** PUBLIC DISCLOSURE COPY **

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑI	For the	2022 calendar year, or tax year beginning $OCT 1$, 2022 and ending	SEP 30, 202	3		
	Check if applicable		D Employer identi	fication number		
Г	Addres	CENTER FOR NATURAL LANDS MANAGEMENT				
	Name change		68-0233	573		
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 27258 VIA INDUSTRIA STE B	uite E Telephone numb			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,558,737.		
	Amendoreturn	TEMECOLA, CA 92390	H(a) Is this a group	return		
	Applica tion	F name and address of principal officer: MEDANIE DANKANCO	for subordinate	es? Yes X No		
	pending	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No		
Ι.	Tax-exe		527 If "No," attach	a list. See instructions		
	Website		H(c) Group exempti			
		·	rear of formation: 1990	M State of legal domicile; CA		
Pa		Summary				
æ	1 5	Briefly describe the organization's mission or most significant activities: PERPETUA	L PROTECTION	AND		
and	5	STEWARDSHIP OF LANDS, NATIVE SPECIES AND THE				
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of r	i	1		
9			3			
ø		Number of independent voting members of the governing body (Part VI, line 1b)				
ties	1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		 		
Ę		Total number of volunteers (estimate if necessary)				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		<u> </u>		
	l br	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year		
	, ,	Contributions and grants (Dort VIII line 1b)	1,216,805			
Revenue	1	Contributions and grants (Part VIII, line 1h)	2,784,472			
ver		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,093,156			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0			
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,094,433	-		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	206,941			
		Benefits paid to or for members (Part IX, column (A), line 4)	0			
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,050,473	4,415,420.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0			
pe		Total fundraising expenses (Part IX, column (D), line 25) 60, 102.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,299,070	3,822,018.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,556,484			
	19 F	Revenue less expenses. Subtract line 18 from line 12	-3,462,051	-2,679,702.		
Net Assets or Fund Balances			Beginning of Current Year			
sets	20 1	Total assets (Part X, line 16)	244,168,875			
it As	21 7	Total liabilities (Part X, line 26)	2,043,771			
		Net assets or fund balances. Subtract line 21 from line 20	242,125,104	. 259,387,672.		
	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		ny knowledge and belief, it is		
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	parer has any knowledge.			
O:		Signature of officer	I Date			
Sig	" ໄ	MELANIE BARRANCO, CFO	Duto			
Hei		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pai		SHEBA B. DALANEY SHEBA B. DALANEY	08/14/24 if self-emplo			
	-	Firm's name ABBOTT, STRINGHAM & LYNCH	Firm's EIN	77-0051130		
		Firm's address 1901 S BASCOM AVE STE 105	THIII S LIN			
	z ,	CAMPBELL, CA 95008	Phone no (A	408)377-8700		
Ma	v the IR	S discuss this return with the preparer shown above? See instructions	I none no. (X Yes No		
· · · · ca	, !! !			: :10		

4d Other program services (Describe on Schedule O.)

(Expenses including grants of \$) (Revenue \$

Total program service expenses 6,517,197.

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
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		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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			
·	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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 10		 -
	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		Х
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		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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
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
	as got of the first of the			

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	<u> </u>
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			x
L	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ا
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35a	Part V, line 1 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		1
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ь
Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule C contains a response of flote 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 16		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

O22) CENTER FOR NATURAL LANDS MANAGEMENT Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 61	-	37					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	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 on Schedule O	3b						
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		x				
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a						
b	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 (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	_		7.7				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f 7g						
_	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C 							
n 8		7h						
0								
9								
a Did the sponsoring organization make any taxable distributions under section 4966?								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a	_						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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 on 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	9							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9							
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, trustees, or key employees to a management company or other person?	3		X					
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?								
6	Did the organization have members or stockholders?	6		Х					
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, stockholders, or								
	persons other than the governing body?	7b		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 on Schedule O	9		X					
<u>Sec</u>	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		Х					
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?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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	X						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7,7					
	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 participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA, OR		_						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c)	3)s only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website Vpon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial						
	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 records								
	MELANIE BARRANCO - (760) 731-7790 27258 VIA INDUSTRIA STE B. TEMECULA CA. 92590								

Form 990 (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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 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. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per	(do	not c	Pos heck ss pe	more) than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for	-		nd a d		or/trus 팙		from the organization	from related organizations (W-2/1099-MISC/	other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
(1) DEBORAH ROGERS	40.00									
CO-EXEC DIR & DIR OF CONSE				Х				216,399.	0.	19,336.
(2) MELANIE BARRANCO	40.00			x				205,632.	0.	25,458.
CO-EXEC DIR & CFO (3) ISABELLA GELMI	40.00			^				203,032.	0.	23,430.
CORPORATE SECRETARY	40.00	1		x				129,369.	0.	15,936.
(4) SARAH MUELLER	40.00							123,303.	•	13,3301
GENERAL COUNSEL	1000	ł				x		130,923.	0.	11,824.
(5) KEN SANCHEZ	0.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(6) DAVID THOREAU	0.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SUSAN MOORE	0.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) RICK RAYBURN	0.00								_	•
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) DAVID LEE	0.00	x		x				0.	0.	0
BOARD TREASURER	0.00	^		^				0.	0.	0.
(10) ALICIA GUERRA BOARD MEMBER	0.00	X						0.	0.	0.
(11) PETER PROWS	0.00								•	
BOARD MEMBER		x						0.	0.	0.
(12) MICHELLE LEE	0.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ERIC CHERNISS	0.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2022) 232007 12-13-22

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensatio	- 1	(F) Estimated amount of		
	week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated snaty.		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	ed other ons compens filsC/ from the		ation ne tion ted	
										\dashv			
1b Subtotal	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		682,323.		0.	7	2,5	54.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0. 682,323.		0.			
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportab	le			4
3 Did the organization list any former officer.												Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si	um of reportab	le co	ompe	ensa	atior	n and	d otl	•	the organization		3	Х	Х
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	accrue comper	nsat	ion f	rom	any	unr unr					5	A	Х
Section B. Independent Contractors	ipiete Scrieduii	e	OI SI	JCII	pers	SOIT .							21
Complete this table for your five highest countered the organization. Report compensation for	= '	-								npensa	ation	from	
(A) Name and business	address							(B) Description of s		C		C) ensatio	on
BRISCOE IVESTER & BAZEL, STREET STE. 935, SAN FRA								LEGAL FEES			16	0,2	85.
O. Tatal musels are of inclined as a second second	in all rather as 1 - 1			د اد	1 1-	-c "		I also a la l					
2 Total number of independent contractors (\$100,000 of compensation from the organi	-	IOT III	rnite	u to		se 118 1	stec	a above) who received m	iore tnan				

Form 990 (2022) CENTER 1
Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lanction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns		1a					
iran M									
Ę,		Fundraising events							
ar /		Related organizations							
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (conti		-	529,224.				
Sign		All other contributions, gifts,			,				
her	·	similar amounts not included	_	1f	332,593.				
ᅙᄛ	a	Noncash contributions included in			, -				
anc	_	Total. Add lines 1a-1f				861,817.			
		Totall / lad in loo la li			Business Code	, -			
o l	2 a	PROGRAM & SERVICE F	EES		813312	3,217,504.	3,217,504.		
Ş	2 u b				111000	230,378.	230,378.		
Program Service Revenue	c								
E S	d								
Pega	u 2	-							
Pro	•	All other program service	rovonuo						
	' ~				3,447,882.				
\dashv	3	Total. Add lines 2a-2f Investment income (include				3,447,002.			
	3	•	•	•	•	1,238,688.		78,551.	1160137.
	4	Income from investment				1,230,000.		70,331.	1100157.
	4				ı				
	5	Royalties		(i) Real	(ii) Personal				
	6 -	Cross ronts		(i) i icai	(ii) i cisoriai				
		Gross rents	6a						
	b		6b						
		Rental income or (loss)	[6c]		1				
		· · · · · · · · · · · · · · · · · · ·	I income or (loss)(i) Securitie		(ii) Other				
	<i>i</i> a	Gross amount from sales of	<u> ``</u>	Securities	` '				
		assets other than inventory	7a		10,350.				
ø	D	Less: cost or other basis							
ığ		and sales expenses			10,350.				
ther Revenue		Gain or (loss)	-			10 250			10 350
놂		Net gain or (loss)			I	10,350.			10,350.
Ě	8 а	Gross income from fundraisi	ng events	,					
١		including \$		of					
		contributions reported on	•						
		Part IV, line 18							
		Less: direct expenses			1				
		Net income or (loss) from		_	·····				
	эa	Gross income from gamin		l l					
		Part IV, line 19							
		Less: direct expenses		····					
		Net income or (loss) from	-						
	і а	Gross sales of inventory,		I]				
		and allowances			<u> </u>				
		Less: cost of goods sold			-				
\rightarrow	С	Net income or (loss) from	sales of	inventory					
sn					Business Code				
Miscellaneous Revenue	11 a								
le la	b								
Re	C								
Ξ		All other revenue							
		Total. Add lines 11a-11d				F FF0 F0=	2 445 000	70 551	1170107
	12	Total revenue. See instruction	ons			5,558,737.	3,447,882.	78,551.	1170487.

Part IX Statement of Functional Expenses

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

3601	ion 501(c)(3) and 501(c)(4) organizations must com			implete column (A).	X
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 004	4 004		
	and domestic governments. See Part IV, line 21	1,001.	1,001.		
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,	654,568.	109,274.	540,338.	4,956.
6	trustees, and key employees	034,300.	105,2740	340,330.	4,550.
0	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40E0(a)(2)(D)				
7	Other salaries and wages	2,941,623.	2,278,963.	624,961.	37,699.
8	Pension plan accruals and contributions (include	, = == , == =	,,	,	,
•	section 401(k) and 403(b) employer contributions)	70,561.	60,459.	9,136.	966.
9	Other employee benefits	460,910.	338,723.	116,381.	5,806.
10	Payroll taxes	287,758.	198,185.	86,059.	3,514.
11	Fees for services (nonemployees):	-	-	-	-
а	Management				
	Legal	215,446.	215,446.		
	Accounting	90,362.	81,106.	9,256.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	48,413.		48,413.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0.25 660	016 600	10 010	
	column (A), amount, list line 11g expenses on Sch O.)	835,669.	816,620.	19,049.	
12	Advertising and promotion	17 020	11 026	6 742	1 / 1
13	Office expenses	17,920. 46,179.	11,036. 20,979.	6,743.	141. 720.
14	Information technology	40,179.	20,979.	24,400.	720.
15	Royalties	241,914.	153,642.	86,374.	1,898.
16	Occupancy	66,258.	51,218.	15,040.	1,090.
17	Travel	00,250.	31,210.	13,040.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,277.	11,411.	13,866.	
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	108,961.	105,601.	3,360.	
23	Insurance	130,921.	104,133.	26,788.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	mavec ' l	89,423.	89,423.		
b	PRESERVE MANAGEMENT	1,292,443.	1,292,443.		
С	SUPPLIES AND EQUIPMENT	447,912.	422,349.	25,563.	
d	VEHICLE EXPENSES	111,341.	111,341.		
е	All other expenses	53,579.	43,844.	5,333.	4,402.
25	Total functional expenses. Add lines 1 through 24e	8,238,439.	6,517,197.	1,661,140.	60,102.
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 if following SOP 98-2 (ASC 958-720)				
	0 10 10 00				Earm 990 (2022)

Form 990 (2022) Part X Balance Sheet

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	707,127.	1	823,510.		
	2	Savings and temporary cash investments			5,150,179.	2	5,165,675
	3	Pledges and grants receivable, net	76,752.	3	0 .		
	4	Accounts receivable, net	383,693.	4	559,829		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ction 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			47,124.	9	130,547
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	95,983,490.			
	b	Less: accumulated depreciation	10b	673,365.		10c	95,310,125
	11	Investments - publicly traded securities			100,535,407.	11	104,743,219
	12	Investments - other securities. See Part IV, lin	41,994,971.	12	54,697,682		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	29,428		
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	33)	244,168,875.	16	261,460,015
	17	Accounts payable and accrued expenses			839,754.	17	869,629
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ostantial (contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	ies 17-24). Complete Part X	1 004 017		1 202 714
		of Schedule D			1,204,017.		
	26	Total liabilities. Add lines 17 through 25			2,043,771.	26	2,072,343
S		Organizations that follow FASB ASC 958, o	heck her	e X			
S C		and complete lines 27, 28, 32, and 33.			0 510 220		11 005 221
ala	27	Net assets without donor restrictions			8,510,238. 233,614,866.	27	11,085,331
В В	28	Net assets with donor restrictions			233,014,000.	28	240,302,341
μ		Organizations that do not follow FASB ASC	958, ch	eck here L			
<u></u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fund			29		
\SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			242,125,104.	31	259,387,672
ž	32	Total net assets or fund balances	244,168,875.	32			
	33	Total liabilities and net assets/fund balances			444,100,0/3.	33	261,460,015

Form **990** (2022)

•	. 655 (1511)					
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>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 55</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 23		
3	Revenue less expenses. Subtract line 2 from line 1	3		,67		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	242	,12	5,1	04.
5	Net unrealized gains (losses) on investments	5	19	,94	2,2	70.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	259	,38	7,6	72.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule ().			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	Jit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR NATURAL LANDS MANAGEMENT

Employer identification number

68-0233573 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 university: 10 X 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. See section 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 in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2022 (14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		·	-	•	VI how the organiz	zation
_	meets the facts-and-circumstances to	•			•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	and see instruction	ıs

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

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

Sec	ction A. Public Support	below, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 202 1	(6) 2022	(1) 10141
•	membership fees received. (Do not						
	include any "unusual grants.")	8170564.	7904862.	3814832.	1216805.	861.817.	21968880.
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	2960340.	2398233.	2493857.	2784472.	3447882.	14084784.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	11120004	10303095.	(20000	4001277.	420000	36053664.
	Total. Add lines 1 through 5	11130904.	10303095.	6308689.	4001277.	4309699.	36053664.
7a	Amounts included on lines 1, 2, and		1 000	2 000	2 000		7 000
	3 received from disqualified persons		1,000.	3,000.	3,000.		7,000.
i.	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		170,503.				
c	Add lines 7a and 7b	61,847.	171,503.	320,673.	427,806.	943,032.	
8	Public support. (Subtract line 7c from line 6.)						34128803.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 36053664.
		11130904.	10303095.	6308689.	4001277.	4309699.	36053664.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1050005	EFO 104	261 421	E00 460	1160125	4060441
	and income from similar sources	1252287.	758,124.	361,431.	728,462.	1160137.	4260441.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		142,708.		364,694.		867,685.
	Add lines 10a and 10b	1310977.	900,832.	584,473.	1093156.	1238688.	5128126.
11	Net income from unrelated business activities not included on 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			137,312.			137,312.
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	12441881	11203927.	7030474.	5094433.	5548387.	41319102.
	First 5 years. If the Form 990 is for the	-					
17		le organization s in	rst, second, trilla,	iouriii, or illiir tax ;	year as a section s	oo r(c)(o) organizat	lion,
Sec	check this box and stop here ction C. Computation of Publ	lic Support Pe	rcentage				
	Public support percentage for 2022 (column (fl)		15	82.60 %
	Public support percentage from 2021		•	.,,		16	93.18 %
	ction D. Computation of Inve					10	33010 70
	•			ao 13 column (fl)		17	12.41 %
17 18	Investment income percentage for 20 Investment income percentage from					18	5.47 %
	a 33 1/3% support tests - 2022. If the						
136	more than 33 1/3%, check this box a						X
b	33 1/3% support tests - 2021. If the	e organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
2		
3a		
3b		
_		
3с		
4a		
4 a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, 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	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 CENTER FOR NATURAL LAN	DS MAI	NAGEMENT	68-0233573 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga		•
1	Check here if the organization satisfied the Integral Part Test as a qualify	•		Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	1
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			
	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		
е	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 0.015 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 0.035.	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 0.85 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		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Do	t V Type III Non-Functionally Integrated 509	Val/2) Supporting Orga			0 0233373 Fage 7
		nanco Supporting Orga	anizations (continu	<u>ied)</u>	
	ion D - Distributions		1		Current Year
	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempted and the second		_		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
ī	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990) 2022

c Excess from 2020d Excess from 2021e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR NATURAL LANDS MANAGEMENT

Employer identification number 68-0233573

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	, ,	(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 w	riting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the Association (1997).	ed conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С.	Number of conservation easements on a certified historic stru		2c U
a	Number of conservation easements included in (c) acquired a	•	2d 0
2	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, relegyear $\boldsymbol{0}$	eased, extinguished, or terminated by t	ne organization during the tax
4	Number of states where property subject to conservation eas	ement is located3	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it	holds?	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h 1365	nandling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle $477,799$.	ing of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
10	Complete if the organization answered "Yes" on Form		t and halance about works
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public	•	
	of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 958		
D	art, historical treasures, or other similar assets held for public	· · · · · · · ·	
	provide the following amounts relating to these items:	exhibition, education, or research in ful	Therance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		nai gairi, provido
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	er Similar A	ssets	continue	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition d Loan or exchange program								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizati	on's exer	mpt purpose ir	Part XI	II.	
5	During the year, did the organization solicit o								
_	to be sold to raise funds rather than to be ma							es l	No_
Pai	t IV Escrow and Custodial Arran	•	te if the organizatio	n answered '	'Yes" on	Form 990, Par	t IV, line	9, or	
	reported an amount on Form 990, Par	•							
1a	Is the organization an agent, trustee, custodi		•				37		
	on Form 990, Part X?						Х ү	es l	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:			<u> </u>	۸		
								nount	147.
	Beginning balance								
	Additions during the year								946.
	Distributions during the year								447.
	Ending balance					1f			
	Did the organization include an amount on Fo		•				. L Y	es l	X No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if							l	
ı aı	Endowment i unus. Complete ii	(a) Current year	(b) Prior year			(d) Three years b	ack (a	1 Four ve	ars hack
10	Paginning of year halance	234,912,536.	258,354,404.	• •		209,100,0	<u>_</u>		42,332.
	Beginning of year balance	598,733.	258,520.		5,938.	1,790,5			94,141.
	Contributions	19,988,940.	-18,399,132.			12,367,9			94,836.
	Net investment earnings, gains, and losses	15,500,540.	10,333,132.	30,000	3,334.	12,507,5	77.	3,4.	74,030.
	Grants or scholarships Other expenditures for facilities								
e	Other expenditures for facilities	4,993,256.	4,915,482.	5 263	3,140.			5 2	51,703.
	and programs Administrative expenses	369,924.	385,774.		7,487.				69,567.
	End of year balance	250,137,029.	234,912,536.			223,258,5	59		00,039.
g 2	Provide the estimated percentage of the curr				-,	220,200,0		205,2	,
	Board designated or quasi-endowment	• 7300	e (iirie 19, column (a %	ij) rielu as.					
	Permanent endowment 99.2700	%							
	Term endowment .0000								
Ŭ	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	·	ation that are held a	nd administe	red for th	ne			
-	organization by:	colori or the organiza	ation that are mora a					Ye	es No
	(i) Unrelated organizations						[3a(i)	X
	(ii) Related organizations							Ba(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								<u> </u>
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) Ac	cumulated	(d)	Book v	alue
		basis (investm	nent) basis	(other)	dep	oreciation			
1a	Land		95,01	1,055.			95,	011,	055.
	Buildings								
	Leasehold improvements								
d	Equipment		97	2,435.	- 6	73,365.		299,	070.
е	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	0c.)			95,	310,	125.

Schedule D (Form 990) 2022 CENTER FOR	NATURAL LANDS	MANAGEMENT	68-0233573 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE EQUITY FUNDS	54,697,682.	END-OF-YEAR	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	54,697,682.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		I1c. See Form 990, Part X, I	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	<u> </u>	11d. See Form 990, Part X, I	
(a)	Description		(b) Book value
(1)			
(2)			

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG-TERM RETIREMENT OBLIGATION	1,202,714.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,202,714.

^{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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Part XI	Recond	ciliation	of Revenue	per Audited	Financial	Statements	With	Revenue	per Return.

га	neconciliation of nevertide per Addited Financial Sta	arements Mi	ili nevellue per r	etuii	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements .			1	25,452,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	19,942,270.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	19,942,270.
3	Subtract line 2e from line 1			3	5,510,324.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,413.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	48,413.
5				5	5,558,737.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	8,190,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,190,026.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,413.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	48,413.

Part XIII Supplemental Information.

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9:

CNLM PERIODICALLY RECEIVES CONSERVATION EASEMENTS WHICH LIMIT THE

ALLOWABLE USES OF THE RELATED PROPERTY TO HABITAT CONSERVATION PURPOSES

CONSISTENT WITH CNLM'S MISSION. THESE CONSERVATION EASEMENTS ARISE THROUGH

COMPLIANCE BY THIRD PARTIES WITH THE NATURAL RESOURCE REGULATORY

PERMITTING PROCESS. ALTHOUGH CNLM RECOGNIZES THAT THE CONSERVATION

EASEMENTS THAT IT HOLDS HAVE A SUBSTANTIAL INHERENT MONETARY VALUE, DUE TO

STRICT LAND USE AND NATURAL RESOURCE CONDITION RESTRICTIONS, CONSERVATION

EASEMENTS RECEIVED BEAR NO POSSIBLE FUTURE FINANCIAL BENEFIT TO CNLM,

WHILE EXTANT, ARE NOT RECORDED ON CNLM'S STATEMENT OF FINANCIAL POSITION,

UNLESS AN APPRAISED VALUE IS AVAILABLE AT THE TIME OF RECORDING.

8,238,439.

EASEMENTS ACQUIRED BY THE ORGANIZATION ARE CONSERVATION EASEMENTS AND

CONTAIN NUMEROUS RESTRICTIONS OVER THE USE AND DEVELOPMENT OF LAND MANAGED

BY THE ORGANIZATION. EASEMENTS AQUIRED BY EITHER DONATION, CONTRIBUTION

OR PURCHASE ARE CAPITALIZED AT APPRAISED VALUE. THE ORGANIZATION MONITORS

ACTIVITIES ON THE LAND AND ENFORCES EASEMENT RESTRICTIONS.

PART IV, LINE 1B:

CNLM PERIODICALLY RECEIVES FUNDS, DIRECTED TO IT BY OR WITH THE APPROVAL

OF FEDERAL AND/OR STATE NATURAL RESOURCE REGULATORY AGENCIES, WHICH ARE

INTENDED TO BE USED FOR THE ACQUISITION, PROTECTION, MAINTENANCE AND/OR

ENHANCEMENT OF LANDS AND HABITATS FOR IMPERILED BIOTA. CNLM MAINTAINS

FUNDS IN SEGREGATED ACCOUNTS, MANAGES AND EXPENDS THESE FUNDS ON BEHALF OF

AND AT THE DIRECTION OR WITH THE APPROVAL OF THESE AGENCIES.

PART V, LINE 4:

CNLM ENDOWMENT FUNDS ARE USED TO SUPPORT PRESERVE STEWARDSHIP IN PERPETUITY.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD RELATED TO

UNCERTAINIES IN INCOME TAXES. THE ORGANIZATION EVALUATES UNCERTAIN TAX

POSITIONS THROUGH ITS REVIEW OF SOURCE OF REVENUE TO IDENTIFY UNRELATED

BUSINESS INCOME AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY

AFFECT ITS TAX EXEMPT STATUS. MANAGEMENT BELIEVES THEIR ESTIMATES RELATED

TO INCOME TAX UNCERTAINTIES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND

CIRCUMSTANCES.

THE ORGANIZATION'S FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX

(FORM 990) FOR YEARS ENDED SEPTEMBER 30, 2020 AND AFTER ARE SUBJECT TO

EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE ORGANIZATION'S STATE RETURNS (FORM 199) FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND AFTER COULD BE SUBJECT TO EXAMINATION BY STATE (CALIFORNIA) TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED. THE ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T AND FORM 109) ARE SUBJECT TO EXAMINATION FOR THE YEAR ENDED SEPTEMBER 30, 2019 AND AFTER.	Part XIII Supplemental Information (continued)
30, 2019 AND AFTER COULD BE SUBJECT TO EXAMINATION BY STATE (CALIFORNIA) TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED. THE ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T AND FORM 109) ARE	EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.
TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED. THE ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T AND FORM 109) ARE	THE ORGANIZATION'S STATE RETURNS (FORM 199) FOR THE YEARS ENDED SEPTEMBER
ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T AND FORM 109) ARE	30, 2019 AND AFTER COULD BE SUBJECT TO EXAMINATION BY STATE (CALIFORNIA)
	TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED. THE
SUBJECT TO EXAMINATION FOR THE YEAR ENDED SEPTEMBER 30, 2019 AND AFTER.	ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T AND FORM 109) ARE
	SUBJECT TO EXAMINATION FOR THE YEAR ENDED SEPTEMBER 30, 2019 AND AFTER.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

CENTER FOR NATURAL LANDS MANAGEMENT

Employer identification number 68-0233573

Pa	art I Questions Regarding Compensation						
	·		Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		X			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
	Receive a severance payment or change-of-control payment?	4a		X			
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:			37			
	The organization?	5a		X			
b	Any related organization?	5b		A			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:			v			
	The organization?	6a		X			
b	Any related organization?	6b		\vdash^{Δ}			
7	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х			
٥	not described on lines 5 and 6? If "Yes," describe in Part III	7		-25			
8							
C.	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9	1	i			

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBORAH ROGERS	(i)	216,399.	0.	0.	8,296.	11,040.		
CO-EXEC DIR & DIR OF CONSE	(ii)	0.	0.	0.	0.	0.		0.
(2) MELANIE BARRANCO	(i)	205,632.	0.	0.	8,296.	17,162.		0.
CO-EXEC DIR & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1B:
A STIPEND (NOT TO EXCEED \$5,266 IN TAX YEAR 2022) IS PAID TO CNLM
EMPLOYEES, FOR WHOM CNLM DOES NOT PROVIDE WORKSPACE AND WHO ARE REQUIRED TO
TELECOMMUTE, TO HELP DEFRAY ASSOCIATED COSTS. THE AMOUNTS PAID ARE STANDARD
(FIXED) ACROSS ALL ELIGIBLE EMPLOYEES AND INCLUDED AS TAXABLE COMPENSATION
REPORTED ON IRS FORM W-2.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

CENTER FOR NATURAL LANDS MANAGEMENT

Employer identification number 68-0233573

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

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

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

ENVIRONMENTAL LAWS AND WITH SCIENCE-BASED STEWARDSHIP, (C) TO PROMOTE

THE CONSERVATION VALUES OF SUCH LANDS THROUGH EDUCATION, (D) TO PROMOTE

AND FACILITATE USES OF LANDS BY THE PUBLIC THAT PRESERVE THE

CONSERVATION VALUES, AND (E) TO COOPERATE WITH PUBLIC AND PRIVATE

ENTITIES IN THEIR EFFORTS TO PROTECT NATIVE SPECIES AND THEIR HABITATS

FOR THE PUBLIC BENEFIT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HABITATS. TO SUPPORT THESE STEWARDSHIP ACTIVITIES, CNLM HELD 110

RESTRICTED ACCOUNTS WITH A CUMULATIVE VALUE OF \$251,785,074 AS OF

SEPTEMBER 30, 2023 OF WHICH \$598,733 WAS NEWLY CONTRIBUTED DURING THE

FISCAL YEAR. ADDITIONALLY, AT THE CLOSE OF THE FISCAL YEAR, CNLM HELD

\$28,485,958 IN FUNDS RESTRICTED FOR THE PURPOSE OF FUNDING ADDITIONAL

CONSERVATION ACTIVITIES.

CNLM ALSO MANAGES CONSERVATION LANDS UNDER CONTRACT WITH OTHERS.

DURING THIS REPORTING PERIOD, CNLM MANAGED OVER 13,750 ACRES UNDER

CONTRACT IN CALIFORNIA AND WASHINGTON, ALL OF WHICH PROVIDED HABITAT

FOR LISTED OR RARE SPECIES OR REPRESENTED SENSITIVE OR RARE HABITAT.

IN ADDITION, CNLM PROVIDES A SUITE OF BIOLOGICAL MONITORING,

RESTORATION, AND VEGETATION MANAGEMENT SERVICES TO OTHERS TO ENHANCE

THE ECOLOGICAL VALUE OF CONSERVATION LANDS OR TO ASSIST IN SPECIES

Schedule O (Form 990) 2022 Page **2**

Name of the organization CENTER FOR NATURAL LANDS MANAGEMENT Employer identification number 68-0233573

RECOVERY EFFORTS. IN THESE CASES, CNLM HOLDS NO DIRECT REALTY INTEREST
BUT THE ORGANIZATION'S EXPERIENCE AND EXPERTISE ARE APPROPRIATE FOR THE

HABITAT TYPES AND MANAGEMENT OBJECTIVES.

ADDITIONALLY, CNLM PROVIDES SERVICES TO ASSIST OTHERS (SUCH AS CITY

AND COUNTY GOVERNMENTS) TO BETTER CALCULATE THE COSTS OF THEIR

LONG-TERM OR PERPETUAL MANAGEMENT RESPONSIBILITIES OF OPEN SPACE AREAS.

WE ACCOMPLISH THIS THROUGH DIRECT SERVICE CONTRACTS, OFFERING AS A

SUBSCRIPTION AN "APP" THAT WE DEVELOPED FOR THAT PURPOSE, AND PROVIDING

INFORMATION THROUGH PUBLICATIONS, CONFERENCES, AND TRAINING VIDEOS.

APPROXIMATELY 338 REGULAR VOLUNTEERS CONTRIBUTED THEIR LABOR TO

FURTHER SUPPORT CNLM'S HABITAT STEWARDSHIP AND RESTORATION EFFORTS.

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

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

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

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

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

DIRECTORS FOR REVIEW AND COMMENT.

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

AT EACH MEETING OF THE BOARD OF DIRECTORS, AT LEAST QUARTERLY, THE CHAIRMAN REMINDS DIRECTORS OF THEIR DUTY AND OBLIGATION TO DISCLOSE ANY CONFLICT OF INTEREST, APPARENT OR ACTUAL. IN ADDITION, UPON ELECTION AND ON AN ANNUAL BASIS THEREAFTER, DIRECTORS COMPLETE A CONFLICT OF INTEREST DISCLOSURE

Schedule O (Form 990) 2022 Page 2

Name of the organization CENTER FOR NATURAL LANDS MANAGEMENT

Employer identification number 68-0233573

FORM. CONFLICTED DIRECTORS ARE INSTRUCTED TO RECUSE THEMSELVES FROM

DECISION MAKING AND DISCUSSION REGARDING THE CONFLICTED SITUATION. THE

BOARD DOES NOT APPROVE A DECISION OR TRANSACTION IN WHICH A DIRECTOR HAS A

CONFLICT OF INTEREST UNLESS THE DIRECTOR IS RECUSED, THE BOARD COMPILES AND

REVIEWS ALL MATERIAL FACTS, THE DISINTERESTED DIRECTORS DETERMINE THAT THE

TRANSACTION IS FAIR AND REASONABLE, THE DISINTERESTED BOARD MEMBERS VOTE TO

APPROVE THE DECISION OR TRANSACTION BY A MAJORITY, AND THE BOARD ENSURES

THAT THE DECISION IS DOCUMENTED. AT EACH STAFF MEETING REVIEWING NEW AND/OR

ONGOING PROJECTS, THE EXECUTIVE DIRECTOR (OR MANAGER LEADING THE MEETING)

REMINDS STAFF OF THEIR DUTY AND OBLIGATION TO DISCLOSE CONFLICTS OF

INTEREST, APPARENT OR ACTUAL, AND CONFLICTED STAFF MEMBERS ARE REMOVED FROM

ANY FURTHER PROJECT INVOLVEMENT. THE EXECUTIVE DIRECTOR DETERMINES WHETHER

ANY ADDITIONAL RESPONSE CONSISTENT WITH THE CONFLICT OF INTEREST POLICY IS

APPROPRIATE, INCLUDING REVIEW BY THE BOARD; FAITHFUL DISCLOSURE IS A

CONDITION OF CONTINUED ASSOCIATION WITH THE ORGANIZATION.

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

THE BOARD OF DIRECTORS SETS THE COMPENSATION PACKAGES FOR THE

PRESIDENT/EXECUTIVE DIRECTOR(S) AND CHIEF FINANCIAL OFFICER. WHEN

CONSIDERING THESE COMPENSATION PACKAGES, THE BOARD REVIEWS COMPENSATION FOR

SIMILAR POSITIONS WITHIN COMPARABLE NON-PROFIT ORGANIZATIONS BASED ON

REVENUES, EXPENSES, AND ASSETS UNDER MANAGEMENT, DERIVED FROM FORM 990S,

AND DOCUMENTS ITS DELIBERATIONS AND DECISIONS BY COMPLETING A REBUTTABLE

PRESUMPTION CHECKLIST FOR EACH. THE PRESIDENT/EXECUTIVE DIRECTOR(S)

IS/(ARE) CHARGED WITH SETTING COMPENSATION FOR ALL OTHER EMPLOYEES. THESE

COMPENSATION PACKAGES ARE REVIEWED FOR REASONABLENESS BY COMPARISON WITH

PUBLISHED NATIONAL AND REGIONAL COMPENSATION SURVEYS OF SIMILAR

ORGANIZATIONS AND POSITIONS. THE BOARD OF DIRECTORS APPROVES THE

Schedule O (Form 990) 2022 Page **2**

Name of the organization CENTER FOR NATURAL LANDS MANAGEMENT	Employer identification number 68-0233573
COMPENSATION PACKAGES BEFORE THE EFFECTIVE DATE OF ANY CH	ANGE IN
COMPENSATION THROUGH THE ANNUAL BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE P	UBLIC UPON
REQUEST. THESE DOCUMENTS ARE ALSO POSTED ON THE ORGANIZAT	ION'S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	816 620
MANAGEMENT AND GENERAL EXPENSES	19,049.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	835,669.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	835,669.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	