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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

			C Name of organization	1-2009 and ending 12-31-200	19	D Employer ider	ntification number			
_	eck if ap Iress cha	oplicable Please use IRS	The Natomas Basin Conservance Non-profit Public Benefit Corp		68-0344388					
_	ness cik ne chan	label or	Doing Business As	E Telephone number						
_		type. See				(916) 649-3	331			
_	ıal retur	Instruc-	Number and street (or P O box 2150 River Plaza Dr Suite 460	r if mail is not delivered to street addr	ess) Room/suite	G Gross receipts \$				
_	minated									
_	ended r		City or town, state or country, a Sacramento, CA 958334141	and ZIP + 4						
App	lication	pending				İ				
			me and address of principal o Christophel	fficer		is a group return				
		2150 F	Rıver Plaza Dr Suite 460		affilia	tes	⊤Yes 🔽 No			
		Sacran	mento,CA 958334141		H(b) Are al	l affiliates include	ed?			
Ta	x-exem	nt status 🔽 501/c	:) (3) ◀ (insert no)				(see instructions)			
				(1) 01 327	H(c) Grou	ıp exemption nur	nder 🗲			
		: www natomas			<u> </u>					
			tion Trust Association Oth	er 🕨	L Year of for	rmation 1994 M	State of legal domicile CA			
Pa	1	Summary Briefly describe th	ne organization's mission or n	nost significant activities						
		,	2	cally significant land & conserv	atıon easemen	ts in the Natoma	s Basın region of			
2		<u>Calıfornıa ın order</u>	to create a habitat preserve	for certain animal and plant sp	ecies					
sovemance										
<u>.</u>										
Š	2	Check this box 叶	if the organization disconti	nued its operations or dispose	d of more than	25% of its net a	ssets			
ø	3	Number of voting	members of the governing bo	dy (Part VI, line 1a)		3	10			
ß	4	Number of indeper	ndent voting members of the	governing body (Part VI, line 1	b)	. 4	10			
Kenikinak	5	Total number of er	mployees (Part V , line 2a) .			5	3			
3	6	Total number of vo	olunteers (estimate if necess		6					
•	7a	Total gross unrela	ated business revenue from P		7a					
	ь	Net unrelated bus	iness taxable income from Fo		7b	C				
				Prio	or Year	Current Year				
Revenue	8	Contributions an	d grants (Part VIII, line 1h)			734,178	1,682,194			
	9	Program service	revenue (Part VIII, line 2g)		499,935	753,672				
e e	10		me (Part VIII, column (A), lıı		121,214	506,853				
Ξ.	11		Part VIII, column (A), lines 5			57,161	12,325			
	12		idd lines 8 through 11 (must	equal Part VIII, column (A), lir	ne	1,412,488	2,955,044			
	13			umn (A), lines 1-3)			0			
	14		or for members (Part IX, colu				0			
	15	•	·	fits (Part IX, column (A), lines	5-					
8		10)	, , ,	, , , , , , , , , , , , , , , , , , , ,		398,936	379,102			
Expenses	16a	Professional fund	draising fees (Part IX, columr	ı (A), lıne 11e)			0			
ਡੌ	ь	Total fundraising exp	penses (Part IX, column (D), line 25	<i>i</i>) ▶ ⁰						
_	17	Other expenses	(Part IX, column (A), lines 1:	1a-11d, 11f-24f)		2,584,545 2,678,3				
	18	Total expenses	Add lines 13–17 (must equa	l Part IX, column (A), line 25)		2,983,481				
	19	Revenue less ex	penses Subtract line 18 fron	n line 12		-1,570,993	-102,438			
net Assets or Fund Balances						g of Current Year	End of Year			
10 m	20	Total assets (Pa	rt X, line 16)		•	58,062,891	60,583,882			
2 B	21		Part X, line 26)			283,919	203,837			
E E	22	-		from line 20		57,778,972	60,380,045			
Par	t II	Signature Bl				, ,	<u> </u>			
				ned this return, including accompanying						
		and belief, it is true,	correct, and complete Declaration	of preparer (other than officer) is bas	ed on all informati	on of which prepare	r has any knowledge			
Sign Here		*****			2010-	04-30				
		Signature of office	er		Date					
		John Roberts Exe	ecutive Director							
		Type or print nam								
		Preparer's		Check If	Preparer's identify	/ing number				
Paid		signature Tracy	S Paglia	self- empolyed •	(see instructions)					
Prepa	arer's	Fırm's name (or your	rs 👠 Moss Adams LLP	. ,						
	、. I	ıf self-employed),	P	EIN P						
Jse (ן ply	address, and 7IP + 4	. 3121 W March Lane Stute 100	1						
Jse (Only	address, and ZIP + 4	3121 W March Lane Suite 100 Stockton, CA 95219			Phone no ▶ (20	99) 955-6100			

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Natomas E	Basın Conservancy	serves as the plan	operator for the	Natomas Bas	ın Habıtat Conse	ervation Plan I	t acquires and	l manages
habitat land for	the henefit of the	22 "snecial status	" species covere	d under the Pla	an			

2	Did the organization undertake a the prior Form 990 or 990-EZ?				✓ Yes │ No
	If "Yes," describe these new serv	rices on Schedule O			
3	Did the organization cease cond services?	• • • • • • • • • • • • • • • • • • • •	_	ducts, any program • • • • • •	┌ Yes ┌ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and 501(c)(4 allocations to others, the total e) organizations and sec	tıon 4947(a)(1) trusts ar	e required to report the amo	•
4a	(Code) (Expe	nses \$ 2,818,124	4 including grants of \$	0) (Revenue \$	753,672)
	The Natomas Basin Conservancy is a crequired by the Natomas Basin Habita order to create and maintain a sanctus composed of marsh, wetlands, and agunder the NBHCP The Conservancy a County and Southern Sutter County, Crish and Game, the County of Sutter,	t Conservation Plan (NBHCP) ary or preserve for 22 specific ricultural habitat types neces chieves its purposes by acquitalifornia. It acts as Plan Ope	, using these fees to acquire a ed threatened or endangered v sary for the preservation and r iring land and conservation eas rator of the NBHCP Along with	nd preserve ecologically significant vildlife and plant species. These sa reproduction of the threatened or e ements in the Natomas Basin area the U.S. Fish and Wildlife Service,	land in the Natomas Basin in nctuaries or preserves are indangered species covered situated in Northern Sacramento
	(Code) (Expe	nses \$	O including grants of \$	0) (Revenue \$	0)
	The Sacramento Area Flood Control Ac Improvement Program (NLIP) The NL Department of Fish & Game, in accord and state agencies that it would mitiga Plan Operator of the NBHCP, the Nato mission, which is to implement the NB does so in a manner negotiated with t traditional NBHCP mitigation. The fund accounted for separately, than more t	IP requires certain mitigation ance with the Federal Endanate for construction impacts, mas Basin Conservancy (Cor HCP SAFCA has paid and exhe federal and state agencies the Conservancy receives	approvals by the U S Army Cogered Species Act and the Califard do so in close accordance inservancy) manages SAFCA's in pected to continue to pay the s, which is slightly different that for handling the SAFCA mitigati	orps of Engineers, U.S. Fish & Wild fornia Endangered Species Act. SAI with the Natomas Basin Habitat Co- nitigation in a manner that advanc Conservancy for providing this mit in the basis for which funds are pa ion are therefore booked and man	life Service and the California FCA committed to the federal passervation Plan (NBHCP) As es the Conservancy's primary gation function However, it id to the Conservancy for aged as adjunct to, but
4c	(Code) (Expe	nses \$	including grants of \$) (Revenue \$)
4d	Other program services (Desc	•			,
	(Expenses \$	including grants	of \$) (Revenue \$)
4e	Total program service expenses	▶ \$ 2,818,1	.24		
_	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	

Part TV	Chack	list of	Required	Sched	ules
	CHECK	IISL UI	Reduited	ı Scheu	UICS

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2	2009)					Page 5
Par	t V	Statements Regarding Other IRS Filings and Tax Complianc	е				
				_		Yes	No
1a		the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S.	. Information Returns. Enter -0- if not applicable	1-	, ,			
			1a	26	1		
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did th	ı e organızatıon comply with backup withholding rules for reportable payments to	o vend	dors and reportable			
	-	g (gambling) winnings to prize winners?			1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> nents filed for the calendar year ending with or within the year covered by this					
		· · · · · · · · · · · · · · · · · · ·	2a	3			
Ь	Note:	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file ctions)			2b	Yes	
3a		e organization have unrelated business gross income of \$1,000 or more during	_	year covered by this			
		⁷			3a		No
		s," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b		
4a		, time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc	_				
	accou	nt)?			4a	Yes	
Ь	See th	s," enter the name of the foreign country	Report	t of Foreign Bank and			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
b	Dıd an	5b		No			
c		s" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E bited Tax Shelter Transaction?			5c		
6a	Does t	0, and did the	6a		No		
b	If "Yes	ization solicit any contributions that were not tax deductible?	atsu	ch contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi			7a		No
b		s," did the organization notify the donor of the value of the goods or services pr			7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal properrm 8282?		which it was required to	7c		No
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d				
_	Did +b	e organization, during the year, receive any funds, directly or indirectly, to pay	nrem	uums on a nerconal			
		t contract?	•	•	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		Νο
g	For all	contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7 g		
h		ntributions of cars, boats, airplanes, and other vehicles, did the organization fi ed?	le a F	orm 1098-C as	7h		
8	the su	oring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organizes holdings at any time during the year?	anızat	ion, have excess	8		
9	Sponse	oring organizations maintaining donor advised funds.					
а	Did th	e organization make any taxable distributions under section 4966?			9a		<u>L</u> _
b	b Did the organization make a distribution to a donor, donor advisor, or related person?						
10	Sect io	on 501(c)(7) organizations. Enter		_			
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b		-		
11	Sect io	on 501(c)(12) organizations. Enter					

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b Gross income from other sources (Do not net amounts due or paid to other sources

against amounts due or received from them)

11a

11b

a Gross income from members or shareholders .

12a

Sacramento, CA 958334141

(916) 649-3331

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 10			
b	Enter the number of voting members that are independent 1b 10]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		N o
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		110
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n)
	Kimberli Burns Business & Accounting 2150 River Plaza Dr Suite 460	-		

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee		
(A) Name and Title	(B) Average hours	Posit	(C tion (hat a	ched		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
David Christophel President	1 00	х		х				1,100	0	0	
Paul Junker Vice President	1 00	Х		Х				1,000	0	0	
John Hewitt Board Member	1 00	Х						0	0	0	
William Edgar Chief Financial Officer	1 00	Х		Х				1,100	0	0	
Kay Backer Board Member	1 00	х						1,000	0	0	
Michael Bradbury Board Member	1 00	х						1,200	0	0	
Janelle Gray Secretary	1 00	х		х				1,500	0	0	
Chris Duffey Board Member	1 00	х						800	0	0	
Thomas Urquhart Board Member	1 00	х						700	0	0	
Jeffrey Spencer Board Member	1 00	х						0	0	0	
John Roberts Executive Director	55 00			х				177,451	0	32,692	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per		((tion (hat a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estima amount o	ated fother
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from t organization relate organiza	ion and ed
1b Total			٠.	<u>. </u>			 	185,851	0		32,692
Total number of individuals (included \$100,000 in reportable compensations)	ling but not	lımıted t	o tho	se l	stec		e) wh	no received more tha	an		
										Yes	No

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Sopwith Farms 3640 Meadow Lane Sacramento, CA 95864	Land Management Services	439,145
ICF Jones & Stokes Associates Inc 630 K Street Suite 400 Sacramento, CA 95814	Biological Monitoring	356,564
CalSierra Construction Inc 5904 Van Alstine Avenue Carmichael, CA 95608	Managed Marsh Channel Maintenance	281,791
Crop Production Services Inc 10210 Systems Parkway 310 Sacramento, CA 95827	Vegetation Management	151,065
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►4

Zaru v	<u> </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1	a				
등등	ь	Membership dues 11	,				
ಕ್ಟ	c	Fundraising events 10	. —				
છે. #							
ਰ_ਵ	d	Related organizations 10					
⊈ <u>`</u> E	e	Government grants (contributions) 16	1,682,194				
⊵≝	f	All other contributions, gifts, grants, and 11			İ		
さる	_	similar amounts not included above					
<u>₹</u> 5	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ Total. Add lines 1a-1f	>	1,682,194			
O 4	<u>"</u>	iotal. Add filles 14-11		1,002,13			
<u> </u>			Business Code				
E E	2a	Rent Mitigation Lands	531,190	526,400	526,400		
Pa Pa	ь	Expense Reimbursement	900,099	156,678	156,678		
<u>a</u>	l c	SAFCA Land Management	531,310	70,594	70,594		
ž	d		,	,	,		
B							
E	e						
Program Service Revenue	f	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f		753,672			
	3	Investment income (including divider		. 35,5.2			
		and other similar amounts)		677,054			677,054
	4	Income from investment of tax-exempt bond	· · ·	,			,
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
	-	(i) Real					
	6-	Gross Rents	(II) Personal				
	6a 	Less rental					
	Ь	expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	<u>'</u>				
		(ı) Securities	(II) O ther				
	7a	Gross amount 12,836,196 from sales of	1,039,920				
		assets other than inventory					
	Ь	Less cost or 13,703,008	343,309				
		other basis and sales expenses					
	c	Gain or (loss) -866,812	696,611				
	d	Net gain or (loss)		-170,201			-170,201
	8a	Gross income from fundraising					
Other Revenue		events (not including					
क ?>		of contributions reported on line 1c)					
ů.		See Part IV, line 18					
<u> </u>	_	a					
Į	Ь	Less direct expenses b					
J	С	Net income or (loss) from fundraising	events 🕦				
	9a	Gross income from gaming activities See Part IV, line 19					
	_	a					
	Ь	Less direct expenses b					
	С	Net income or (loss) from gaming act	ıvıtıes				
	10a	Gross sales of inventory, less returns and allowances .					
	 <u>.</u>	a loss cost of goods cold					
	Ь .	Less cost of goods sold b	entory				
	С	Net income or (loss) from sales of inv					
	<u> </u>	Miscellaneous Revenue	Business Code 900,099	12,150			12,150
	_	Sale of Livestock	,	·			
	Ь	Sale of Maps	900,099	175			175
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		12,325			
	12	Total revenue. See Instructions .	•	2,955,044	753,672	0	519,178

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
			(B), (C), and (B)	(D). (C)	(D)			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	217,643	184,225	33,418				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	112,395	73,057	39,338				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,741	12,359	2,382				
9	Other employee benefits	14,121	11,839	2,282				
10	Payroll taxes	20,202	16,938	3,264				
11	Fees for services (non-employees)							
а	Management							
b	Legal	112,363	41,076	71,287				
С	Accounting	25,297		25,297				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees	82,963	82,963					
g	Other	812,729	811,681	1,048				
12	Advertising and promotion							
13	Office expenses	42,275	31,525	10,750				
14	Information technology	9,352	6,974	2,378				
15	Royalties							
16	Occupancy	312,863	296,243	16,620				
17	Travel	499	372	127				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	2,544	1,897	647				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	290,202	267,782	22,420				
23	Insurance	31,665	24,607	7,058				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	Property Maintenance	578,435	578,435					
b	Water Supply	372,036	372,036					
c	Workers' Compensation	2,907	2,437	470				
d	Dues & Subscriptions	2,250	1,678	572				
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	3,057,482	2,818,124	239,358	0			
26	Joint costs. Check here ▶ ☐ If following SOP 98-2							
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet				
				(A)		(B)
	۱ .	Cool manufacture to be a second		Beginning of year		End of year
	1	Cash—non-interest-bearing		1 200 100	1	2 944 645
	2	Savings and temporary cash investments	•	1,200,160	3	2,844,615
	3	Pledges and grants receivable, net	,			
	4	Accounts receivable, net		170,862	4	80,420
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of				
		Schedule L			6	
ssets	7	Notes and loans receivable, net			7	
8	8	Inventories for sale or use			8	_
⋖	9	Prepaid expenses and deferred charges		201,601	9	133,479
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	36,591,271			
	ь	Less accumulated depreciation	10b 1,607,763	35,508,920	10c	34,983,508
	11	Investments—publicly traded securities		19,840,080	11	22,035,994
	12	Investments—other securities See Part IV, line 11		1,141,268	12	505,866
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		58,062,891	16	60,583,882
	17	Accounts payable and accrued expenses .		249,739	17	175,743
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
68	21	Escrow or custodial account liability Complete Part IV of Schedul	eD		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
<u> </u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		34,180	25	28,094
	26	Total liabilities. Add lines 17 through 25		283,919	26	203,837
- N		Organizations that follow SFAS 117, check here ▶ ┌ and comp	lete lines 27			
Fund Balance		through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets			27	
8	28	Temporarily restricted net assets		28		
2	29	Permanently restricted net assets			29	
Œ		Organizations that do not follow SFAS 117, check here \blacktriangleright $\overline{\mbox{$ec r$}}$ and	d complete			
ō		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		14,480,367		14,846,335
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		35,508,920		34,983,508
	32	Retained earnings, endowment, accumulated income, or other fu	nds	7,789,685		10,550,202
Net	33	Total net assets or fund balances		57,778,972		60,380,045
<u> </u>	34	Total liabilities and net assets/fund balances		58,062,891	34	60,583,882

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

0000

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

The Natomas Basin Conservancy A Calif

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

ZUUS Open to Publ

Open to Public Inspection

Non-profit Public Benefit Corp 68-0344388												
Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons ı	nust comple	ete this par	t.) See inst	ructions		
The	rganı	zatıon ıs	not a private	e foundation because	eitis (Forlin	nes 1 throug	h 11, check o	nly one box)			
1	\sqcap	A churc	h, conventio	on of churches, or as	sociation of d	churches se	ction 170(b)(1)(A)(i).				
2	\sqcap	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedul	e E)					
3	Γ	A hospi	tal or a coop	erative hospital ser	vice organiza	ition describ	ed in section	170(b)(1)(A)(iii).			
4	Γ		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the nospital's name, city, and state									
5	Г			rated for the benefit		or university	owned or ope	rated by a g	overnmental	unit describ	— ed ın	
_	_				· ·	d upit doori	had in castic i	. 170/b\/1\/	A \/\			
-	1 [4			local government or	_							
7	<u>~</u>	describ		t normally receives a	a substantiai	part of its si	upport from a	government	al unit or fron	n the general	i public	
				A)(vi) (Complete Pa	rt II)							
8	Г			described in section	· ·)(vi) (Comp	olete Part II)					
9			An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
	•	-		ties related to its ex	-		7.7		•	**	-	
		-		ss investment incom	•	-						
				anızatıon after June 3						,		
10	Г		An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
11	Ė	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
	•	one or r	more publicly	supported organizations the type of supported by Type II	tions describ orting organiz	oed in sectionation	n 509(a)(1) c	r section 50 11e through	9(a)(2) See	•	(a)(3).C	heck
e	Γ	other th	-	x, I certify that the con managers and oth	-		•	•	•	•	•	
f		If the o check t	rganization r his box	eceived a written de						supporting (organızai	tion,
g			-	006, has the organiz	ation accept	ed any gift o	r contribution	from any of	the			
			g persons? rson who dir	ectly or indirectly co	ntrols, eithei	r alone or too	ether with pe	rsons descri	bed in (ii)		Yes	No
				overning body of the	•	•				11g(i)	+ - +	
				r of a person describ						11g(ii)		
		• •	•	ed entity of a person	٠,		ove?			11g(iii)		
h				g information about t								
	(i) Name suppo	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organizati col (i) list your gove	on in ed in	(v) Did you not organizati col (i) of	on in your	(vi) Is the organizati col (i) orga	on in anized	(vi A mou	unt of
0	rganız	ation		or IRC section	docume	-	suppor	[/	ın the U	5 /	support?	
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
				matractions))		1.10						

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	/, or 8 of Part I	.)			
	ection A. Public Support		T	<u> </u>	ı			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	14,760,62	5,813,083	3 4,071,984	734,178	1	,682,194	27,062,063
	grants ") Tax revenues levied for the organization'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	14,760,62	5,813,083	4,071,984	734,178	1	,682,194	27,062,063
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							
6	(f) Public Support. Subtract line 5 from line 4							27,062,063
<u> </u>	ection B. Total Support							
	endar year (or fiscal year	() 2005	(1) 2006	() 2007	(I) 2000			
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
7	A mounts from line 4	14,760,624	720,897	4,071,984	734,178	1	,682,194	27,062,063
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	718,383	720,897	1,145,288	1,179,575		677,054	4,441,197
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			13,376	57,161		12,325	82,862
11	Total support (Add lines 7 through 10)							31,586,122
12	Gross receipts from related activiti	ies, etc (See ins	tructions)			12	ı	2,451,156
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	fth tax year as a !	501(c)(3	i) organız	zation, ▶┌
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (fl)		14		85 680 %
15	Public Support Percentage for 200	•				 		
	33 1/3% support test—2009. If the	•	•	v on line 42	me 14 to 22 1/20/	15	ء با ممام	87 520 %
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organizatio	alıfies as a public e organization did n qualifies as a p	ly supported orga not check the bo ublicly supported	nization x on line 13 or 16 organization	a, and line 15 is 3	3 1/3%	or more, o	► ✓
L/a	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization med organization	ation meets the "i	acts and circums	tances" test, chec	k this box and st	op here.	Explain	:ed ▶ 厂
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	-						•
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat	ation meets the "f	acts and circums	tances" test The	organization qual	ıfıes as a	a publicly	▶ ┌
	instructions		,	. ,	,			▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493126001330

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

ame of the organization ne Natomas Basın Conservancy A Calıf		Employer identificat	tion numb	er
on-profit Public Benefit Corp		68-0344388		
organizations Maintaining Dono organization answered "Yes" to Form	r Advised Funds or Other Similar F n 990, Part IV, line 6.	unds or Accounts	. Comple	te if the
	(a) Donor advised funds	(b) Funds and ot	her accou	ınts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advised	☐ Yes	┌ No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the		•		
conferring impermissible private benefit	,		☐ Yes	┌ No
art II Conservation Easements. Comp	lete if the organization answered "Yes"	<u>to Form 990, Part IV</u>	<u>, lıne 7.</u>	
Purpose(s) of conservation easements held by to Preservation of land for public use (e.g., recover). Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year.	reation or pleasure) Preservation of a Preservation of a	n historically important certified historic struct m of a conservation		e a
easement on the last day of the tax year		Held at the	End of the	Voor
Total number of conservation easements		2a	cha or the	: rear
Total acreage restricted by conservation easem	ents	2b		18 3
Number of conservation easements on a certifie		2c 2c		10 3.
		2d		
Number of conservation easements modified, tra	ansferred, released, extinguisned, or terminat	ed by the organization of	luring	
Number of states where property subject to con-	servation easement is located 🛌 👤 1			
Does the organization have a written policy rega enforcement of the conservation easements it h		ndling of violations, and	∀ Yes	┌ No
Staff and volunteer hours devoted to monitoring	, inspecting and enforcing conservation easei	ments during the year 🕨	20	00
A mount of expenses incurred in monitoring, insp	pecting, and enforcing conservation easemen	ts during the year ► \$ _	2,62	4
Does each conservation easement reported on l 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requirements of se	ction	∀ Yes	┌ No
In Part XIV, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financia asements	al statements that desc	rıbes	
	ctions of Art, Historical Treasures, red "Yes" to Form 990, Part IV, line 8.	or Other Similar A	Assets.	
If the organization elected, as permitted under S art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to i	held for public exhibition, education or resea	rch in furtherance of pub		e,
If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these i	I for public exhibition, education, or research		•	
(i) Revenues included in Form 990, Part VIII, I	ine 1	► \$		
(ii) Assets included in Form 990, Part X		- \$		
If the organization received or held works of art,	historical treasures or other similar assets	'	e the	
following amounts required to be reported under		Ja, p. 0114		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe						•					ontinuea)
	items (check all that apply)			_								
а	Public exhibition		d	ı	Loan or	rexcha	ange progr	ams	:			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the or	ganızatıon	's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to								nılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organiza	ation			es" to Fo	m 99	0,	,
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	ediary	for c	ontributi	ions or	other ass	ets	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing t	able		Г			A mo	unt	
c	Deciming helenes						F	1c		AIIIO	unc	
d	Additions during the year						-	1d				
	Additions during the year						H					
e	Distributions during the year						-	1e				
	Ending balance						L	1f			•	
2a	Did the organization include an amount on Fo	•	e 21?							J	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\				!!\/ !	" t- E	000	D	-t T) /	10		
Рa	rt V Endowment Funds. Complete	f the organization (a)Current Year)Prior					Tt IV, line Three Years		e) Four V	ears Back
1a	Beginning of year balance	7,575,335	(1		,959,532	(C) W	O Tears back	(4	Jilliee Tears	Dack (e ji odi i	ears back
ь	Contributions	159,493			107,222			+				
c	Investment earnings or losses	1,897,090		-3	,438,653							
d	Grants or scholarships	, ,			, ,			+				
e	Other expenditures for facilities							+				
•	and programs											
f	Administrative expenses	40,066			52,766							
g	End of year balance	9,591,852		7	,575,335							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► 100 000 % %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon	thata	are held a	and ad	lmınıstered	l for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		
_	(ii) related organizations					•		•		3a(ii)) Yes	<u> </u>
	If "Yes" to 3a(II), are the related organizatio							•		3b		
4	Describe in Part XIV the intended uses of th					Λ D=	urk V I I I I	1.0				
Par	t VI Investments—Land, Building	s, and Equipme	nt. S							1		
	Description of investment				Cost or ot		(b) Cost or ot basıs (othei		(c) Accumu depreciat		(d) Bo	ok value
4 -	Land						32,270,	247			3	2,270,247
та												
	Buildings											
b	Buildings		•									
b c	•	· · · · · · · · · · · · · · · · · · ·	•				64,	,152		24,991		39,161
b c d	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·					64, 4,256,			24,991 82,772		39,161 2,674,100

Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		· ·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
		1
Total (Column (h) should equal Form 000, Part V, col (P) line 12.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	le 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Compensated Absences	5.) , line 25. (b) A mount	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,955,044
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,057,482
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-102,438
4	Net unrealized gains (losses) on investments	4	2,703,511
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,703,511
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,601,073
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		· · ·
1	Total revenue, gains, and other support per audited financial statements	1	5,658,555
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,703,511		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	2,703,511
3	Subtract line 2e from line 1	3	2,955,044
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 XIV) 4b		
c	Add lines 4a and 4b	4c	С
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,955,044
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Ret	urn
1	Total expenses and losses per audited financial statements	1	3,057,482
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	3,057,482
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,057,482
	t XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·	

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
•	· · · · · · · · · · · · · · · · · · ·	Conservation easements are reported on the Balance Sheet in land assets
,	Endowment Funds	The Endowment Fund is restricted and only earnings, not principal, may be used for purposes that support the Conservancy's programs

DLN: 93493126001330

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	Natomas Basın Conservancy A Calif profit Public Benefit Corp		e	68-0344388			
Pa	rt I Questions Regarding Compensation)					
	,					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		•				
	First-class or charter travel	Γ	Housing allowance or residence for p	ersonal use			
	Travel for companions	Γ	Payments for business use of persor	nal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation	n fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauff	eur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr	-	, , , , , , , , , , , , , , , , , , , ,	,	1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive				2		
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the		·				
	Compensation committee		Written employment contract				
	Independent compensation consultant	고	' '				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensat	ion committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	, Section A , line 1a with respect to th	e filing organization			
а	Receive a severance payment or change-of-control p	aymen	t?		4a		Νo
ь	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a,	did the organization pay or accrue an	У			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue an	У			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III				8		No
9	If "Yes" to line 8, did the organization also follow the	rebutta	able presumption procedure described	l ın Regulatıons			110

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

						T		
	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) (11)	170,395		7,056	23,069	9,623	210,143		
	(1)	(i) Base compensation	(i) Base compensation (ii) Bonus & incentive compensation (i) 170,395	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation reportable compensation 7,056	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation (i) 170,395 (ii) Bonus & (iii) Other reportable compensation 7,056 23,069	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation (i) 170,395 (iii) Other reportable compensation (iii) Other compensation 23,069 9,623	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation (iii) Other reportable compensation (iii) Other reportable compensation (iii) Other compensation (ii	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

2009

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization The Natomas Basın Conservancy A Calif Non-profit Public Benefit Corp Employer identification number
68-0344388

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	The Conservancy signed a master agreement with SAFCA to provide land management services for their mitigation properties. The SAFCA contract is a new venture within the organization's exempt purpose. See Form 990, part III, line 4b for additional details of the program.
Form 990, Part VI, Section B, Iine 11		The Conservancy's Form 990 review process is as follows 1 - Management and staff review Form 990 with Certified Public Accountant 2 - Finance Committee reviews Form 990 3 - Board of Directors reviews Form 990 4 - Form 990 is then signed and filed
Form 990, Part VI, Section B, line 12c		All members of the Board of Directors and staff file with the Conservancy a California Fair Political Practices Commission Form 700 annually ("Statement of Economic Interests")
Form 990, Part VI, Section B, line 15		The Board determines that changes to the Executive Director's compensation are "just and reasonable" See excerpt from California Government Code, Section 12586(g) "The board of directors of a charitable corporation or unincorporated association, or an authorized committee of the board, and the trustee or trustees of a charitable trust shall review and approve the compensation, including benefits, of the president or chief executive officer and the treasurer or chief financial officer to assure that it is just and reasonable. This review and approval shall occur initially upon the hiring of the officer, whenever the term of employment, if any, of the officer is renewed or extended, and whenever the officer's compensation is modified. Separate review and approval shall not be required if a modification of compensation extends to substantially all employees." A copy of a salary survey and other resources are presented to the Compensation and Governance Committee as well as the Board of Directors in order to assist the Board in making a determination if compensation for Conservancy's Executive Director and key employees complies with the requirements and regional standards. The survey examines and considers compensation practices in the region for organizations of similar size, with a similar general job description and responsibilities for chief paid officer and key employees, as well as skills and experience
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 - Audited Financial Statements are available on the Conservancy's website and upon request - Governing/organizing documents are available online and in the office - The Conservancy's conflict of interest policy is in the corporation's Bylaw's Also, all members of the Board of Directors and staff are required to file with the Conservancy a California FPPC Form 700 annually
	Form 990, Part XI, Line 2c	The process has not changed from prior years