Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 7/1/2004 **, and ending** 6/30/2005

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: The Nature Conservancy

Number and street (or P.O. box if mail is not delivered to street address): 4245 North Fairfax Drive — Room/suite: 100

City or town: Arlington — State or country: VA — ZIP + 4: 22203-1606

D Employer identification number 53-0242652

E Telephone number 703.841.5300

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ **Yes** ☒ **No**

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ **Yes** ☐ **No** (If "No," attach a list. See instructions.)

G Website: ▶ www.nature.org

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ **Yes** ☒ **No**

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,942,043,799

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	475,076,487		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	97,901,564		
	d	**Total** (add lines 1a through 1c) (cash $ 462,574,709 noncash $ 110,403,342)			1d	572,978,051
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	214,962,217
	3	Membership dues and assessments			3	0
	4	Interest on savings and temporary cash investments			4	2,158,370
	5	Dividends and interest from securities			5	28,139,806
	6 a	Gross rents	6a	1,276,131		
	b	Less: rental expenses	6b	1,065,965		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	210,166
	7	Other investment income (describe ▶ STMT 1)			7	6,091,690

		(A) Securities		(B) Other		
8 a	Gross amount from sales of assets other than inventory	1,102,478,761	8a	10,806,814		
b	Less: cost or other basis and sales expenses	1,010,982,980	8b	10,307,600		
c	Gain or (loss) (attach schedule) STMT 2 & 3	91,495,781	8c	499,214		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	91,994,995

Revenue	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐				
	a	Gross revenue (not including $ 417,995 of contributions reported on line 1a)	9a	965,426		
	b	Less: direct expenses other than fundraising expenses	9b	330,295		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) STMT 4			9c	635,131
	10 a	Gross sales of inventory, less returns and allowances	10a	1,523,885		
	b	Less: cost of goods sold	10b	243,618		
	c	Gross profit or(loss)from sales of inventory(attach schedule)(subtract line 10b from line 10a) STMT 5			10c	1,280,267
	11	Other revenue (from Part VII, line 103)			11	662,648
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	919,113,341
Expenses	13	Program services (from line 44, column (B))			13	476,882,351
	14	Management and general (from line 44, column (C))			14	69,716,505
	15	Fundraising (from line 44, column (D))			15	55,758,217
	16	Payments to affiliates (attach schedule)			16	0
	17	**Total expenses** (add lines 16 and 44, column (A))			17	602,357,073
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	316,756,268
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,518,597,577
	20	Other changes in net assets or fund balances (attach explanation) STMT 6			20	16,838,868
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,852,192,713

Form **8868** (Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ ☑
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time—**Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only . . . ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	The Nature Conservancy	53 : 0242652
	Number, street, and room or suite no. If a P.O. box, see instructions. 4245 N. Fairfax Drive, Suite 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Arlington, VA 22203	

Check type of return to be filed (file a separate application for each return):

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Hank Hall, Director of Tax Services

Telephone No. ▶ (703) 841-7485 FAX No. ▶ (703) 527-0213

- If the organization does **not** have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the **whole** group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until February 15 , 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ... or

▶ ☑ tax year beginning July 1 , 20 04, and ending June 30 , 20 05.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ None

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $ None

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . $ None

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☑

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions.	The Nature Conservancy	53 : 0242652
	Number, street, and room or suite no. If a P.O. box, see instructions. 4245 N. Fairfax Drive, Suite 100	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Arlington, VA 22203	

Check type of return to be filed (File a separate application for each return):

☑ Form 990 ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 5227
☐ Form 990-BL ☐ Form 990-T (trust other than above) ☐ Form 6069
☐ Form 990-EZ ☐ Form 1041-A ☐ Form 8870
☐ Form 990-PF ☐ Form 4720

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Hank Hall, Director of Tax Services
  Telephone No. ▶ (703) 841-7485 FAX No. ▶ (703) 527-0213
- If the organization does **not** have an office or place of business in the United States, check this box . . . . . . ▶ ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the **whole** group, check this box ▶ ☐. If it is for **part** of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15 , 20 06 .

5 For calendar year ...., or other tax year beginning July 1 , 20 04 , and ending June 30 , 20 05 .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension Additional time is required to gather the information necessary to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . . $ N/A

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . . $ N/A

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ Director of Tax Services Date ▶ 2/15/06

Notice to Applicant—To Be Completed by the IRS

☑ We **have** approved this application. Please attach this form to the organization's return.

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

☐ Other ....

EXTENSION APPROVED FEB 27 2006 SUBMISSION PROCESSING, FIELD DIRECTOR, OGDEN

Director By: Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	
	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

RECEIVED FEB 22 2006 OGDEN

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) STMT 7 (cash $ 46,005,831 noncash $ None)	22	46,005,831	46,005,831		
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc.	25	1,235,263	825,479	255,052	154,732
26	Other salaries and wages	26	154,562,094	101,305,549	33,350,647	19,905,898
27	Pension plan contributions	27	8,805,297	5,816,952	1,914,039	1,074,306
28	Other employee benefits	28	17,626,090	11,306,030	3,718,499	2,601,561
29	Payroll taxes	29	11,091,980	7,327,282	2,411,005	1,353,693
30	Professional fundraising fees	30	5,830,270			5,830,270
31	Accounting fees	31	1,378,778	910,959	299,746	168,073
32	Legal fees	32	2,123,197	1,617,635	333,775	171,787
33	Supplies	33	13,591,725	8,002,479	2,573,384	3,015,862
34	Telephone	34	5,600,883	3,697,093	1,212,448	691,342
35	Postage and shipping	35	9,697,386	1,754,441	567,945	7,375,000
36	Occupancy	36	8,262,583	5,475,545	1,786,054	1,000,984
37	Equipment rental and maintenance	37	4,950,590	3,282,347	1,068,775	599,468
38	Printing and publications	38	10,953,733	3,364,666	1,103,235	6,485,832
39	Travel	39	15,168,076	10,039,540	3,278,682	1,849,854
40	Conferences, conventions, and meetings	40	4,308,269	2,840,379	934,612	533,278
41	Interest	41	9,378,096	9,374,723	2,161	1,212
42	Depreciation, depletion, etc. (attach schedule) STMT 8	42	4,016,740	3,920,339	61,767	34,634
43	Other expenses not covered above (itemize): **a** STMT 9	43a	267,770,192	250,015,082	14,844,679	2,910,431
	b	43b	0			
	c	43c	0			
	d	43d	0			
	e	43e	0			
	f	43f	0			
44	Total functional expenses (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	602,357,073	476,882,351	69,716,505	55,758,217

Joint Costs. Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ [ ] **Yes** [X] **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ N/A ; **(ii)** the amount allocated to Program services $ N/A ;
(iii) the amount allocated to Management and general $ N/A ; and **(iv)** the amount allocated to Fundraising $ N/A

Part III **Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ STMT 10

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	STMT 11 (Grants and allocations $ 46,005,831)	476,882,351
b	(Grants and allocations $)	
c	(Grants and allocations $)	
d	(Grants and allocations $)	
e	Other program services (attach schedule) (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	476,882,351

Part IV Balance Sheets (See page 25 of the instructions.)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

		Line			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			8,760,645	45	38,180,001
	46	Savings and temporary cash investments			12,091,324	46	20,700,525
	47 a	Accounts receivable	47a	7,275,565			
	b	Less: allowance for doubtful accounts	47b	0	7,384,921	47c	7,275,565
	48 a	Pledges receivable	48a	120,133,003			
	b	Less: allowance for doubtful accounts	48b	2,500,000	91,985,453	48c	117,633,003
	49	Grants receivable			13,316,120	49	16,179,306
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51 a	Other notes and loans receivable (attach schedule) STMT 12	51a	22,160,538			
	b	Less: allowance for doubtful accounts	51b	846,684	17,931,082	51c	21,313,854
	52	Inventories for sale or use			0	52	0
	53	Prepaid expenses and deferred charges			135,271	53	127,755
	54	Investments—securities (attach schedule) STMT 13 ▶ ☐ Cost ☒ FMV			1,333,238,727	54	1,398,981,895
	55 a	Investments—land, buildings, and equipment: basis	55a	8,988,709			
	b	Less: accumulated depreciation (attach schedule)	55b	0	12,188,491	55c	8,988,709
	56	Investments—other (attach schedule) STMT 14			201,797,603	56	225,620,942
	57 a	Land, buildings, and equipment: basis	57a	2,573,326,450			
	b	Less: accumulated depreciation (attach schedule) STMT 15	57b	19,485,136	2,356,633,576	57c	2,553,841,314
	58	Other assets (describe ▶ STMT 16)			9,705,791	58	5,883,022
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			4,065,169,004	59	4,414,725,891
Liabilities	60	Accounts payable and accrued expenses			9,051,732	60	9,738,993
	61	Grants payable			0	61	0
	62	Deferred revenue			16,889,886	62	16,741,369
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule) STMT 17			25,053,000	64a	25,053,000
	b	Mortgages and other notes payable (attach schedule) STMT 18			357,813,279	64b	358,130,742
	65	Other liabilities (describe ▶ STMT 19)			137,763,530	65	152,869,074
	66	**Total liabilities** (add lines 60 through 65)			546,571,427	66	562,533,178
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			2,934,046,850	67	3,217,576,204
	68	Temporarily restricted			349,345,337	68	395,581,692
	69	Permanently restricted			235,205,390	69	239,034,817
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			3,518,597,577	73	3,852,192,713
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			4,065,169,004	74	4,414,725,891

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . ▶		a	943,236,421
b	Amounts included on line **a** but not on line 12, Form 990:			
(1)	Net unrealized gains on investments . . .	$ 16,397,773		
(2)	Donated services and use of facilities . . .	$ 5,644,336		
(3)	Recoveries of prior year grants	$		
(4)	Other (specify): STMT 20	$ 2,080,971		
		$		
	Add amounts on lines **(1)** through **(4)** ▶		b	24,123,080
c	Line **a** minus line **b** . . . . ▶		c	919,113,341
d	Amounts included on line 12, Form 990 but not on line **a:**			
(1)	Investment expenses not included on line 6b, Form 990	$		
(2)	Other (specify):	$		
		$		
	Add amounts on lines **(1)** and **(2)** . ▶		d	0
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) . . . . ▶		e	919,113,341

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶		a	609,641,285
b	Amounts included on line **a** but not on line 17, Form 990:			
(1)	Donated services and use of facilities .	$ 5,644,336		
(2)	Prior year adjustments reported on line 20, Form 990	$		
(3)	Losses reported on line 20, Form 990 . .	$		
(4)	Other (specify): STMT 21	$ 1,639,876		
		$		
	Add amounts on lines **(1)** through **(4)** ▶		b	7,284,212
c	Line **a** minus line **b** . . . . ▶		c	602,357,073
d	Amounts included on line 17, Form 990 but not on line **a:**			
(1)	Investment expenses not included on line 6b, Form 990	$		
(2)	Other (specify):	$		
		$		
	Add amounts on lines **(1)** and **(2)** . ▶		d	0
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) . . . . ▶		e	602,357,073

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name STMT 22 Str City ST ZIP	Title Hr/WK	1,235,263	100,984	6,291
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ **Yes** ☒ **No**
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. STMT 23	77	X	
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ STMT 24 and check whether it is [X] exempt **or** [X] nonexempt.			
81 a	Enter direct and indirect political expenditures. See line 81 instructions — 81a NONE			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b 5,644,336			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90 a	List the states with which a copy of this return is filed ▶ STMT 25			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) — 90b 2,934			
91	The books are in care of ▶ Name The Nature Conservancy Telephone no. ▶ 703.841.5300 Located at ▶ 4245 N. Fairfax Dr., Suite 100 City Arlington ST VA ZIP + 4 ▶ 22203-1606			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—* Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Activity Fees					24,041,097
b Contract Fees					11,092,314
c Land Sales to Government & Others					165,440,412
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					14,388,394
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,158,370	
96 Dividends and interest from securities			14	28,139,806	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	550,051			
b not debt-financed property	532000	-355,791	16	15,906	
98 Net rental income or (loss) from personal property					
99 Other investment income			15	6,091,690	
100 Gain or (loss) from sales of assets other than invent	900000	853,490	18	91,141,505	
101 Net income or (loss) from special events			01	635,131	
102 Gross profit or (loss) from sales of inventory					1,280,267
103 Other revenue: a Member List Sales			15	527,242	
b Miscellaneous Income					36,546
c Logo Royalty			15	5,237	
d Lodging Income	721000	93,623			
e					
104 Subtotal (add columns (B), (D), and (E))		1,141,373		128,714,887	216,279,030

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 346,135,290

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instruction:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STMT 26

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STMT 27	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructi

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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

Signature of officer — Date 5/15/06

Stephen C. Howell, Chief Financial Officer

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date MAY 03 2006	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4	PricewaterhouseCoopers, LLP	EIN ▶ 13-4008324	
	1301 K Street NW, Suite 800W, Washington, DC 20005	Phone no. ▶ 202.414.1000	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization: The Nature Conservancy

Employer identification number: 53-0242652

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.") SEE STMT 28

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Darryl Varnado Str 4245 N. Fairfax Drive City Arlington ST VA Zip 22203-1606 Country USA	Title Managing Director Human Resources Avg hr/wk 35	374,630	10,714	650
Name Joseph Keenan Str 4245 N. Fairfax Drive City Arlington ST VA Zip 22203-1606 Country USA	Title Regional Director South America Avg hr/wk 35	245,869	16,702	217,617
Name Jean-Louis Ecochard Str 4245 N. Fairfax Drive City Arlington ST VA Zip 22203-1606 Country USA	Title Chief Information Officer Avg hr/wk 35	215,811	19,646	459
Name Rebecca Patton Str 4245 N. Fairfax Drive City Arlington ST VA Zip 22203-1606 Country USA	Title Regional Director Pacific NA Avg hr/wk 35	202,846	16,681	822
Name David M. Cleary Str 4245 N. Fairfax Drive City Arlington ST VA Zip 22203-1606 Country USA	Title Operating Unit Director-Amazon Avg hr/wk 35	210,395	13,672	138,173
Total number of other employees paid over $50,000 . . . . ▶	1,073			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Name PricewaterhouseCoopers, LLP — Check here if a business X Str 1301 K Street, NW, Suite 800W City Washington ST DC ZIP 20005 Country	Accounting/Tax Services	1,531,287
Name Post, Buckley, Schuh & Jernigan — Check here if a business X Str 482 S. Keller Rd. City Orlando ST FL ZIP 32810 Country	Environmental Remediation	1,084,451
Name Storm King Contracting — Check here if a business X Str 720 Neelytown Rd. City Montgomery ST NY ZIP 12549 Country	Conservation Center Construction	977,690
Name Prohunt, Inc. — Check here if a business X Str c/o CA Bank Trust, 16041 Goldenwest St., 2nd Floor City Huntington Beach ST CA ZIP 92647 Country	Santa Cruz Island Fox Recovery	928,800
Name Cornerstone Partners LLC — Check here if a business X Str 1900 Arlington Boulevard City Charlottesville ST VA ZIP 22903 Country	Investment Consultant	1,607,861
Total number of others receiving over $50,000 for professional services . . . . ▶ 195		

Part III Statements About Activities (See page 2 of the instructions.)

				Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 4,214,228 (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)		1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*				
a	Sale, exchange, or leasing of property?	STMT 29	2a	X	
b	Lending of money or other extension of credit?		2b		X
c	Furnishing of goods, services, or facilities?	STMT 29	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?		2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		3a		X
b	Do you have a section 403(b) annuity plan for your employees?		3b		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		4a	X	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ City ST Country

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	**(a)** 2003	**(b)** 2002	**(c)** 2001	**(d)** 2000	**(e)** Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	445,471,548	484,248,174	607,523,012	475,908,190	2,013,150,924
16	Membership fees received	0	0	0	0	0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	256,310,421	252,097,380	310,949,161	191,203,897	1,010,560,859
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	32,120,474	8,284,247	7,620,490	3,837,285	51,862,496
19	Net income from unrelated business activities not included in line 18	0	0	0	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	784,682	-435,662	2,741,401	3,306,403	6,396,824
23	Total of lines 15 through 22	734,687,125	744,194,139	928,834,064	674,255,775	3,081,971,103
24	Line 23 minus line 17	478,376,704	492,096,759	617,884,903	483,051,878	2,071,410,244
25	Enter 1% of line 23	7,346,871	7,441,941	9,288,341	6,742,558	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 41,428,205

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** NONE

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 2,071,410,244

d Add: Amounts from column (e) for lines: 18 51,862,496 19 0 22 6,396,824 26b NONE ▶ **26d** 58,259,320

e Public support (line 26c minus line 26d total) ▶ **26e** 2,013,150,924

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 97.19%

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2003) ____ (2002) ____ (2001) ____ (2000) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2003) ____ (2002) ____ (2001) ____ (2000) ____

c Add: Amounts from column (e) for lines: 15 0 16 0 17 0 20 0 21 0 ▶ **27c** 0

d Add: Line 27a total 0 and line 27b total 0 ▶ **27d** 0

e Public support (line 27c total minus line 27d total) ▶ **27e** 0

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** 0

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 0.00%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0.00%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) NOT APPLICABLE

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 . . . 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 . . . $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 . . $175,000 plus 10% of the excess over $1,000,000	41	0	0
Over $1,500,000 but not over $17,000,000 . . $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 . . . $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2004	**(b)** 2003	**(c)** 2002	**(d)** 2001	**(e)** Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)	X		
c Media advertisements	X		2,433
d Mailings to members, legislators, or the public	X		338,976
e Publications, or published or broadcast statements	X		164,859
f Grants to other organizations for lobbying purposes	X		763,931
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		1,819,226
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		1,124,803
i Total lobbying expenditures (Add lines **c** through **h.**)			4,214,228

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 30

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51a(i)**	X	
(ii) Other assets	**a(ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		X
(iv) Reimbursement arrangements	**b(iv)**		X
(v) Loans or loan guarantees	**b(v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**	X	

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
51a(i)	7,331	The Nature Conservancy Action Fund	Cash to Action Fund is reported in lobbying costs
51a(i)	100	Citizens for Portage	Cash transferred is reported as a lobbying cost
51a(i)	5,000	Pennsylvania Conservation Campaign	Cash transferred is reported as a lobbying cost
51a(i)	763,000	Utah Critical Lands Alliance	Cash trasnferred is reported as a lobbying cost
51c	32,745	The Nature Conservancy Action Fund	Supporting services paid by The Nature Conservancy and
			reimbursed by the Action Fund
51c	6,987	The Nature Conservancy Action Fund	In-kind Services: supporting services donated by The Nature
			Conservancy to the Action Fund

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [X] **Yes** [ ] **No**

b If "Yes," complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
The Nature Conservancy Action Fund	501(c)(4)	Affiliate