Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2949300605703 OMB No. 1544 201

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is atwww.lrs.gov/form990.

Open to Public Inspection

Α	For the	2016 calendar year, or tax year beginning a	nd ending _		
В	Check if applicable	C Name of organization		D Employer identifica	tion number
	Addre	NATIVE LAND CONSERVANCY, INC.			
L	Name chang	Doing business as		46-39	44868
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	PO BOX 974		508-4	77-1361
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	116,463.
	Amend	MASHPEE, MA 02649		H(a) Is this a group retu	
	Applic			for subordinates?	Yes X No
	pendir	PO BOX 974, MASHPEE, MA 02649	20	H(b) Are all subordinates inclu	
\overline{T}	Tax-ex	empt status X 501(c)(3) 501(c) ()	(1) or 527		t (see instructions)
_		te: NATIVELANDCONSERVANCY.ORG	17 91	H(c) Group exemption	
		organization; X Corporation	I Voar	of formation: 2012 M S	
	art I	Summary		or formation. ZOIZI W	tate of legal domicile, F174
, E	1	Briefly describe the organization's mission or most significant activities NAT	IVE LAN	ID CONSERVANC	Y WAS
Governance		FOUNDED IN 2012 IN MASHPEE, MASSACHUSET	TS, ANI	IS THE FIRS	r
r.	2	Check this box if the organization discontinued its operations or dis	sposed of mor	e than 25% of its net asse	ets
8	3	Number of voting members of the governing body (Part VI, line 1a)	•	3	7
Ğ	l	Number of independent voting members of the governing body (Part VI, line 1	(b)	4	7
Φ	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Activities &	1	Total number of volunteers (estimate if necessary)		6	23
⋛		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
_	† <u> </u>	Hot unloated basiness taxable income non-refiness 1, into 64		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		228,737.	116,463.
Revenue		Program service revenue (Part VIII, line 2g)	• -	0.	0.
Ver	1	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	0.	0.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	228,737.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2) - -		116,463.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	950.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
* Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	0.	
ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
> N	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
у ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,774.	12,208.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		19,774.	13,158.
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12 RECEIVED	_ _ _	208,963.	103,305.
Assets or Balances			၂ <u>၂</u>	ginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) JAN 0 3 2018		235,806.	339,111.
		Total liabilities (Part X, line 26)	8	0.	0.
New		Net assets or fund balances Subtract line 21 from line 20	[] [235,806.	339,111.
1	art II	Signature Block OGDEN, UT			
\Unc	der pena	ilties of perjury, I declare that I have examined this return, including accompanying sche	dules and state	ments, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information	of which prepai	er has any knowledge.	
-3		I hammed la lea		12.26	7
Şig	n	Signature of officer		Date	•
He	re	RAMONA PETERS, TREASURER			
		Type or print name and title	}	<u> </u>	
		Print/Type preparer's name Preparer's signature (5.5)	\sim	Date Check	PTIN
Pai			GER	12/15/17 self-employed	P00139847
	parer	Firm's name LAMB, MASON, BULGER & CO., PC		Firm's EIN	04-2714253
Use	Only	Firm's address P.O. BOX 1233			
		WEST CHATHAM, MA 02669-1233		Phone no. (50	<u>8)945-3575</u>
Ma	<u>y the II</u>	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		16 LHA For Panarwork Paduction Act Notice see the sangrate instru	otiona		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016)			NSERVANCY,	INC.	46-39	44868 Page 2
Pa		of Program Se		-			
				e to any line in this l	Part III	· · · · · · · · · · · · · · · · · · ·	
² 1	Briefly describe the				MCEDUTNO	TAND AND DDOMEGO	TITA
	NATURAL AN				NSERVING	LAND AND PROTEC	LING
4	MATURAL AM.	D COLITORAL	ADSOUR	СББ			
							
2	Did the organization	undertake any sigi	nificant progran	n services during the	vear which were	not listed on the	
	prior Form 990 or 99			ŭ	•		Yes X No
	If "Yes," describe the	ese new services o	n Schedule O			•	
3	Did the organization	cease conducting,	or make signif	icant changes in ho	w it conducts, any	program services?	Yes X No
	If "Yes," describe the	-					
4						rogram services, as measured	
				red to report the am	ount of grants and	d allocations to others, the total	expenses, and
	revenue, if any, for e						
4a		rpenses \$	12,113	• including grants of \$	T 3 3 TO TO TO	950.) (Revenue \$	0.)
						CONSERVATION AND CONSERVATION CONSERVAT	
	CONTINUING			OURAMS. T	D WELLGER	AL WALK PROGRAMS TO WALK AND SHAP	5 PARTNER
						L LANDSCAPES.	(E
	INDIGENOUS	PERSPECTI	VES AND	THIEKPEKE	T COLIURA	L LANDSCAPES.	
				-			
	·						
	•	====					
,,							
			ν				
4b	(Code) (Ex	penses \$		including grants of \$) (Revenue \$)
						<u> </u>	
						· · · · · · · · · · · · · · · · · · ·	
							
		· · · · · · · · · · · · · · · · · · ·			 ·		
							
	•••						
							
							
4c	(Code) (Ex	penses \$	_	including grants of \$) (Revenue \$)
				 			
ž.							
							
							
						· · · · · · · · · · · · · · · · · · ·	
4d	Other program service	ces (Describe in Sc	hedule O)	·			
	(Expenses \$		including grants o	1\$) (Reve	enue \$	
4ө	Total program servic	e expenses		12,113.			
							Form 990 (2016)

Form 990 (2016) NATIVE LAND CONSERVANCY, INC.
Part IV Checklist of Required Schedules

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			1 98	_NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u>X</u>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts?/if "Yes," complete Schedule D, Part /	_		.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes, " complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets 7f "Yes, " complete			
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- 0		
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			-22
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107f "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5%or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 <u>b</u>		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5%or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5%or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
0	Did the organization report an amount for other liabilities in Part X, line 257f "Yes," complete Schedule D, Part X	11e		<u>X</u>
† f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	•	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	145		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	-	Α
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990	(2016)

Form 990 (2016) NATIVE LAND CONSERVANCY, INC.
Part IV Checklist of Required Schedules (continued)

			100	140
2 0a	Did the organization operate one or more hospital facilities?//f "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1?If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		_x_
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?// "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		ţ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes, " complete Schedule L, Part I	25a		Х
ь	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?lf "Yes," complete	1		}
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		\mathbf{x}_{-}
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	- -		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28a		Х
Ь	A family member of a current or former officer, director, trustee, or key employee?If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37	i	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	jŢ		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

	Check if Schedule O contains a response or note to any line in this Part V					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0			ľ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able gamıng			
•	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	⊿rns?		2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file (see instruction	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
þ	If "Yes," enter the name of the foreign country			1		l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b_		X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	-	X
D	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions (or gitts			l
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	00/1000	provided to the payor	7.		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	01 41003	provided to the payor	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is	vac ro	nured	10		i –
Ū	to file Form 8282?	140 101	10.100	7c		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file i		899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 1	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ө			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					1
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		ļ
10	Section 501(c)(7) organizations. Enter.					ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter.	1 1	•			ĺ
a	Gross income from members or shareholders	11a				l
b	Gross income from other sources (Do not net amounts due or paid to other sources against					ĺ
40	amounts due or received from them)	11b				ĺ
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	(12a		· -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		pad Lastidal		di biatita n
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			ıva		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		i			
_	organization is licensed to issue qualified health plans	13b		, ,		
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	9 O_		14b		
				Form	990	(2016

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			-
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
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?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, 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		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
- "	tion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection, indicate however, made these suitable. Check all that apply	availal	οlθ	
	for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. X Upon reguest. Other (explain in Schedule O).			
10	<u> </u>	.a. 4! ·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are statements available to the public during the tax year	ia finai	CIAI	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 508-477-1361			
	PO BOX 974, MASHPEE, MA 02649			
32006	11-11-16	Form	990	(2016)

Form	990	(2016)	
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NATIVE LAND CONSERVANCY, INC.

46-3944868

Page 7

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

Check	of Schedule C	contains a i	response or	note to any	y line in this Part VI	11

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	heck ss pe	more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Indiwdual trustee or director	institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1) MILES BURNADETTE DIRECTOR	2.00	x						0.	0.	0.
(2) RAMONA PETERS	15.00	1	<u> </u>		_	†-	-			
CHAIR & TREASURER		X	1	X	ŀ		1	0.	0.	0.
(3) LESLIE JONAS	15.00	-								
VICE CHAIR		X		Х			L	0.	0.	0.
(4) HARTMAN DEETZ	2.00					Π				
DIRECTOR	_	X		_		<u> </u>		0.	0.	0.
(5) LOVE RICHARDSON-WILLIAMS	2.00	1				Ì		_	_	
DIRECTOR	 	X	L-		<u> </u>	↓_	<u> </u>	0.	0.	0.
(6) SHARMAN BROWN	2.00									
DIRECTOR		X		X	-	├		0.	0.	0.
(7) PAMELA ELLIS	2.00	X								•
DIRECTOR	 -	^				-		0.	0.	0.
		1_								
	-	<u> </u>								
		-	-	-		-	-			
		-	-		<u> </u>	<u> </u>	<u> </u>			
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Form 990 (2016)

	(A) Name and title	(B) Average hours per week (list any	(do box offi	not c		C) sition more	than	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on i	an	(F) etimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	org an	om the anizated relate anizate	ion ed
.* *														
												_		
						-								
						-								
											i			
			-			<u></u>								_
1b	Sub-total	L			<u> </u>	<u>.</u>	L	<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A	-					>	0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to t	hose	e list	ed a	abov	/e) w	ho i	·	0,000 of reporta				0
	Did the organization list any former officer	director or tr	ınto	o k		le			bushest paranenested a	ampleyee en			Yes	No
3	line 1a? If "Yes," complete Schedule J for	such individual			•	•		,	,	, ,		3		X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15			-					•	the organization	1	4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con						-	relat	ted organization or indi	vidual for service	s	5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest or	omponested in	don	ond	ont (cont	ract	ore f	that received more than	\$100,000 of oo	mpon	netion	from	
	the organization. Report compensation for	•									преп			
	(A) Name and business	address	N	<u> </u>	<u> </u>				(B) Description of s	services		ompe		n
									-					
					_									
	-													
2	Total number of independent contractors \$100,000 of compensation from the organ	-	not I	ımıte	ed to		ose I O	ste	d above) who received	more than				
	wississe of compensation from the organ						<u>~</u>					Eorm	990	0016\

116,463

Total revenue. See instructions.

Secti	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respor		this Part IX (B)	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21	950.	950.		,
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	<u> </u>			
9	Other employee benefits			···	·
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	500.		500.	
٦ 0	Accounting Lobbying	500.		500.	· · · · · · · · · · · · · · · · · · ·
u 8	Professional fundraising services. See Part IV, line 17				_
. f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
a	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,147.	3,147.		
13	Office expenses	485.		485.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROFESSIONAL FEES	5,012.	5,012.		
b	CONFERENCES & MEETINGS	2,554.	2,554.		
C	CULTURAL WALK PROGRAM	450.	450.		
d	PO BOX	60.		60.	
	All other expenses	12 150	10 110	1 045	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	13,158.	12,113.	1,045.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.			İ	
	Check here fit following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet		
		Check'if Schedule O contains a response or note to any line in this Part X		
	•		(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	111,106. 1	214,411.
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	3	
İ	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors,		
ļ		trustees, key employees, and highest compensated employees. Complete		
- 1		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined und	der	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ting	
		employers and sponsoring organizations of section 501(c)(9) voluntary		
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	7	
ا ک	8	Inventories for sale or use .	8	
-	9	Prepaid expenses and deferred charges	9	<u> </u>
	10 a	Land, buildings, and equipment cost or other		
		basis Complete Part VI of Schedule D 10a 124,70		104 500
	b	Less accumulated depreciation 10b	124,700. 10c	124,700.
	11	Investments - publicly traded securities	11	
ļ	12	Investments - other securities See Part IV, line 11	12	
	13	Investments - program-related. See Part IV, line 11	. 13	
	14	Intangible assets .	14	<u> </u>
	15	Other assets See Part IV, line 11	15	220 111
	16	Total assets. Add lines 1 through 15 (must equal line 34)	235,806. 16	339,111.
,	17	Accounts payable and accrued expenses	17	
	18	Grants payable .	- 18	
	19	Deferred revenue .	. 19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
98	22	Loans and other payables to current and former officers, directors, trustees		
Ħ		key employees, highest compensated employees, and disqualified persons		
Liabilities		Complete Part II of Schedule L	22	
_	23	Secured mortgages and notes payable to unrelated third parties	24	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X o		
,		•	25	
	00	Schedule D	0. 26	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here▶ X ar		
		complete lines 27 through 29, and lines 33 and 34.		İ
Š	0.7	Unrestricted net assets	235,806. 27	339,111.
an	27	Temporarily restricted net assets	28	
8	28 29	Permanently restricted net assets	29	
Ē	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		
Ē	ļ	and complete lines 30 through 34.		
s O	30	Capital stock or trust principal, or current funds	30	
)es	30	Paid in or capital surplus, or land, building, or equipment fund	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	32	
ž	33	Total net assets or fund balances	235,806. 33	
	34	Total liabilities and net assets/fund balances	235,806. 34	339,111.

Form **990** (2016)

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Internal Revenue Service Inspection Name of the organization **Employer identification number** NATIVE LAND CONSERVANCY, 46-3944868 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 12, check only one box) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described insection 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 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) 11 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4), 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described insection 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 🔟 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2016 NATIVE LAND CONSERVANCY, INC. 46-3944868 Page 2

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)

Se	ction A. Public Support					**	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	İ]		1		
	include any "unusual grants.")	ļ	10,919.	23,284.	228.737.	116,463.	379,403.
2	Tax revenues levied for the organ-					, , , , , , , , , , , , , , , , , , , ,	
	ization's benefit and either paid to						
	or expended on its behalf					l	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		10,919.	23,284.	228,737.	116,463.	379,403.
5	The portion of total contributions		= 0 / 2 = 2 0				3/3/2030
•	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,				1		
-	column (f)						
6	Public support. Subtract line 5 from line 4						379,403.
	etion B. Total Support		<u></u>		<u> </u>	<u> </u>	313,403.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(a) 2012	10,919.	23,284.	228,737.	116,463.	379,403.
8	Gross income from interest,		10,3130	25,204.	220,737.	110,103.	313,4034
Ü	dividends, payments received on						
	securities loans, rents, royalties		}		l .		
	· · · ·						
_	and income from similar sources		 				
9	Net income from unrelated business						
	activities, whether or not the			,]	
	business is regularly carried on	- 	 				
10	Other income Do not include gain						
	or loss from the sale of capital	 		I	1	l	
	assets (Explain in Part VI)						200 402
	Total support. Add lines 7 through 10		l		<u> </u>		379,403.
	Gross receipts from related activities					12	
13	First five years, If the Form 990 is for	•	s tirst, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3)	⊾ ਦਾ
Sac	organization, check this box and store ction C. Computation of Publi	c Support Per	centage				> X
						44	
	Public support percentage for 2016 (•	column (t))		14	%
	Public support percentage from 2015		•	- 1 10 11	44 - 00 4 (00	15	%
108	33 1/3% support test - 2016. If the c	-		•	14 IS 33 1/3%or n	nore, check this bo	ox and
	stop here. The organization qualifies		•				▶∟_
0	33 1/3% support test - 2015. If the c				a line 15 is 33 1/39	%or more, check tr	nis box
4-	and stop here. The organization qual	•		•	. 10 10 10		▶ ∟
1/8	10% -facts-and-circumstances tes						· ·
	and if the organization meets the "fac			=	· ·	rt VI how the organ	nization
	meets the "facts-and-circumstances"	-	•		•		
b	10% -facts-and-circumstances tes	-				•	
	more, and if the organization meets to organization meets the "facts-and-circ				•		,
10	Private foundation, If the organization		-	•			
_10	Fileate loundation. It the organization	TO GIG THUL OTHECK &	207 OII III 9 10, 10	u, 100, 17a, 0/ 1/		edule A (Form 990	
					SCIR	~~~ √ (1.01111 980	5. 380-EZ) ZU 10

Complete only if you obselve	_		•		Dark II If the Aven	
(Complete only if you check			organization falle	ea to quality under	Part II II the orga	nization falls to
Section A. Public Support	Delow, please con	прівів Рапі ІІ ј				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(4) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	(a) 2012	(6)2013	(6) 2014	(d) 2015	(6) 2010	(i) Iolai
membership fees received (Do not	.				1	
include any "unusual grants ")	· [1
• • •	<u> </u>		 	 	 	ļ
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		į				
3 Gross receipts from activities that			}			
are not an unrelated trade or bus-						
mess under section 513		<u> </u>	<u></u>			
4 Tax revenues levied for the organ-	l l		ļ			
ization's benefit and either paid to or expended on its behalf	į					
5 The value of services or facilities						
furnished by a governmental unit to	<u>.</u>					
the organization without charge	l l					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an	d				† · 	
3 received from disqualified persor	1					
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	 		 	 	 	
		 /		1	 	
8 Public support. (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	<u> </u>	<u></u>	<u></u>	
Calendar year (or fiscal year beginning in)	(a) 2012	/(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	(a) 2012	10)2010	(6) 2014	(u) 2013	(0) 2010	(i) Total
10a Gross income from interest,		/		 		
dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			ļ			
(less section 511 taxes) from business	es /					İ
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carned on	ś					
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12)	,		<u> </u>			
14 First five years. If the Form 990 is		's first, second the	rd fourth or fifth	tax vear as a sect	ion 501(c)(3) organ	uzation
check this box and stop here	ror uno organizamen		,	tax your ao a coot	ion oo i (o)(o) organ	
Section C. Computation of Pub	olic Support Pe	rcentage				
15 Public support percentage for 2010			column (fi)		15	%
16 Public support percentage from 20		•	05.4 (1)		16	%
Section D. Computation of Inve						^
17 Investment income percentage for			ne 13. column (fi)		17	%
18 Investment income percentage from	•	•	10, 00:011111 (1))	•	18	
19a 33.1/3% support tests - 2016. If the	•	•	on line 14 and lin	ne 15 is more then		··
more than 33 1/3%, check this box	-		•		•	., 15 Hot
b 33 1/3% support tests - 2015. If the						and
/ line 18 is not more than 33 1/3%, o						
20 Private foundation If the organiza					=	

Schedule A (Form 990 or 990-EZ) 2016

632023 09-21-16

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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10a		
10b		

Sche	dule A (Form 990 or 990-EZ) 2016 NATIVE LAND CONSERVANCY			<u>46-3944868 Page 6</u>
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	<u>zations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	ın Part VI See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	_2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		_
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T	<u> </u>	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b_		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
— ө	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
-	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-E	Z) 2016 NATIVE	LAND	CONSER	VANCY,	INC.	46-3944868 Page 8
Part VI	Supplemental Part IV, Section A line 1, Part IV, Sec	I Information. Pro , lines 1, 2, 3b, 3c, 4b ction D, lines 2 and 3, , 6, and 8, and Part V,	vide the ex , 4c, 5a, 6, Part IV, Se	kplanations re , 9a, 9b, 9c, 1 ection E, lines	quired by Pa 1a, 11b, and 1c, 2a, 2b, 3	urt II, line 10, I 11c, Part IV 3a, and 3b, P	Part II, line 17a or 17b, Part III, line 12; , Section B, lines 1 and 2, Part IV, Section C, art V, line 1, Part V, Section B, line 1e; Part V, eart for any additional information
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632028 09-21-1	6						Schedule A (Form 990 or 990-EZ) 201

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is atwww.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 46-3944868 NATIVE LAND CONSERVANCY TNC

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, II		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor	•	-
v	for charitable purposes and not for the benefit of the donor		-
	impermissible private benefit?	or deries advices, or lor any entire purpose	Yes No
Pai		ganization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	· 	ified historic structure
	Preservation of open space		mod motorio ottactaro
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
А	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	
-	listed in the National Register	and of 17700, and not on a motorio direct	2d
3	Number of conservation easements modified, transferred, re	 pleased extinguished or terminated by th	
	year ▶	made by the	o organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	•	
_	>	,	
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
_	▶\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, , , ,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		· · · · · · · · · · · · · · · · · · ·
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	······································	
	Tax Danamanda Deduction Act Notice and the Instruction	- t F	

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 NATIVE rt III Organizations Maintaining C	LAND CONSE				Other S			44868	
3	Using the organization's acquisition, access									
	(check all that apply)	,	,	.,	- · · · · · · · · · · · · · · · · · · ·					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Public exhibition	d	Loa	n or exc	hange progra	ms				
b	Scholarly research	6	Oth		0					
c	Preservation for future generations									
4	Provide a description of the organization's of	ollections and expla	un how they	further	the organizati	on's exem	pt purp	ose in Pa	rt XIII	
5	During the year, did the organization solicit									
:	to be sold to raise funds rather than to be m		•		•				Yes	☐ No
Pa	reported an amount on Form 990. Pa		ete if the org	ganızatıc	on answered "	Yes" on F	orm 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa			4.11 .4.						
ıa	Is the organization an agent, trustee, custod	lian or other interme	diary for cor	าเทอนแด	ns or other as	sets not ir	iciuaea	· —	٦٠.	
_	on Form 990, Part X?		- II	1				L.,	Yes	L No
D	If "Yes," explain the arrangement in Part XIII	and complete the i	ollowing tab	10.					A	
_	Desuming helenes								Amount	
ч С	Beginning balance				•	•	1c			
u	Additions during the year Distributions during the year	•					1d			
e f	Ending balance	•			•		1e			
2a	Did the organization include an amount on F	orm 990 Dart Y lin	e 21 for one	row or c	Sustadial acco	unt liabilit	$\overline{}$		Yes	No
	if "Yes," explain the arrangement in Part XIII						.y r	<u> </u>	J 198	⊢ No
Pai										<u> </u>
	- Landstone - Landstone - Compose	(a) Current year	(b) Prior		(c) Two years			ears back	(e) Four ye	ears hack
10	Beginning of year balance	(a) Current your	(D) HOL	you _	(C) Two years	Dack (u)	711100 y	bars back	(e) i oui y	Jais Dack
. <u>.</u>	Contributions				 					
6	Net investment earnings, gains, and losses								··	
ď	Grants or scholarships					-				
	Other expenditures for facilities									
Ū	and programs				-				-	
f	Administrative expenses				 					
□ g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1a. d	column (a)) held as					
a	Board designated or quasi-endowment	,	%		,					
b	Permanent endowment	%	_							
	Temporarily restricted endowment	 %								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation that a	re held a	and administe	red for the	organi	zation		
	by	J					3		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	·				•			3a(ii)	\top
ь	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	red on Sch	edule Rî	?				3b	
4	Describe in Part XIII the intended uses of the	e organization's end	owment fun	ds						
Pa	rt VI Land, Buildings, and Equipm	ent.	,							
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, li	ne 11a.	See Form 990	, Part X, I	ne 10			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acci	umulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)		ciation			
1a	Land			12	4,700.				124	,700.
b	Buildings .									
c	Leasehold improvements									
d	Equipment .									
	Other									
<u>Tota</u>	I. Add lines 1a through 1e <i>(Column (d) must</i> e	qual Form 990, Part	X, column (B), line 1	(Oc.)				124	<u>,700.</u>

Schedule D (Form 990) 2016

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XII.
Schedule D (Form 990) 2016

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(8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NATIVE LAND CONSERVANCY, INC.

Employer identification number 46-3944868

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
NATIVE-RUN LAND CONSERVATION GROUP EAST OF THE MISSISSIPPI. AFTER					
CENTURIES OF HARDSHIP AND ECONOMIC STRUGGLE, IT IS ONLY NOW THAT WE CAN					
FINALLY ATTEND TO THE IMPORTANT WORK OF PROTECTING SACRED SPACES,					
HABITAT AREAS FOR OUR WINGED AND FOUR LEGGED NEIGHBORS AND OTHER					
ESSENTIAL ECOSYSTEM RESOURCES TO BENEFIT MOTHER EARTH AND ALL HUMAN					
BEINGS. ALL LAND IS SACRED IN OUR EYES AND WORTHY OF SPECIAL CARE; THUS					
OUR REASONS AND INTEREST IN RESCUING AND PRESERVING ANCIENT ANCESTRAL					
VILLAGE SITES WHERE OUR ANCESTORS ONCE LIVED AND WORKED. IN RECOGNITION					
OF SHARED VALUES, WE ENJOY OUR PARTNERSHIP WITH OTHER LOCAL AND					
REGIONAL LAND CONSERVANCIES. THE NLC OFFERS PRESENTATIONS OF OUR NATIVE					
CULTURE AND HISTORY OF THE LANDS WE ARE PRESERVING DURING CO-WALKING					
ADVENTURES OPEN TO THE PUBLIC					
FORM 990, PART VI, SECTION B, LINE 11B:					
FORM 990 IS MADE AVAILIBLE TO BOARD MEMBERS PRIOR TO FILING					
FORM 990, PART VI, SECTION C, LINE 19:					
PUBLIC DISCLOSURE DOCUMENTS ARE MADE AVAILABLE ON REQUEST					