Form	99	0

Return of Organization Exempt From Income Tax Under-section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For	the	2017 calend	lar year, or tax year begin	nning	, 2017, and en	ding	,20
			pplicable		Kensington Conservant]	D Employer identification no
\Box			nange	Doing business as				36-4403946
	Name	e chai	пде	Number and street (or P O bo	ox if mail is not delivered to street address)		Room/suite	E Telephone number
	Intial	l retur	n	(705) 782-2200				
$\bar{\Box}$	Final	returi	n/terminated	City or town, state or province	, country, and ZIP or foreign postal code			G Gross receipts
	Amer	nded i	return	Lake Forest, I				\$ 2,665,058
一			pending	F Name and address of principal			H(a) Is this a group return	
				1	Ct. Apt 23, Wellingt	on. FL 33414-3972	H(b) Are all subordinat	5 5
	Tax-e	exemi	ot status	501(c)(3) 501(c) () ◀ (insert no)		⊣ ``	a list (see instructions)
		site		.kensingtonconse		1	H(c) Group exemption	
			ganization X		ociation Other	L Year of formation 20	000 M State of leg	
	řt l		Summar		Other P	I L Teal of formation 21	100 IN State of leg	al domicile 11
	$\neg op$			-	ion or most significant activities	Conservation and	preservation	
			-	•	nt, maintenance and m			
ç					for the conserv and			
Governance			TH CHE D	c. ooseph channel	. For the conserv and	preserv or the ha	curar ecosyst	
Ver	l	2	Check this b	ov b [] if the erganization	n discontinued its operations or d	innered of more than 25% of	futa not popula	
Ő							1	1 14
				•	• • • • • • • • • • • • • • • • • • • •			14
ties					s of the governing body (Part VI	•		14
Activities &				• •	n calendar year 2017 (Part V, line	•		16.
Ac				er of volunteers (estimate if	• •		· · · · · · <u>6</u>	16 45
					Part VIII, column (C), line 12 .	• • • • • • • • • • • • • • • • • • • •		
	-+-	b	Net unrelate	ed business taxable income		····	7t	
		_				RECEIVED	Pnor Year	Current Year
4	- 1			s and grants (Part VIII, line	′ l.P=		127,42	0 1,429,001
Revenue		9	Program se	rvice revenue (Part VIII, lin	e ^{2g)} · · · · · · · · · · · · · · · · · · ·	AUG 1 5 2018 1		0
Š	1	10	Investment	ncome (Part VIII, column (/	e 2g)	VANA '	(6	5,394
œ	1	11	Other reven	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e		3,14	0 0
	1	12	Total revenu	ue - add lines 8 through 11 (must equal Part VIII, column (A),	DEADEN. U.I.	130,49	7 1,434,395
	1	13	Grants and	similar amounts paid (Part	IX, column (A), lines 1-3)		96,50	0 578,000
	1	14	Benefits par	d to or for members (Part I)	X, column (A), line 4)			0
w	1	15	Salaries, oth	ner compensation, employed	e benefits (Part IX, column (A), lıı	nes 5-10)		0
Expenses	1	16a	Professiona	I fundraising fees (Part IX,	column (A), line 11e)			0
<u> </u>		b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) ▶	0		
ŭ	1	17	Other expen	nses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)		4,85	6 12,921
	1	18	Total expens	ses Add lines 13-17 (must	equal Part IX, column (A), line 2	5)	101,35	590,921
	1	19	Revenue les	ss expenses Subtract line	18 from line 12	<i>.</i>	29,14	1 843,474
- b	8						Seginning of Current Year	
518	ğ 2	20	Total assets	(Part X, line 16)		<u> </u>	268,00	·
Net Assets or	6 2			•		<u></u>	165,75	
Ž,	S 2			, ,	line 21 from line 20		102,25	
Pá	arti	_		re Block A				3 3 7 3 3
Unc	der pe	naltre	s of penjury I de	clare that I la examined this ret	im, including accompanying schedules and		lowledge and belief, it is	
true	e, corr	rect, a	nd complete De	eclaration of reparer (other manufit	ficer) is based on all information of which p	reparer has any knowledge		
			`	and the seh	~~		ļ	
Siç	ın	ļ	Signatu	re of officer	1)	1	Da	te 1
He			()	axid H. Har	mann - 1	resident	071	31/2018
₹ ₹			Type or	print name and title	y	··········	/	11-0.0
				`	Grandvarda pigantiura	Date	Check X if	DTIN
Pa	.			eparer's name	Preparer's signature		_	PTIN
_		- -		e Priddle-Luck		07-17-2018	self-employed	P01478605
Pre	-				Luck Thibeault LLP		Firm's EIN	
US	e O	nly	Firm's addres		MacDonald Avenue		Phone no	
					e. Marie CA P6B1J4		705-	575-1096
					nown above? (see instructions)	<u></u>		🛛 Yes 🗌 No
For	Pap	oerw	ork Reducti	ion Act Notice, see the se	parate instructions.	ON		Form 990 (2017)

Form	990 (2017) The Kensington Conservancy 36-4403946 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	Conservation and preservation. Establishment, development, maintenance and management of the
	nature reserves and programs in the St. Joseph Channel for the conserv and preserv of the
	natural ecosystem.
	No.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$584,511 including grants of \$578,000) (Revenue \$)
	Grant to The Kensington Conservancy Canada, a Canadian registered charity with the same name,
	board of directors, and mission statement. The two separately registered charities work
	towards the same charitable purpose for the establishment, development, maintenance and
	management of the nature reserves and programs in teh St. Joseph Channel for the conservation
	and preservation of the natural ecosystem.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code
,-	(Code) (Experience +) (Noticine +)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 584,511



Form 990 (2017)
Part IV CI 7) The Kensington Conservancy Checklist of Required Schedules

	•	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A . ,	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		.,
_	Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		Ì	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	460	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	2.3	38°	
	VII, VIII, IX, or X as applicable	\$ 4	7%	3 35.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١.,		3,
	complete Schedule D, Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			17
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		$\frac{X}{X}$
f.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u>v</u> _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		v
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
b	Schedule D, Parts XI and XII	12a		X
Ü	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	42h		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	1-70		- 21
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		Х
			000 /	

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
Ь	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? If "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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	* 5	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1. 3	, ` `
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			١,,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			٠,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
·		20-		_V
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
-	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,	30		
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31_		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	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,			1
	or IV, and Part V, line 1	34		<u>x</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	004		 ^*
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			 -
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

The Kensington Conservancy

Pagarding Other IPS Filings and Tay Compliance

rai				П
	Check if Schedule O contains a response or note to any line in this Part V	 i	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Tes	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			Ì
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		Ì
·	reportable gaming (gambling) winnings to prize winners?	1c		!
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		\neg	Į
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a0	1		1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	` -	X,
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		- 	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		l	
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country		\.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ž. v.,		8 ww.:
	(FBAR)		. "	× 300 7
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 transaction?	5b		X
c	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 the			
- Cu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		¥ :	,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l		/
_	and services provided to the payor?	7a	***	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		* \\ \(\) \	*
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Š.,	93 E	.X
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		, 8	, "
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		À siège	₩ .3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities) (1) (2) (3)	* *
11	Section 501(c)(12) organizations. Enter	. "	/ Z. ` .	* * .
а	Gross income from members or shareholders	ř, 🍇	(·)	. W.
b	Gross income from other sources (Do not net amounts due or paid to other sources	2.380	. whe	
	against amounts due or received from them)			a. Š
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	- 2.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Se	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	8	<i>Ž</i> ****	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	. 300		
b	Enter the amount of reserves the organization is required to maintain by the states in which	, *K*,	7.3	
	the organization is licensed to issue qualified health plans			، معدير
c	Enter the amount of reserves on hand		. 82	\$7.80
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 Schedule O	14b		

orm	990 (2017) The Kensington Conservancy	36-44039	46	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 74	below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (D. See instruction:	s.		
	Check of Schedule O contains a response or note to any line in this Part VI	<u> </u>			. 🛛
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	a 14			f
	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	lb 14			4. 4
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_		 -
. –	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		<u> </u>		<u> </u>
-	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	• • • • • • • • •		A.,	387
•	the year by the following	i		*	
а	The governing body?	İ	&~ 8a	X	1 3
b	Each committee with authority to act on behalf of the governing body?	• • • • • • • • • •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		- 00		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod		3		
300	THE THE COLUMN DESCRIPTION AND THE PROPERTY OF	<i>ie</i> /		Yes	_ .
l0a	Did the organization have local chapters, branches, or affiliates?		10a	Tes	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		IVa	ļ	$\stackrel{\wedge}{-}$
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b)	
l 1a	· · · · · · · · · · · · · · · · · · ·	the form?	11a	X	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	ne lomi	100		7
2a	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		42-	र भू	X
_	•	· · · · · · · ·	12a		
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	Corillicis	12b		-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		40-		
12	describe in Schedule O how this was done	• • • • • • • •	12c	- 7/	
l3 □4	Did the organization have a written whistleblower policy?	• • • • • • • •	13	X	-
14	Did the organization have a written document retention and destruction policy?	• • • • • • • • •	14	X	24
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?			7530	V
a	The organization's CEO, Executive Director, or top management official	• • • • • • • • •	15a		X
b	Other officers or key employees of the organization	• • • • • • • • •	15b	\	, <u>A</u>
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			(A) (A) (A)	\$ (\$ \$ \$
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			~~. 2.	
	with a taxable entity during the year?	• • • • • • • • • • • • • • • • • • • •	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			,) , , , , , , , , , , , , , , , , , ,	4 ,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		×.	E	7 EL E
	organization's exempt status with respect to such arrangements?	<u></u>	16b	L	L
	tion C. Disclosure				_
17	List the states with which a copy of this Form 990 is required to be filed Illinois				
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)			
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	t policy, and			
	financial statements available to the public during the tax year	•			
20	State the name, address, and telephone number of the person who possesses the organization's books and record				
	Priddle-Luck Thibeault LLP (705)575-1096, 677 MacDonald Avenue, Suite 2	00, CA	_		
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The Kensington Conservancy

36-4403946

age 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

23 Officer this box in ficture, the organization flor any related	u organizatio	ii comp	CHA	aicu	1 411)	Cuite	111 01	ncer, director, or ti	usacc	
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					han one s both a		Reportable	Reportable	Estimated
Name and The	hours per					r/trustee		compensation	compensation from	amount of
	week (list any							from	related	other
	hours for related	익	5	ç	7	9 =	7	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dire		Officer	y en	phes	l me	(W-2/1099-MISC)	(,	organization
	below dotted		ona		Key employee	8 8	1]			and related
	line)	Individual trustee or director	institutional trustee		8	mpe				organizations
		ě	stee			Highest compensated employee				
						8				
(1) Peter Welles										
Director		Х							00	0
(2) John Terry Haight										
Director		X			<u> </u>			(o o	0
(3) Richard Warren	L				l					
Director		Х						(0 0	0
(4) Libby Ellis	L									
Director		X						(0 0	0
(5) Merrill Warren										
Director		Х						1	d o	0
(6) John Hollingsworth	L									
Director		Х							0 0	0
(7) Lindsey Palumbo	L									
Director		X							<u> </u>	00
(8) Lisa Derrickx-Jones					1					
Director		Х							oo	00_
(9) Andrew Welles										
Director		X						!	o o	0
(10)Hugh MacDonald	L									
Vice President				X			<u> </u>		<u> </u>	0
(11)Alice Hill										
Secretary				X				ļ	<u> </u>	
(12)Rick Sipe	L									
Treasurer				X			<u> </u>		o o	0_
(13)David Hofmann	L							ļ		
President				X		<u></u>			00	00
(14)Sarah Vincenzo										
Vice President				X			L		do_	0

Part \	VII Section A. Officers, Directors, Trustees, . (A) . Name and title	(B) Average hours per week (list any	(do no box, u office	ot che unless or and	(C Positi ck mo perso a dire) bre the on is ctor/t	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)							_				
<u>(16)</u>											
<u>(17)</u>											
(18)											
(19)											
		ļ					_				
								_			
									:		
								_			
<u>(25) </u>		 -									
1b c d	Sub-total	on A.						> > >		0	0
2	Total number of individuals (including but not limite reportable compensation from the organization								re than \$100,000 o	0	
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule										Yes No
4	For any individual listed on line 1a, is the sum of regorganization and related organizations greater that individual	oortable com n \$150,000?	pensat If "Ye	ion a s," c	ınd c	the	r comp	ens	ation from the		4 X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,	compensation	from a	any u			_				5 X
Secti	on B. Independent Contractors										
1	Complete this table for your five highest compensate compensation from the organization Report compensation year										
	(A) Name and business address								Description of		(C) Compensation
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d a	bove)	who)	8.	

36-4403946 Form 990 (2017) The Kensington Conservancy Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under sections 512-514 Related or Unrelated Total revenue exempt function business Federated campaigns 1,425,416 Membership dues 1b 3,065 c Fundraising events 1c Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 520 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 2a f All other program service revenue Investment income (including dividends, interest, 3,429 3,429 Income from investment of tax-exempt bond proceeds 5 (ı) Real (ii) Personal 6a Gross rents **b** Less rental expenses c Rental income or (loss) . . . d Net rental income or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory 1,232,628 **b** Less cost or other basis and sales expenses 1,230,663 c Gain or (loss) d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold **b** c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code** 11a d All other revenue e Total. Add lines 11a-11d

1,434,395

Total revenue. See instructions

Part IX Statement of Functional Expenses

Secu	ion 501(c)(3) and 501(c)(4) organizations must complete all c	- -			
	Check if Schedule O contains a response or note to			(C)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
	Ob, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments See Part IV, line 21 Grants and other assistance to domestic				<u> </u>
2					100
2	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				ļ
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	E70 000	F70 000		
4	Benefits paid to or for members	578,000	578,000	· · · · · · · · · · · · · · · · · · ·	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Compensation of current officers, directors,			3.4	<u>) a [8</u>
	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ü	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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	706		706	
c	Accounting	4,250		4,250	
d	Lobbying			1,255	
e	Professional fundraising services See Part IV, line 17.				
f	Investment management fees		A A. V. V. A. A. A. A. A. W.		
g	Other (If line 11g amount exceeds 10% of line 25, column	-			
Ū	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	310	310		
13	Office expenses	1,283	1,283		
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	1,454		1,454	
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)		<u> </u>		
а	TKCopoly games	4,918	4,918		
b					
C					
d					
е	All other expenses	<u> </u>			
<u>25</u>	Total functional expenses. Add lines 1 through 24e .	590,921	584,511	6,410	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		<u> </u>
			(A)		(B)
		01	Beginning of year	 	End of year
	1	Cash - non-interest-bearing	103,009	1	575,559
	2	Savings and temporary cash investments		2	361,915
	3	Pledges and grants receivable, net		3	8,418
	4	Accounts receivable, net	165,000	4	
	5	Loans and other receivables from current and former officers, directors,			* * *
		trustees, key employees, and highest compensated employees			
	•	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			"
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	`	ļ	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			(1.42.1.18° - 1.186)
	_	organizations (see instructions) Complete Part II of Schedule L		6	
ž.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		. 3	
		other basis Complete Part VI of Schedule D 10a	£ 2	1.3	
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other secunties See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	_16	Total assets. Add lines 1 through 15 (must equal line 34)	268,009	16	945,892
	17	Accounts payable and accrued expenses		17	166
	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	(h) (c) (d)	21	***
es	22	Loans and other payables to current and former officers, directors,		3	
Liabilities		trustees, key employees, highest compensated employees, and		, «	
Lial		disqualified persons Complete Part II of Schedule L		22_	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	165,757	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			
		of Schedule D		25_	
	26	Total liabilities. Add lines 17 through 25	165,757	26	166_
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.	M		the same of the sa
anc	27	Unrestricted net assets	102,252	27	945,726
Bal	28	Temporarily restricted net assets	<u> </u>	28	
פַ	29	Permanently restricted net assets	MA	29	1,0,0,0,0
F.		Organizations that do not follow SFAS 117 (ASC 958), check here		ř	
S 0		complete lines 30 through 34.		<u> </u>	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	102,252	33	945,726
	34	Total liabilities and net assets/fund balances	268,009	34	945,892

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u> </u>	<u></u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1	,434,	395
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		590,	921
3	Revenue less expenses Subtract line 2 from line 1	. 3		843,	474_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4_		102,	252_
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7	·		
8	Prior period adjustments	. 8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		945,	726
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other		l^	l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1 6 6 6	1 y 2
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1 X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			2 2 X	;
	reviewed on a separate basis, consolidated basis, or both		,		
	Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			:- \$.* ::	£ z
b	Were the organization's financial statements audited by an independent accountant?		2t	<u>, </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			32	, ^
	separate basis, consolidated basis, or both			2 2 2	
	Separate basis Consolidated basis Both consolidated and separate basis		* \$		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			`	1444
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	: X	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		1 & :	· ,	743
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t	<u>, </u>	
EEA			For	rm 990 ((2017)

SCHEDULE A

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.

OMB No 1545-0047 2017

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number The Kensington Conservancy 36-4403946 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 in section 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 in section 170(b)(1)(A)(iii). 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 团 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) An agricultural research organization described in section 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 \Box 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. 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. 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. d 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. e 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 Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017 The Kensington Conservancy 36-4403946 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (e) 2017 (c) 2015 (d) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 128,105 117,835 137,968 127,420 1,428,481 1,939,809 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 128,105 117,83 137,968 1,939,809 127,420 1,428,481 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,367,390 Public support. Subtract line 5 from line 4 . 572,419 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 128,105 117,835 137,968 127,420 1,428,481 1,939,809 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources 11 5,394 5,405 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 . . . 1,945,214 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 29.43 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 53.30 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2017 The Kensington Conservancy

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

	(Complete only if you check						r Part II.
600	If the organization fails to quation A. Public Support	iamy under the	z tests listed De	now, piease co	mplete Part II.	,	
	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/ (f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(8) 2014	(6) 2013	(d) 2010	(6) 2017	// (1) / Olai
•	received (Do not include any "unusual grants ")					/	1
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 .						i
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				1		
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				1		
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		·		Y···-		γ
Cale	endar year (or fiscal year beginning in) 🕨 📙	(a) 2013	(b) 2014	(c) 2015 /	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			1			
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first,	second, third, four	h, or fifth tax year	as a section 501(c	:)(3)	▶ □
Se	ction C. Computation of Public Su	port Percent	age /				
15	Public support percentage for 2017 (line 8, col		.,))		15	%
16	Public support percentage from 2016 Schedul			<u>.</u>	<u></u>	16	%
Se	ction D. Computation of Investmen						
17	Investment income percentage for 2017 (line	• •		• • • •		<u> </u>	%
18	Investment income percentage from 2016 Sc		#			18	%
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. Th	ne oʻrganizatıon qu	alifies as a publicly	y supported organi	zation	▶ □
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this l	ation did not chec	k a∮box on line 14 e. The organizatio	or line 19a, and lir n qualifies as a pu	ne 16 is more than blicly supported or	33 1/3%, and ganization	▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

					
	Yes	No			
2a					
2b					
334	Sample St.				
3a					
1 4 4	4.7.	1 41, 2 1 1			
3b					
m 990 or 990-EZ) 2017					

		I	, , , , , , , , , , , , , , , , , , , ,		
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				
er	nergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see					

7

8

7 Recoveries of prior-year distributions

Section C - Distributable Amount

instructions).

8 Minimum Asset Amount (add line 7 to line 6)

Current Year

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
Sec	tion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported	· · · ·	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		<i>m</i>	(ii)	(iii)
S	Section E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	•	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		8 2 XX 3 X 3 X 3 X	
2	Underdistributions, if any, for years prior to 2017	* * * * * * * * * *		
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a	2 × 5 × 4 × 2 2 4 5 × 4 × 4 × 5 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6			* * * * * * * * * * * * * * * * * * * *
b	From 2013			
	From 2014			* * * * * * * * *
	From 2015	TO THE		
	From 2016	V 6 7 8 7 7 8 7 7		
	Total of lines 3a through e		1 4 4 5 N X 1 5 N	
	Applied to underdistributions of prior years	***		
	Applied to 2017 distributable amount		* * * * * * * * * *	
i	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			4 8 4 7 8 4 6 8 8
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		* * 1 1 1 1 1 1	
	Remainder. Subtract lines 4a and 4b from 4.	 -		13737
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	19:19:19		<u>``</u> `
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j	 ***	4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	* * * * * * * * * * * * * * * * * * * *
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			3 3 3 4 3 4 3 5 7 8
	Excess from 2015		* 4 * 4 * 5 * 5 * 5	
	Excess from 2016		N 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* * * * * * * * * * * * * * * * * * *
	Excess from 2017			
<u>-</u> _			1 2 2 2 3 3 4 4	- 6 3 4 4.5 " yr yr

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number The Kensington Conservancy 36-4403946 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐ Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in the (a) Region (e) If activity listed in (d) is (f) Total expenditures for employees, region (by type) (such as, a program service, region agents, and fundraising, program services, describe specific type of and investments ındependent investments, grants to recipients service(s) in the region in the region tocated in the region) contractors in the region (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Page 2

36-4403946

The Kensington Conservancy

Schedule F (Form 990) 2017

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. trans (f) Manner of cash disbursement bank 578,000 (e) Amount of cash grant (d) Purpose of grant conse Land (Not the United States) North America (c) Region * 1. * ķ i di Ý, *** ,34 |} |} ž Ky. * ž (b) IRS code section and EIN (if applicable) 46 WE . W. J. 公養公養 M. Sold M. West. Jan 198 VANCE - (SIMI 农 * William Mil ** · /** The state of the s The state of the s The second secon N K Martin Company of Land Special (a) Name of organization Will the state of 7000 The state of the s Part (16) ξ<u>έ</u> (12) 13) Ķ ন 3

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter က 2

Enter total number of other organizations or entities

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Schedule F (Form 990) 2017

Page 3

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The Kensington Conservancy

Schedule F (Form 990) 2017 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2017 8 6) € 5 (13) 14 Ξ 3 ල 13 (12) (15) 3 9 E (16) 3 **E**

SCHEUDI	The Rensington Conservancy	30-440	3740		Page 4
Part	IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," `the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	🗆	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	🗆	Yes	Ø	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	🏻	Yes	⊠	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	🗆	Yes	×	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	🗆	Yes	×	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	🗆	Yes	Ø	No
EEA			Schedul	e F (For	m 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection Employer identification number

The Kensington Conservancy	36-4403946
01. Form 990 governing body review (Part VI, line 11)	
Form 990 was reviewed by governing body before filing	
02. Governing documents, etc, available to public (Part VI, line	19)
Documents are available to public upon request.	==//
	
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