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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALGOMA HIGHLANDS CONSERVANCY		D Employer identification number 38-3055079
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 3303 I-75 BUSINESS SPUR		E Telephone number (705) 649-2780
	City or town, state or country, and ZIP + 4 SAULT SAINTE MARIE, MI 49783		F Group Exemption Number ▶
	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		
I Website: ▶			H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			

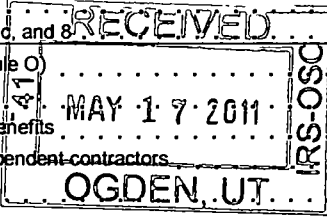
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 2,531.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,531.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory	5 a	
	b Less cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6 b		
c Less direct expenses gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	2,531.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,234.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	180.
17 Total expenses. Add lines 10 through 16	17	1,414.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,117.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,043.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,160.



POSTMARK DATE MAY 17 2011

SCANNED JUN 13 2011 Revenue

23 NR

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

JSA 0E1008 0 030

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with 'X' in No column.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name

Table with columns Yes, No and row 34 with 'X' in No column.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

Table with columns Yes, No and row 35 with empty cells.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a with 'X' in No column.

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

Table with columns Yes, No and row 35b with 'X' in No column.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with 'X' in No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

Table with columns Yes, No and row 37a with empty cells.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with 'X' in No column.

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with 'X' in No column.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

Table with columns Yes, No and row 38b with empty cells.

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

Table with columns Yes, No and rows 39a, 39b with empty cells.

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with 'X' in No column.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with 'X' in No column.

41 List the states with which a copy of this return is filed. MI

42a The organization's books are in care of KAREN STREICH Telephone no. 705-949-9017 Located at ATTACHMENT 4 ZIP + 4 POS 1E0

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and row 42b with 'X' in No column.

If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes, No and row 42c with 'X' in No column.

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with columns Yes, No and row 43 with empty cells.

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with 'X' in No column.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with 'X' in No column.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with 'X' in No column.

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d with empty cells.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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," Form 990 and Schedule R must be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here
 Signature of officer: *David Saunders* Date: *April 27/2011*
 Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name DAVID G. SAUNDERS	Preparer's signature <i>David Saunders</i>	Date 04/27/2011	Check <input type="checkbox"/> if self-employed	PTIN P01272506
Firm's name ▶ BDO CANADA LLP	Firm's EIN ▶ 98-0127206	Phone no 705-945-0990		
Firm's address 747 QUEEN ST. EAST, P.O. BOX 1109 SAULT STE MARIE CA ONTARIO				

May the IRS discuss this return with the preparer shown above? See instructions *P6A.527* ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization ALGOMA HIGHLANDS CONSERVANCY	Employer identification number 38-3055079
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 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, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		X
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; 16b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	365.	73,101.	30,827.	200,120.	2,531.	306,944.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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	365.	73,101.	30,827.	200,120.	2,531.	306,944.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						306,944.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	365.	73,101.	30,827.	200,120.	2,531.	306,944.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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, 11, and 12)	365.	73,101.	30,827.	200,120.	2,531.	306,944.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization
- 20 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

ALGOMA HIGHLANDS CONSERVANCY

Employer identification number

38-3055079

ATTACHMENT 1

FORM 990EZ, PART I - OTHER EXPENSES

POSTAGE FEES

180.

TOTAL

180.

ATTACHMENT 2

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION

BEGINNING
OF YEAR

END
OF YEAR

CASH

2,794.

5,145.

TOTALS

2,794.

5,145.

ATTACHMENT 3

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION

BEGINNING
OF YEAR

END
OF YEAR

ACCOUNTS PAYABLE

1,751.

1,200.

DUE TO ALGOMA HIGHLANDS CONSERVANCY CANADA

1,785.

TOTALS

1,751.

2,985.

ATTACHMENT 4

FORM 990EZ, PART V - LOCATION OF BOOKS IN CARE

R.R. #1, 324 KIRBY ROAD GOULAIS RIVER, ON
ONTARIO CANADA

**Statement Made To And A Part
Of Form 990 (Part III)
Return of Organization Exempt From Income Tax**

**Algoma Highlands Conservancy
383055079**

Statement of Program Service

An objective of the Algoma Highlands Conservancy (AHC) is acquisition and management of lands in the vicinity of King Mountain, north of Sault Ste. Marie, Ontario, for the purposes of conservation, silent sport recreation, ecological restoration, environmental education and promotion of sustainable forest management. Acquisitions may take the form of outright purchase, conservation easements, or the receipt of land donations.

The Algoma Highlands Conservancy is a bi-national organization, incorporated both in the U.S.A. (Michigan) and Canada (Ontario).

The AHC accepts monetary donations from private individuals. Since its inception in 1992-93, over 550 people have donated to the AHC, some a number of times. In addition to the donors, the "clients" of the AHC also include visitors to the properties. These include students from Lake Superior State University, Algoma University and Sault College (100+ per year), participants at local conferences and workshops (50-100 per year), and silent sport recreationalists (1000+).

The AHC issues an Annual Report each year as well as a newsletter in the spring and fall. In addition, donors and other interested individuals are kept up-to-date on Conservancy activities with regular mail-outs and through our website (www.algomahighlandsconservancy.org). The AHC also produces posters, interpretive signs, news releases, brochures and other promotional materials.

Since its establishment, the AHC has purchased three pieces of property. These include:

- 1) Norm's Cabin, a one-acre property with a cabin on Bone Lake purchased in 1996;
- 2) Robertson Lake Cliffs, a 303 acre property in Vankoughnet Township purchased in 2000; and
- 3) King Mountain Property, a 2600 acre property in Vankoughnet Township purchased in 2009.

The purchase of Norm's Cabin was made possible by private donations. The Robertson Lake Cliffs property was purchased using a grant from the EJLB Foundation. The King Mountain Property was purchased using a combination of private donations and grants from the Ministry of Natural Resources (Greenlands Challenge), EJLB Foundation and the McLean Foundation.

The AHC is governed by a Board of Directors (list attached). The Bylaws permit up to 15 Board members, but the Conservancy currently operates with a Board of 13-14. All Board positions are voluntary and Board members receive no remuneration, other than the re-imbusement of out-of-pocket expenses associated with attending Board meetings. The Board meetings are usually held in Sault Ste. Marie, Ontario; however, Board members reside in Michigan and Ontario. The AHC currently has one employee, an Executive Director, whose position is funded through existing operational dollars. The AHC occasionally takes on additional intern and summer student employees to assist in project-based initiatives that further its core values. Funding for additional staff is secured through government programs such as the Northern Ontario Heritage Fund and Canada Summer Jobs.

The AHC's major expenses include land stewardship costs, operational costs, costs associated with communications, and special project-based costs.

The AHC is a member of the Ontario Land Trust Alliance, the Canadian Land Trust Alliance and Hike Ontario. The AHC collaborates with Lake Superior State University, the Canadian Forest Service, the Nature Conservancy of Canada, and Corridors for Life on a project-by-project basis. The AHC has a formal 10-year Memorandum of Understanding with Sault College signed May 2010. Although these project partnerships are made possible in part by shared donors and Board members, no formal sharing of membership lists is involved.

The AHC also benefits from the association members have with other entities. For example, meetings are held at the Canadian Forest Service at no charge because of the involvement of employees with the AHC and as a public service.

**Algoma Highlands Conservancy Board of Directors and
Staff Contact Information January 2010**

Dr. Doug Pitt (President)
788 Pineshores Rd.
Goulais River, ON P0S 1E0
(Wk) 705-541-5610
(Hm) 705-649-1281
(Cell) 705-541-8678
(Camp) 705-866-0305
(Email) dpitt@nrca.gc.ca

Dr. Gaylen J. Byker (Vice President)
DeWit Manor, Calvin College
3201 Burton St. SE
Grand Rapids, MI 49546
(Wk) 616-526-6100
(Hm) 616-526-6670
(Fax) 616-526-6577
(Email) offcpres@calvin.edu

Karen Streich (Treasurer)
R.R.#1, 324 Kirby Rd.
Goulais River, ON P0S 1E0
(Wk) 705-941-2066
(Hm) 705-649-2780
(Email) karen.streich@xplomet.com

Ken Coulter (Secretary)
175 Albert Street E.
Sault Ste. Marie, ON P6A 2J2
(Hm) 705-949-5562
(Email) ken.coulter@saultcollege.ca

Kim Pyykonen
152 Simpson St.
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