	ollection?			L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	ganizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for cor	tributior	ns or other as	sets not	included		-		,
	on Form 990, Part X?							<u>X</u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:							
									Amount		
С	Beginning balance						1c	1	7,176		
d	Additions during the year						1d			.,4:	
е	Distributions during the year						1e			9,89	
f	Ending balance						1 f	1	7,237	-	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	row or c	ustodial acco	unt liabi	lity?		Yes	X	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "Ye	es" on Fo	1						
		(a) Current year	(b) Prior	year	(c) Two year		()		(e) Four	5	
1a	Beginning of year balance	202,742,332.	150,35	7,531.	. 138,840	0,592.		41,312.	121,	853,	511.
b	b Contributions 6,394,141. 55,308,487. 2,961,026. 14,010,702. 2,619,455										
	Net investment earnings, gains, and losses	5,494,836.	12,14	4,758.	. 11,525	5,985.	5,5	94,995.	-	152,	899.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	5,261,703.	14,83	6,300.	2,757	7,626.	2,4	30,723.	2,	303,	262.
f	Administrative expenses	269,567.	23	2,144.		2,446.	1	75,694.		175,	493.
g	End of year balance	209,100,039.	202,74	2,332.	150,357	7,531.	138,8	40,592.	121,	841,	312.
2	Provide the estimated percentage of the curr		e (line 1g, c	olumn (a	a)) held as:						
	Board designated or quasi-endowment	.25	_%								
b	Permanent endowment ► 99.75	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held a	and administe	red for t	he organiz	zation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sche	edule R?	•				3b		
4	Describe in Part XIII the intended uses of the		wment fun	ds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		<u> </u>			, ,					
	Description of property	(a) Cost or of			t or other	• •	ccumulate	ed	(d) Book	value	9
		basis (investn	· ·		(other)	de	preciation		<u> </u>	~ ^ '	
	Land		9	2,22	1,055.			9	2,221	.,0	55.
	Buildings										
	Leasehold improvements						120 1		4		12
d	Equipment			60	4,881.		430,1	38.	174	1,74	43.
	Other								0 00-		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)				2,395	-	
							:	Schedule	D (Form	990)	2018

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Schedule D (Form 990) 2018 CENTER FOR	NATURAL LANDS	MANAGEMENT	68-0233573 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other (A) PRIVATE EQUITY FUNDS	19,819,241.	FND-OF-VFAR	MARKET VALUE
(B)	1,01,241.		MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	19,819,241.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X	K, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	o . o.,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990	, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) LONG TERM RETIREMENT OBLI	GATION	1,295,454.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must actual Form 000, Port X, col. (P) (in	<u>25)</u>	1,295,454.	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	, ,		ial statements that reports the
 Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under 		-	
e.ga.nzation o hability for directant tax positions direct			Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 CENTER FOR NATURAL LANDS MAI	NAGEMENT	68-	0233573	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	16,763,	261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a 4,321,380.	,		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d		2e	4,321,	
3	Subtract line 2e from line 1		3	12,441,	881.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		Ο.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,441,	881.
			•		881.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•	ırn.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nts With Expenses per	•		
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With Expenses per	Retu	ırn.	
Pa 1	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.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With Expenses per	Retu	ırn.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With Expenses per	Retu	ırn.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	nts With Expenses per	Retu	ırn.	
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	Retu	ırn.	
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	Retu	ırn. 8 , 765 ,	.920.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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		ırn.	.920.
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	2e	ırn. 8 , 765 ,	.920.
Pa 1 2 d c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	2e	ırn. 8 , 765 ,	.920.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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	2e	ırn. 8 , 765 ,	.920.

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART II, LINE 9:

Part XIII Supplemental Information.

CNLM PERIODICALLY RECEIVES CONSERVATION EASEMENTS WHICH LIMIT THE
ALLOWABLE USES OF THE RELATED PROPERTY TO HABITAT CONSERVATION PURPOSES
CONSISTENT WITH CNLM'S MISSION. THESE CONSERVATION EASEMENTS ARISE THROUGH
COMPLIANCE BY THIRD PARTIES WITH THE NATURAL RESOURCE REGULATORY
PERMITTING PROCESS. ALTHOUGH CNLM RECOGNIZES THAT THE CONSERVATION
EASEMENTS THAT IT HOLDS HAVE A SUBSTANTIAL INHERENT MONETARY VALUE, DUE TO
STRICT LAND USE AND NATURAL RESOURCE CONDITION RESTRICTIONS, CONSERVATION
EASEMENTS RECEIVED BEAR NO POSSIBLE FUTURE FINANCIAL BENEFIT TO CNLM,
WHILE EXTANT, AND THEREFORE ARE NOT RECORDED ON CNLM'S STATEMENT OF
FINANCIAL POSITION.

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8,765,920.

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68-0233573 Page 5 CENTER FOR NATURAL LANDS MANAGEMENT Schedule D (Form 990) 2018 Part XIII | Supplemental Information (continued)

PART IV, LINE 1B:

CNLM PERIODICALLY RECEIVES FUNDS, DIRECTED TO IT BY OR WITH THE APPROVAL OF FEDERAL AND/OR STATE NATURAL RESOURCE REGULATORY AGENCIES, WHICH ARE INTENDED TO BE USED FOR THE ACQUISITION, PROTECTION, MAINTENANCE AND/OR ENHANCEMENT OF LANDS AND HABITATS FOR IMPERILED BIOTA. CNLM MAINTAINS FUNDS IN SEGREGATED ACCOUNTS, MANAGES AND EXPENDS THESE FUNDS ON BEHALF OF AND AT THE DIRECTION OR WITH THE APPROVAL OF THESE AGENCIES.

PART V, LINE 4:

CNLM ENDOWMENT FUNDS ARE USED TO SUPPORT PRESERVE STEWARDSHIP IN

PERPETUITY.

PART X, LINE 2:

US GAAP REQUIRES ORGANIZATION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY OR ASSET IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. ORGANIZATION MANAGEMENT HAS DETERMINED THAT AS OF SEPTEMBER 30, 2019 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES; HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION IS OPEN TO EXAMINATION FOR THE PREVIOUS THREE (FEDERAL) AND FOUR (STATE) YEARS BY VARIOUS TAX AUTHORITIES.

Schedule D (Form 990) 2018

832055 10-29-18

30

SCHEDULE I (Form 990) Department of the Treasury	Go	rants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ted States		OMB No. 1545-0047 2018 Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization CENTER FO	R NATURAL	LANDS MANA	GEMENT				Employer identification number 68-0233573
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Data IV (the complete time) 	stance?						tion
2 Describe in Part IV the organization's pro					nization answered "		t N/ line O1 for any
Part II Grants and Other Assistance to recipient that received more than					anization answered	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN BIRD CONSERVANCY 311 NE MISTLETOE							PERFORM STUDIES AND SURVEYING TASKS UNDER STATE WILDLIFE GRANT FOR
CORVALLIS, OR 97330	52-1501259		9,114.	0.			PACIFIC NORTHWEST PRAIRIE
							PERFORM HABITAT
GREENBELT LAND TRUST							RESTORATION UNDER STATE
P.O. BOX 1721							WILDLIFE GRANT FOR
CORVALLIS, OR 97339	94-3113836		9,060.	0.			PACIFIC NORTHWEST PRAIRIE
							PERFORM HABITAT
INSTITUE FOR APPLIED ECOLOGY							RESTORATION UNDER STATE
563 SW JEFFERSON AVE							WILDLIFE GRANT FOR
CORVALLIS, OR 97333	93-1283716		39,754.	0.			PACIFIC NORTHWEST PRAIRIE
							PERFORM STUDIES AND
WASHINGTON DEPTARTMENT OF NATURAL							SURVEYING TASKS UNDER
RESOURCES - 1111 WASHINGTON ST SE							STATE WILDLIFE GRANT FOR
- OLYMPIA, WA 98504	91-6012771		5,527.	0.			PACIFIC NORTHWEST PRAIRIE
							PERFORM STUDIES AND
OREGON DEPT OF F&W							SURVEYING TASKS UNDER
4034 FAIRVIEW INDUSTRIAL DR SE							STATE WILDLIFE GRANT FOR
SALEM, OR 97302	93-0655103		69,578.	0.			PACIFIC NORTHWEST PRAIRIE
							PERFORM REGIONAL
WEST YOST INC							HYDROLOGY ANALYSIS UNDER
2020 RESEARCH PARK DR STE 100							TASKS FOR
DAVIS, CA 95618	68-0370826		10,856.	0.			PALMATED-BRACTED BIRDS
2 Enter total number of section 501(c)(3) a	-	-	ne line 1 table				> <u>6.</u>
3 Enter total number of other organization							▶ <u>1.</u>
LHA For Paperwork Reduction Act Notice	, see the Instruct	ons for Form 990.					Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

CENTER FOR NATURAL LANDS MANAGEMENT Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							PERFORM PLUG PRODUCTIO
N JUAN COUNTY LAND BANK) COURT STREET, SUITE 6							UNDER STATE WILDLIFE GRANT FOR PACIFIC
IDAY HARBOR, WA 98250	91-6001360		2,423.	0.			NORTHWEST PRARIE AND O
DATE IMMEDIA, WIL SUZSU			2,423.				

Schedule I (Form 990)

68-0233573

Page 1

Schedule I (Form 990) (2018) CENTER FOR NATURAL LANDS MANAGEMENT

68-0233573

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FUNDS ARE DISBURSED ONLY AFTER DELIVERABLES ARE RECEIVED AND VERIFIED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN BIRD CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORM STUDIES AND SURVEYING TASKS

UNDER STATE WILDLIFE GRANT FOR PACIFIC NORTHWEST PRAIRIE AND OAK HABITATS

STATE WILDLIFE GRANT FOR PACIFIC NORTHWEST PRAIRIE AND OAK HABITATS

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUE FOR APPLIED ECOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORM HABITAT RESTORATION UNDER

STATE WILDLIFE GRANT FOR PACIFIC NORTHWEST PRAIRIE AND OAK HABITATS

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON DEPTARTMENT OF NATURAL RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORM STUDIES AND SURVEYING TASKS

UNDER STATE WILDLIFE GRANT FOR PACIFIC NORTHWEST PRAIRIE AND OAK HABITATS

PERFORM STUDIES AND SURVEYING TASKS UNDER STATE WILDLIFE GRANT FOR

PACIFIC NORTHWEST PRAIRIE AND OAK HABITATS.

NAME OF ORGANIZATION OR GOVERNMENT: OREGON DEPT OF F&W

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORM STUDIES AND SURVEYING TASKS

UNDER STATE WILDLIFE GRANT FOR PACIFIC NORTHWEST PRAIRIE AND OAK HABITATS

PERFORM STUDIES AND SURVEYING TASKS UNDER STATE WILDLIFE GRANT FOR

PACIFIC NORTHWEST PRAIRIE AND OAK HABITATS.

NAME OF ORGANIZATION OR GOVERNMENT: WEST YOST INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORM REGIONAL HYDROLOGY ANALYSIS

UNDER TASKS FOR PALMATED-BRACTED BIRDS BEAK PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: SAN JUAN COUNTY LAND BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORM PLUG PRODUCTION UNDER STATE

WILDLIFE GRANT FOR PACIFIC NORTHWEST PRARIE AND OAK HABITATS.

832291 04-01-18 Schedule I (Form 990)

SC	HEDULE J	1	OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	2	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,	
Depa	tment of the Treasury	Attach to Form 990.		Open to			
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	e of the organizatio		Employer i			mber	
_		CENTER FOR NATURAL LANDS MANAGEMENT	68-0	23357	3		
Pa	rt I Question	s Regarding Compensation					
				_	Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments					
	Discretionary spending account						
_							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			v		
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				x	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
~	la dia dia minina dia 14 me		- 41 1				
3		ny, of the following the filing organization used to establish the compensation of the organiz					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	lon to				
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	X Form 990 of o		ommittoo				
			Johnmittee				
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	•	e payment or change-of-control payment?		4a	х		
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
		ceive payment from, an equity-based compensation arrangement?				X	
•		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	•			5a		X	
b	Any related organiz	ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	et earnings of:					
а	-			6a		Х	
		ation?				Х	
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S				
		nes 5 and 6? If "Yes," describe in Part III		7		Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?	<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2018	

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAVID BRUNNER	(i)	210,109.	0.	0.	0.	10,742.		0.
EXEC. DIRECTOR	(ii)	0.	0.	0.	0.	0.		
(2) MELANIE BARRANCO	(i)	129,434.	0.	0.	0.	28,774.		
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

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.

PART I, LINE 1B:

A STIPEND (NOT TO EXCEED \$4,528 IN TAX YEAR 2019) IS PAID TO CNLM

EMPLOYEES, FOR WHOM CNLM DOES NOT PROVIDE WORKSPACE AND WHO ARE REQUIRED TO

TELECOMMUTE, TO HELP DEFRAY ASSOCIATED COSTS. THE AMOUNTS PAID ARE

STANDARD (FIXED) ACROSS ALL ELIGIBLE EMPLOYEES AND INCLUDED AS TAXABLE

COMPENSATION REPORTED ON IRS FORM W-2. THE EXECUTIVE DIRECTOR DOES NOT

RECEIVE THIS STIPEND.

PART I, LINE 4A:

SEVERANCE RELATED PAYMENTS MADE TO DAVID BRUNNER DURING THE FISCAL YEAR:

\$146,723

SCHEDULE L		Tra	Insactior	ns V	Vith	Intereste	d P	ersons			10	MB No.	1545-0	047
(Form 990 or 990-EZ)			rganization an	swere	d "Yes	" on Form 990, P	art IV	, line 25a, 25b, 2	6, 27	, 28a,		20	18	2
						EZ, Part V, line 3 990 or Form 990-		40b.						
Department of the Treasury Internal Revenue Service		Go to v	•			nstructions and th		est information.				pen T spect		DIIC
Name of the organization										-			on nu	umber
Dort I. Evoco F						S MANAGEM					335	73		
						ion 501(c)(4), and art IV, line 25a or 2					Ъ			
1			Relationship bet			lified					50.	(d)	Corre	ected?
(a) Name of disquali	fied person		person and or	rganiza	ation		(c) D	escription of tran	sactio	n		Y	es	No
2 Enter the amount o	f tax incurred by	the o	roanization mar	anare	or dis		durino	the year under						
	-		•	-			-	-		▶ \$				
3 Enter the amount o										▶ \$				
Part II Loans to	and/or Fror	n Int	erested Per	sons										
						, Part V, line 38a o	or Forr	n 990. Part IV. lin	e 26:	or if th	ne oraz	anizati	on	
-	amount on For					, ,		,,,	,					
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan		oan to or n the	e principal amount) In	(h) Ap by bo	ard or	(i) V	Vritten ement?	
interested person	with organ	Zation	OFIDALI		ization?	principal arriourit	`		default? Yes No		comm		-	
				То	From		_		res	NO	Yes	No	Yes	No
							_							
							_							
							_							
Total					<u> </u>		\$			<u> </u>				
	r Assistance	e Ber	nefiting Inter	reste	d Pe		Ŧ							
· · · ·	the organization	n ansv	wered "Yes" on	Form	990, Pa			T						
(a) Name of intere	sted person		(b) Relationship interested pers the organiza	son an		(c) Amount o assistance	of	(d) Type assistan			•) Purp assist		of
		_												
		-												
	advation Ast N		ana dha luatuur		fan E -		,	0-1-1						0040

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

Schedule L (Form 990 or 990-EZ) 2018

832131 10-25-18

Schedule L (Form 990 or 990-EZ) 2018 CENTER FOR NATURAL LANDS MANAGEMENT Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
DAVID THOREAU	CNLM DIRECTOR	11,800.	CONTRACT PA		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID THOREAU

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CNLM DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 11,800.

(D) DESCRIPTION OF TRANSACTION: CONTRACT PAYMENT MADE IN THE AMOUNT OF

\$11,880 FOR PROFESSIONAL SERVICES RELATED TO THE DEVELOPMENT, FILMING,

EDITING, AND PROMOTIONS OF CNLM VIDEOS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

18

Department of the Treasury	
Internal Revenue Service	

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

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

Name of the organization

Employer identification number
68-0233573

20

CENTER	FOR	NATURAL	LANDS	MANAGEMENT	

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		-	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition an	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	17						
25	Other \blacktriangleright (<u>REAL ESTATE P</u>)	Х	3	1,651,700.	AVERAGE FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29			<u>v.</u>	
20-	During the year did the examination reasive by	oontributio		autod in Dart I, linea 1 throug	ab 00 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date exempt purposes for the entire holding period?			•		200		Х
h						30a		
b 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that m	acuires the review	of any nonstandard contribu	tions?	31	x	
	Does the organization have a gift acceptance p Does the organization hire or use third parties of					51		
JZđ			-			32a		х
b	If "Yes," describe in Part II.					02a		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	cked.			
	describe in Part II.							
								_

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

832141 10-18-18

32142 10-18-1	3				Sch	edule N	И (Form 990) 20

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

14440810 759263 CENTERFORNAT

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



68-0233573

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

THOSE NATURAL RESOURCES THAT ARE SENSITIVE, RARE, OR ENDANGERED.

CENTER FOR NATURAL LANDS MANAGEMENT

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FEDERAL ENVIRONMENTAL LAWS AND WITH SCIENCE-BASED STEWARDSHIP; (C) TO PROMOTE THE CONSERVATION VALUES OF SUCH LANDS THROUGH EDUCATION; (D) TO PROMOTE AND FACILITATE USES OF SUCH LANDS BY THE PUBLIC THAT PRESERVE THE CONSERVATION VALUES; AND (E) TO COOPERATE WITH PUBLIC AND PRIVATE ENTITIES IN THEIR EFFORTS TO PROTECT NATIVE SPECIES AND THEIR HABITATS FOR THE PUBLIC BENEFIT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HABITATS. TO SUPPORT THESE STEWARDSHIP ACTIVITIES, CNLM MAINTAINED 102 RESTRICTED ACCOUNTS WITH A CUMULATIVE VALUE OF \$209,752,089 AS OF SEPTEMBER 30, 2019, OF WHICH \$4,834,954 WAS NEWLY CONTRIBUTED DURING THE FISCAL YEAR. ADDITIONALLY, AT THE CLOSE OF THE FISCAL YEAR, CNLM HELD \$17,690,967 IN FUNDS RESTRICTED FOR THE PURPOSE OF FUNDING ADDITIONAL CONSERVATION ACTIVITIES.

CNLM ALSO MANAGES CONSERVATION LANDS UNDER CONTRACT WITH OTHERS. DURING THIS REPORTING PERIOD, CNLM MANAGED OVER 13,750 ACRES UNDER CONTRACT IN CALIFORNIA AND WASHINGTON, ALL OF WHICH PROVIDED HABITAT FOR LISTED OR RARE SPECIES OR REPRESENTED SENSITIVE OR RARE HABITAT. IN ADDITION, CNLM PROVIDES A SUITE OF BIOLOGICAL MONITORING, RESTORATION, AND VEGETATION MANAGEMENT SERVICES TO OTHERS TO ENHANCE THE ECOLOGICAL VALUE OF CONSERVATION LANDS OR TO ASSIST IN SPECIES RECOVERY EFFORTS. LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 42

2018.06010 CENTER FOR NATURAL LANDS MA CENTERF1

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization CENTER B	FOR NATURAL LANDS MANAGEMENT	Employer identification number 68-0233573
IN THESE CASES, CNLM H	HOLDS NO DIRECT REALTY INTEREST BUT	ГНЕ
ORGANIZATION'S EXPERIE	ENCE AND EXPERTISE ARE APPROPRIATE F	OR THE HABITAT

TYPES AND MANAGEMENT OBJECTIVES.

ADDITIONALLY, CNLM PROVIDES SERVICES TO ASSIST OTHERS (SUCH AS CITY AND COUNTY GOVERNMENTS) TO BETTER CALCULATE THE COSTS OF THEIR LONG-TERM OR PERPETUAL MANAGEMENT RESPONSIBILITIES OF OPEN SPACE AREAS. WE ACCOMPLISH THIS THROUGH DIRECT SERVICE CONTRACTS, OFFERING AS A SUBSCRIPTION AN "APP" THAT WE DEVELOPED FOR THE PURPOSE, AND PROVIDING INFORMATION THROUGH PUBLICATIONS, CONFERENCES, AND TRAINING VIDEOS.

APPROXIMATELY 639 REGULAR VOLUNTEERS CONTRIBUTED \$92,889 IN LABOR TO

FURTHER SUPPORT CNLM'S HABITAT STEWARDSHIP AND RESTORATION EFFORTS.

FORM 990, PART VI, SECTION A, LINE 2:

RICHARD RAYBURN AND LAURA RAYBURN ARE FATHER AND DAUGHTER.

CHRIS LEE AND DAVID LEE ARE FATHER AND SON.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

PRIOR TO SUBMISSION, THIS FORM 990 WAS REVIEWED AND APPROVED BY THE AUDIT

COMMITTEE OF THE BOARD OF DIRECTORS AND PROVIDED TO THE FULL BOARD OF

DIRECTORS FOR REVIEW AND COMMENT.

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

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CENTER FOR NATURAL LANDS MANAGEMENT	Employer identification number 68-0233573
AT EACH MEETING OF THE BOARD OF DIRECTORS, AT LEAST QUART	ERLY, THE CHAIRMAN
REMINDS DIRECTORS AND MANAGERS OF THEIR DUTY AND OBLIGATI	ON TO DISCLOSE ANY
CONFLICT OF INTEREST, APPARENT OR ACTUAL. CONFLICTED DIR	ECTORS AND STAFF
ARE INSTRUCTED TO RECUSE THEMSELVES FROM DECISION MAKING	AND MANAGEMENT
ACTIVITIES REGARDING THE CONFLICTED SITUATION AND ARE REM	INDED THAT DOING
SO IS A CONDITION OF CONTINUED ASSOCIATION WITH THE ORGAN	IZATION. AT EACH
STAFF MEETING REVIEWING NEW AND/OR ONGOING PROJECTS THE E	XECUTIVE DIRECTOR
(OR MANAGER LEADING THE MEETING) REMINDS STAFF OF THEIR D	UTY AND OBLIGATION
TO DISCLOSE CONFLICTS OF INTEREST, APPARENT OR ACTUAL, AN	D CONFLICTED STAFF
MEMBERS ARE REMOVED FROM ANY FURTHER PROJECT INVOLVEMENT;	FAITHFUL
DISCLOSURE IS A CONDITION OF CONTINUED ASSOCIATION WITH T	HE ORGANIZATION.

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

THE BOARD OF DIRECTORS SETS THE COMPENSATION PACKAGES FOR THE PRESIDENT/EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER. WHEN CONSIDERING THESE COMPENSATION PACKAGES THE BOARD REVIEWS COMPENSATION FOR SIMILAR POSITIONS WITHIN COMPARABLE NON-PROFIT ORGANIZATIONS BASED ON REVENUES, EXPENSES AND ASSETS UNDER MANAGEMENT, DERIVED FROM FORM 990S, AND DOCUMENTS ITS DELIBERATIONS AND DECISIONS BY COMPLETING A REBUTTABLE PRESUMPTION CHECKLIST FOR EACH. THE PRESIDENT/EXECUTIVE DIRECTOR IS CHARGED WITH SETTING COMPENSATION FOR ALL OTHER EMPLOYEES. THESE COMPENSATION PACKAGES ARE REVIEWED FOR REASONABLENESS BY COMPARISON WITH PUBLISHED NATIONAL AND REGIONAL COMPENSATION SURVEYS OF SIMILAR ORGANIZATIONS AND POSITIONS. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION PACKAGES BEFORE THE EFFECTIVE DATE OF ANY CHANGE IN COMPENSATION THROUGH THE ANNUAL BUDGET PROCESS.

FOR	FORM 990, PART VI, SECTION C, LINE 19:													
THE	OR	GANIZ	ZATI	ION	MAKES	THESE	DOCUMENTS	AVAILA	BLE	то	THE	PUBLIC	UPO	N
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Name of the organization CENTER FOR NATURAL LANDS MANAGEMENT	Employer identification number 68-0233573
REQUEST. THESE DOCUMENTS ARE ALSO POSTED ON THE ORGANIZ	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES, PAYROLL SERVICE, AND EMPLOYEE ADMIN.	FEE:
PROGRAM SERVICE EXPENSES	1,024,753
MANAGEMENT AND GENERAL EXPENSES	33,062
FUNDRAISING EXPENSES	C
FOTAL EXPENSES	1,057,815
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,057,815
FORM 990, PART XII, LINE 2C:	
NO CHANGE	
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