Form **990**

(Rev. January 2020)

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 private foundations)

nue 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.

OMB No. 1545-0047

Open to Public Inspection

Α	For th	ne 2019 calen	dar year, or tax year beginning , 2019, and	ending		,	,	
В	Check i	if applicable:	С		D Em	ployer identi	fication number	
	Ad	ddress change	CONSERVATION STRATEGY FUND		9.	4-32948	843	
	Na	ame change	1160 G STREET A-1		E Tel	ephone numb	per	
	Ini	itial return	ARCATA, CA 95521		(707) 83	22-5505	
		nal return/terminated				7077 02	12 0000	
	-	nended return			G Gro	ss receipts	\$ 1,729,	587
	-	oplication pending	F Name and address of principal officer: SCOTT EDWARDS	H(a) Is this a group r		<u> </u>	X No
		pplication pending	SAME AS C ABOVE	` `	Are all subordin If "No," attach a			No
_	Tay	exempt status:	· , , , , , , , , , , , , , , , , , , ,	527	If "No," attach a	list. (see ins	tructions)	Ш
'		•					_	
K			W.CONSERVATION-STRATEGY.ORG X Corporation Trust Association Other ► L Year of		Group exemption		egal domicile: CA	
				f formation:	1998	IVI State of le	gal domicile: CA	
Pa	art I	Summar Priofly dosori			C TILE CO	יעמבטזאי	TTON OF	
	1		be the organization's mission or most significant activities:CSF_PRECOSYSTEMS_AND_HUMAN_COMMUNITIES_THROUGH_TI					
Governance			E IN CONSERVATION ECONOMICS.	KATNTI	NGS, ANAI	11212,	AND	
nar		EVERUITS	E IN CONSERVATION ECONOMICS.					
Ver	2	Check this bo	ox I if the organization discontinued its operations or disposed	l of more	than 25% of	its net ass	- — — — — — . sets	
ဇ္ဗ	3		oting members of the governing body (Part VI, line 1a)				3013.	6
•ช			dependent voting members of the governing body (Part VI, line 1b).					6
ţį.	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)					7
Activities &			of volunteers (estimate if necessary)					3
Ac			ed business revenue from Part VIII, column (C), line 12					0.
	b	Net unrelated	business taxable income from Form 990-T, line 39	<u> </u>				0.
					Prior Ye		Current Ye	
<u>o</u>			and grants (Part VIII, line 1h)		2,345			<u>,183.</u>
eun		-	vice revenue (Part VIII, line 2g)			,558.		,236.
Revenue			ncome (Part VIII, column (A), lines 3, 4, and 7d)		-6	,319.		<u>, 489.</u>
ш.			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2 025	F 47		,157.
			imilar amounts paid (Part IX, column (A), lines 1-3)		3,035	,547.	1,715	,065.
			to or for members (Part IX, column (A), line 4)	<u> </u>				
		•	er compensation, employee benefits (Part IX, column (A), lines 5-10		1 407	070	1 105	007
S	15			-	1,427,870. 1,1			<u>,827.</u>
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)					
ă X	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ► 31,0)37.				
ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		944	,863.	987	,339.
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,372	733.	2,183	,166.
	19	Revenue less	s expenses. Subtract line 18 from line 12		662	,814.	-468	,101.
P 60				E	Beginning of Cu	rrent Year	End of Ye	ar
sets	20		(Part X, line 16)		3,107		2,643	,856.
Ass	21	Total liabilitie	es (Part X, line 26)	[297	,236.	302	,632.
Net Assets	22	Net assets or	fund balances. Subtract line 21 from line 20		2,809	,934.	2,341	,224.
	rt II	Signatur	e Block	<u> </u>	•	, ,	, ,	<u>, </u>
Und	er penalt	ties of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, arer (other than officer) is based on all information of which preparer has any knowledge.	, and to the b	best of my knowle	edge and belie	ef, it is true, correct	, and
com	plete. De	eclaration of prepa	arer (other than officer) is based on all information of which preparer has any knowledge.					
		.						
Sig	gn	Signatu	re of officer		Date			
He	re		LY BUSSE	(CFO			
		Type or	print name and title					
_		Print/Type p	preparer's name Preparer's signature Date	e	Check	if	PTIN	_
Pa	id	KIMBE	R L. MCREYNOLDS		self-em	ployed	P00414723	
Pr	epare	Firm's name	DEMELLO, MCAULEY, MCREYNOLDS & HOLLAND	, LLP				
Us	e On	Firm's addr			Firm's E	EIN ► 20-	-5929954	
			EUREKA, CA 95501		Phone r		7) 445-0871	
Ma	y the I	RS discuss th	is return with the preparer shown above? (see instructions)				X Yes	No

Par	rt III Statement of Program Service Accomplishments			
_	Check if Schedule O contains a response or note to any line in this Part III			
1	. ,	o m		
	CSF PROMOTES THE CONSERVATION OF NATURAL ECOSYSTEMS AND HUMAN COMMUNITIES	S THI	<u>ROUGH</u>	
	TRAININGS, ANALYSIS, AND EXPERTISE IN CONSERVATON ECONOMICS.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior	_	_	
	Form 990 or 990-EZ?	Y	es X	No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es X	No
	If "Yes," describe these changes on Schedule O.		<u>—</u>	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured	by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, and revenue, if any, for each program service reported.	the tota	al exper	ises,
	and revenue, if any, for each program service reported.			
4 a	a (Code:) (Expenses \$ 1,872,340. including grants of \$) (Revenue \$		886,2	237 <u>.</u>)
	FIELD PROJECTS FOR THE CONSERVATION OF NATURAL RESOURCES IN LATIN AMERICA			
	AMERICA, MICRONESIA, AFRICA AND INDONESIA. FINANCIAL AND TECHNICAL ASSIS		<u>CE TO</u>	
	COURSE GRADUATES AND CONSERVATION FELLOWS AS THEY APPLY THEIR SKILLS TO 1	<u>REAL</u>		
	CONSERVATION ISSUES. TRAINING COURSES IN CONSERVATION ECONOMICS AND POLI	ICY I	BUILD	ING
	SKILLS.			
1 h	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
41	ticluding grants of φ			
4 c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 c	d Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	e Total program service expenses ► 1,872,340.	·		

Form 990 (2019) CONSERVATION STRATEGY FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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? <i>If 'Yes,' complete Schedule D, Part II</i>	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		Χ
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a		Х
	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		X
C	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.	11 d		Χ
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? 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		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
ŀ	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	Х	
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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		Х
18		18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Χ

Part IV Checklist of Required Schedules (continued
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			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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
25	ta 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? <i>If 'Yes,' complete Schedule L, Part 1</i>	25b		Х
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% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
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 entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If '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		Χ
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	_	_	
	Check if Schedule O contains a response or note to any line in this Part V			· No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
•	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		17	
ВА		1 c	У 990 (2010
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CONSERVATION STRATEGY FUND

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 8	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 7			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	olf '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).			**
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a		Х
	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
(I If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ŀ	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			
(Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ŀ	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 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? If 'Yes,' complete Form 4720, Schedule O.	16		X

HOLLY BUSSE 1160 G STREET,

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

ARCATA CA 95521 (707) 822-5505

SUITE A-1

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

	check this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	ed any	/ cu	rrent officer, direct	or, or trustee.	
					(C))					
	(A) Name and title	(B) Average hours	thar	n one s both	box, an c	unles	eck mo ss perso and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	SCOTT EDWARDS	<u>40</u>									
	EXECUTIVE DIR.	0			Χ				158,750.	0.	15,000.
(2)	HOLLY BUSSE	_ 40 _									
	CFO	0			Χ				94,144.	0.	33,895.
(3)	ROBERT HOGUET BOARD MEMBER	_0.5_ 0	Х						0.	0.	0.
(4)	JON MELBERG	1							0.	0.	· ·
_`-′-	CHAIRMAN	0	Х		Х				0.	0.	0.
(5)	GUILLERMO BARROSO MONTULL	0.5									
	BOARD MEMBER	0	Χ						0.	0.	0.
(6)	JENNIFER MORRIS	0.5									
	BOARD MEMBER	0	Χ						0.	0.	0.
(7)	JOHN_REID	0.5									
	FOUNDER	0	Χ						0.	0.	0.
(8)	JOSEP ORIOL	0.5									
	BOARD MEMBER	0	Χ						0.	0.	0.
(9)	LAURENCE BAND TREASURER	$-\frac{1}{0}$	Х		Х				0.	0.	0.
(10)											
(11)											
(12)											
(13)											
(14)											
			1			1					

BAA TEEA0107L 07/31/19 Form **990** (2019)

Part VII Section A. Officers, Directors, Tru		Key	Еm	_	_	es, a	and	d Highest Com	pensated Empl	oyees	5 (conti	inued)
	(B)			((•							
(A)	Average hours	(do	not c	heck	more	than	one	(D)	(E)	(F)		
Name and title	per	offic	cer ar	nd a	directo	or/trus	tee)	Reportable compensation from	Reportable compensation from	Estim	ated am	ount
	(list any hours	Indi or c	tsul	유	Кеу	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	nsation rganizat	from
	for related	Individual or director	itutic	Officer	/ em	nest Noye	mer			an	d relateo	d
	organiza - tions	tor	mal		Key employee	e e				J		
	below dotted	ndividual trustee or director	institutional trustee		86	pens						
	line)	0	88			Highest compensated employee						
(45)												
<u>(15)</u>												
(16)												
<u></u>												
(17)												
<u></u>		1										
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(23)												
(24)												
(25)												
		1										
1 b Subtotal								252,894.	0.	48,895.		
c Total from continuation sheets to Part VII, Section	on A						▶	0.	0.		0.	
d Total (add lines 1b and 1c).							▶	252,894.	0.		48,8	395.
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization 1												
											Yes	No
3 Did the organization list any former officer, direc	tor, truste	e, ke	ey er	mple	oyee	e, or	high	nest compensated	employee	_		1,7
on line 1a? If 'Yes,' compléte Schedule J for suc										3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co	mpe	nsa	tion	and	oth	er compensation	from			
such individual	: I IIIaII ֆI									4	Х	
5 Did any person listed on line 1a receive or accru-	e comper	satio	n fro	om	any	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Yes	s,' comple	te Sc	ched	lule	J fo	r suc	ch p	erson		5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	catad ind	onon	dont	- 001	ntra	otoro	tho	t received more th	non \$100 000 of			
compensation from the organization. Report compen	sation for	the ca	alen	dar j	year	endii	ng v	vith or within the or	ganization's tax year.			
(A) Name and business addi								(B)		_ (C)	
Name and business addi	ress							Description (of services	Compe	ensatio	on
2. Total number of independent contractors (including the	ust not live	itad t	, dh -	.cc '	iota -	اماد	\(\alpha\)	who received the first	thon			
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		nea to) tho	se I	istec	abo	ve)	who received more	uiafi			
φτου,σου οι compensation from the organization	U											

		Check if Schedule O contains a response or note to any	line in this Part VI	II		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
<u>2 p</u>	h	Total. Add lines 1a-1f	815,183.			
жn	2 2	Business Code COMBON CELEBRATE F.41000	F02 442	F02 442		
Program Service Revenue	b	11001411 11110	593,442. 292,794.	593,442. 292,794.		
šervi	d					
am S	е					
rogr		All other program service revenue Total Add lines 2a-2f	225 225			
ď	<u> </u>	Totali / lad lilles Za Zi	886,236.			
	3	Investment income (including dividends, interest, and other similar amounts)	8,916.	8,916.		
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses 6b Rental income or (loss) 6c				
		Net rental income or (loss)				
		Gross amount from (i) Securities (ii) Other				
	/ a	sales of assets				
	b	other than inventory Less: cost or other basis				
		and sales expenses 7b 14,522.				
		Gain or (loss)	100	10.7		
		Net gain or (loss)	-427.	-427.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
her		Less: direct expenses 8b				
ō		Net income or (loss) from fundraising events				
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
S	-	Business Code				
e Son	11 a	MISCELLANEOUS_INCOME	5,157.	5,157.		
scellaneo Revenue	b					
scellaneous Revenue	С					
를 ~	-	All other revenue				
		Total. Add lines 11a-11d Total revenue. See instructions	5,157. 1,715,065.	899.882.	0	0
	14	TOTAL TEVELINE OCC HISHUGHS	<i> </i>	844 XX/ I	[1]	1 11

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).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	252,894.	194,728.	35,405.	22,761.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	705,836.	579,450.	126,274.	112.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,544.	37,090.	15,272.	2,182.
9	Other employee benefits	84,641.	58,370.	23,281.	2,990.
10	Payroll taxes	97,912.	83,543.	12,481.	1,888.
11	Fees for services (nonemployees):		,	,	
ā	Management				
ŀ) Legal				
(Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5CH. OAdvertising and promotion	526,370.	473,033.	53,337.	
13	_ · · · · · · ·	12,343.	9,787.	2,114.	442.
14	· —	12,343.	5,707.	2,114.	112,
15	Royalties.				
16	Occupancy	70,515.	63,214.	6,974.	327.
17	Travel	134,235.	133,434.	800.	1.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	101/2001	200, 2011		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,035.	4,328.	707.	
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 O.)				
a	TRAINING FACILITY COSTS	182,069.	182,069.		
ŀ	TEMPORARY EMPLOYMENT	14,922.	14,922.		
(COMMUNICATIONS	13,652.	11,698.	1,694.	260.
C	SUPPLIES	10,297.	9,968.	276.	53.
•	All other expenses	17,901.	16,706.	1,174.	21.
25	Total functional expenses. Add lines 1 through 24e	2,183,166.	1,872,340.	279,789.	31,037.
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	2,226,956.	1	2,191,432.
	2	Savings and temporary cash investments.	41,313.	2	157,708.
	3	Pledges and grants receivable, net	737,500.	3	180,000.
	4	Accounts receivable, net		4	92,394.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	c	Loans and other receivables from other disqualified persons (as defined under		J	
	6	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
တ	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.		9	12,063.
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	01,229.	9	12,063.
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.	14,522.	11	9,209.
	12	Investments — publicly traded securities. Investments — other securities. See Part IV, line 11		12	9,209.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.		15	1,050.
	16	Total assets. Add lines 1 through 15 (must equal line 33).	3,107,170.	16	2,643,856.
	. •	Total access, the most of the color of the c	0,10,,1,0.		2,010,000.
	17	Accounts payable and accrued expenses	166,354.	17	169,982.
	18	Grants payable		18	
	19	Deferred revenue	130,882.	19	132,650.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
!	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	297,236.	26	302,632.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	828,242.	27	859,364.
28	28	Net assets with donor restrictions	1,981,692.	28	1,481,860.
Func		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
188	31	Retained earnings, endowment, accumulated income, or other funds		31	
)t. /	32	Total net assets or fund balances	2,809,934.	32	2,341,224.
ž	33	Total liabilities and net assets/fund balances	3,107,170.	33	2,643,856.

	(, 0011021111111111111111111111111111111	0=0 10 10			<u> </u>
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>065.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 166.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 101.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,8	09,	934 <u>.</u>
5	Net unrealized gains (losses) on investments.	5		-(609.
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,	4.0			
D	column (B))	10	2,3	41,2	224.
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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 in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
ŀ	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis	te			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
2.	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. SEE SCHEDULE O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Audit Act and OMB Circular A-133?		3 a		X
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 01/21/20		Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CONSERVATION STRATEGY FUND 94-3294843 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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	tion A. Public Support			<u> </u>			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						_
2	Tax revenues levied for the organization'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	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	19 (line 6, columi	n (f) divided by li	ne 11, column (f))	D	14	%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14.				%
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2018. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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	tion A. Public Support			ŕ			
	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	any 'unusual grants.')	1.045.762	1.266.497.	1,380,435.	2.345.308.	815,183.	6,853,185.
2	Gross receipts from admissions,	1,010,702.	1,200,1571	1,000,100.	2701070001	010/1001	0,000,100.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	870,960.	743,079.	578,112.	696,558.	886,237.	3,774,946.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1.	1,916,722.	2,009,576.	1,958,547.	3,041,866.	1,701,420.	10,628,131.
/a	2, and 3 received from						
ı.	disqualified persons	6,500.	38,719.	40,000.	39,522.	77,500.	202,241.
D	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	401 000	1 001 070	200 607	_		1 700 000
c	for the year		1,081,079. 1,119,798.	300,607. 340,607.	0. 39,522.	77,500.	1,782,888. 1,985,129.
	Public support. (Subtract line	407,702.	1,119,790.	340,007.	39,322.	77,300.	1,903,129.
	7c from line 6.)						8,643,002.
	tion B. Total Support	4 > 0015	42.0016	() 0017	/ N 0010	() 0010	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends,	1,916,722.	2,009,576.	1,958,547.	3,041,866.	1,701,420.	10,628,131.
Iva	payments received on securities loans,						
	rents, royalties, and income from similar sources	46.	288.	578.	738.	8,916.	10,566.
b	Unrelated business taxable income (less section 511					,	,
	taxes) from businesses						
c	acquired after June 30, 1975 Add lines 10a and 10b	46.	288.	578.	738.	8,916.	10,566.
-	Net income from unrelated business	40.	200.	370.	750.	0,510.	10,300.
	activities not included in line 10b, whether or not the business is						
10	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part VI.) . SEE . PART . VI		591.				591.
13	Total support. (Add lines 9,	1 016 760		1 050 105	2 042 604	1 710 226	
14	10c, 11, and 12.)	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(10,639,288.
	organization, check this box and	stop here					········ <u>▶ </u>
	tion C. Computation of Pul			no 12 notumen (6)	`	15	01 04 %
	Public support percentage for 20 Public support percentage from 20	•	• • •	• • •	•		81.24 %
	tion D. Computation of Inv					10	03.23 °
	Investment income percentage f				umn (f))	17	0.10 %
	Investment income percentage f	•	• • •	-			0.01 %
19a	33-1/3% support tests—2019. If	the organization of	lid not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, ar	nd line 17
h	is not more than 33-1/3%, check 33-1/3% support tests—2018. If the						
IJ	line 18 is not more than 33-1/3%						
	Private foundation. If the organi.	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	-

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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 year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

	CONSERVATION STRATEGY TOND			174045 rage (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	ction 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):	t		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	tegrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2019

10 Line 8 amount divided by line 9 amount

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

94-3294843

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2019		2018	2017		2016	2015
SALE OF EQUIPMENT	TOTAL	\$ (). <u>\$</u>	0.	\$	0. \$	5 591. 5 591.	\$ 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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
Employer identification number

	CONSERVATION STRATEGY FUND			94-3294843	
Par	ort I Organizations Maintaining Donor A	dvised Funds or Other	Similar Fund	ds or Accounts.	
	Complete if the organization answer				
		(a) Donor advised fur	nds	(b) Funds and other ac	counts
1	Total number at end of year				
2	33 3				
3					
4	Aggregate value at end of year				
5	5 Did the organization inform all donors and donor a are the organization's property, subject to the organization	advisors in writing that the as anization's exclusive legal co	ssets held in don ontrol?	nor advised funds	No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of timpermissible private benefit?	and donor advisors in writing the donor or donor advisor, c	that grant funds or for any other p	s can be used only purpose conferring	□No
_	<u> </u>				
Par	Complete if the experimetion answer	ad Waal on Farm 000	Dort IV line -	7	
	Complete if the organization answer Purpose(s) of conservation easements held by the			<i>/</i> .	
1				n of a historically important le	and oron
	Preservation of land for public use (for example, I	recreation of education)		n of a historically important la n of a certified historic structu	
	Preservation of open space		Freservation	ii oi a certiileu fiistoric structt	ii e
2	<u>'</u> '	a qualified concentration contrib	aution in the form	of a concernation assembnt on	tho
2	last day of the tax year.	a qualified conservation contri	oution in the form	of a conservation easement on	uie
				Held at the End of	the Tax Year
ä	a Total number of conservation easements			. 2a	
ı	b Total acreage restricted by conservation easemen	ts		. 2b	
(\boldsymbol{c} Number of conservation easements on a certified	historic structure included in	(a)	. 2c	
(d Number of conservation easements included in (c) structure listed in the National Register) acquired after 7/25/06, and	not on a historic	2 d	
3	Number of conservation easements modified, transfer tax year ►	red, released, extinguished, or	terminated by the	e organization during the	
4	Number of states where property subject to conservati	ion easement is located ►			
5	Does the organization have a written policy regard	ding the periodic monitoring,	inspection, hand	dling of violations,	
	and enforcement of the conservation easements i				No
6	Staff and volunteer hours devoted to monitoring, insper-	ecting, handling of violations, a	and enforcing cons	servation easements during the	year
7	Amount of expenses incurred in monitoring, inspecting▶\$	g, handling of violations, and e	nforcing conserva	ation easements during the year	
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requ	irements of sect	tion 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	s conservation easements in ne organization's financial sta	its revenue and atements that de	expense statement and balar scribes the organization's acc	nce sheet, and counting for
Da	conservation easements. Int III Organizations Maintaining Collection	one of Art Historical To	יפאכווגפכ טי (Other Similar Accets	
Par	Complete if the organization answer	red 'Yes' on Form 990,	Part IV, line 8	3.	
1 8	a If the organization elected, as permitted under FA historical treasures, or other similar assets held for Part XIII the text of the footnote to its financial sta	or public exhibition, education	n, or research in		
ı	b If the organization elected, as permitted under FA historical treasures, or other similar assets held for pu following amounts relating to these items:	ublic exhibition, education, or re	esearch in furthera	ance of public service, provide t	of art, he
	(i) Revenue included on Form 990, Part VIII, line				
	(ii) Assets included in Form 990, Part X				
2	amounts required to be reported under FASB ASC				
ä	a Revenue included on Form 990, Part VIII, line 1				
	h Assats included in Form 990 Part Y			▶ ¢	

Part III Organizations Maintai	ining Colle	ctions of Ai	τ, Historic	ai ireasures, or	Otner Similar Ass	ets (continu	iea)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other records	<u> </u>	ŭ	ke significant use of its	collection	
a Public exhibition		d	Loan or e	xchange program			
b Scholarly research		е	Other				
c Preservation for future generation	ations						
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and explair	how they furt	ther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained as par	t of the orgar	nization's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990, I	Part X, line	organization ans e 21.	wered 'Yes' on Fo	rm 990, Pai	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other inte	rmediary for	contributions or other	r assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	nd complete th	ne following t	able:	<u>'</u>		
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an a	mount on Fo	m 990, Part X	, line 21, for	escrow or custodial a	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here if t	he explanatio	on has been provided	on Part XIII		
Part V Endowment Funds. C	omplete if	the organiza	ation answ	ered 'Yes' on For	m 990, Part IV, lir	ne 10.	
	(a) Current) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage		-		g, column (a)) held a	s:		
a Board designated or quasi-endowment			5				
b Permanent endowment ►	%						
c Term endowment ►	%						
The percentages on lines 2a, 2b, ar							
3a Are there endowment funds not in the organization by:						Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	<u> </u>
b If 'Yes' on line 3a(ii), are the rela	•		•			3b	
4 Describe in Part XIII the intended			endowment f	unds.			
Part VI Land, Buildings, and I Complete if the organi			on Form 9	90, Part IV, line	11a. See Form 99	0, Part X, li	ne 10.
Description of property		(a) Cost or oth (investme	er basis (ent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land		, -		` '			
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Colum		gual Form 990.	Part X. colu	mn (B), line 10c.)	>		0.
BAA	(-)	, ,	,	(), () () () ()		ule D (Form 99	

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other			
<u>4)</u>			
3) 			
C)			
O) 			
E) 			
F) 			
<u>3)</u>	_		
1) . .	_		
l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)	•	37 / 7	
Part VIII Investments – Program Related. Complete if the organization answere	d 'Yes' on Form 99	N/A 0 Part IV line 11c See For	m 990 Part X line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)	(1)		<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
7)			
(8)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	-		
Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	A Dort IV line 11d See For	m 000 Port V line 1
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	d 'Yes' on Form 99	N 0, Part IV, line 11d. See For	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/Ad 'Yes' on Form 99	A 0, Part IV, line 11d. See For	m 990, Part X, line 1
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	d 'Yes' on Form 99	N O, Part IV, line 11d. See For	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) Di	d 'Yes' on Form 99	Q O, Part IV, line 11d. See For	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4)	d 'Yes' on Form 99	O, Part IV, line 11d. See For	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5)	d 'Yes' on Form 99	O, Part IV, line 11d. See For	
Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6)	d 'Yes' on Form 99	A 0, Part IV, line 11d. See For	
Other Assets. Complete if the organization answere (a) D (2) (3) (4) (5) (6) (7)	d 'Yes' on Form 99	A 0, Part IV, line 11d. See For	
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8)	d 'Yes' on Form 99	O, Part IV, line 11d. See For	
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	d 'Yes' on Form 99	O, Part IV, line 11d. See For	
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	d 'Yes' on Form 99 escription	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	d 'Yes' on Form 99 escription	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on	d 'Yes' on Form 99 escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) D (b) must equal Form 990, Part X, column (c) Complete if the organization answered 'Yes' on (a) Descential income taxes (2)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Other Liabilities. Complete if the organization answered 'Yes' on . (a) Desc (1) Federal income taxes (2) (3) (4) (5)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on . (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on . (a) Description (b) (c) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on (a) Desc (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	d 'Yes' on Form 99' escription (B) line 15.)	0, Part IV, line 11d. See For	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19)	d 'Yes' on Form 99 escription (B) line 15.)	1e or 11f. See Form 990, Part X, lin	(b) Book value e 25. (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements	-	turn.	
Complete if the organization answered 'Yes' on Form 990, Part			
1 Total revenue, gains, and other support per audited financial statements		1	1,714,456.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments.	2a -609.		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d.		2 e	-609.
3 Subtract line 2e from line 1		3	1,715,065.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,715,065.
Part XII Reconciliation of Expenses per Audited Financial Statements		Returr	١.
Complete if the organization answered 'Yes' on Form 990, Part	t IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	2,183,166.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses.	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,183,166.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b.		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,183,166.
Part XIII Supplemental Information.			

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

CSF IS EXEMPT FROM FEDERAL AND CALIFORNIA INCOME TAX AS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE PROVISIONS.

THE OPEN AUDIT PERIODS ARE 2015 THROUGH 2018. CSF HAS ANALYZED THE TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA. THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON

EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL BAA

Schedule D (Form 990) 2019

Part XIII | Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

ADVERSE AFFECT ON THE FINANCIAL STATEMENTS. ACCORDINGLY, THE COMPANY HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2019.

BAA TEEA3305L 8/22/19 **Schedule D (Form 990) 2019**

SCHEDULE F (Form 990)

Name of the organization

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

CONSERVATION STRATEGY FUND

Employer identification number 94-3294843

General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V

offices in the region agents, and independent contractors in the region I	e region (by type) (such s, fundraising, program services, investments, grants to recipients located in the region) GRAM SERVICES AND NT	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	NT A		
(1) SOUTH AMERICA 1 7 GRAN		ANATVOTO	
	GRAM SERVICES AND	ANALYSIS	495,568.
PROG		ECONOMIC	
(2) INDONESIA 1 6 GRAN	NTS A	ANALYSIS	445,965.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
3a Subtotal			941,533.
b Total from continuation sheets to Part I			
c Totals (add lines 3a and 3b) 2 13			941, 533.

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

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
_(5)							
_(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2019

Pai	t IV	Foreign Forms		
1	organi	e organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the zation may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	require of Cer	organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be d to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt tain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the zation may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain of Corporations (see Instructions for Form 5471).	Yes	X No
4	electing Return	ne organization a direct or indirect shareholder of a passive foreign investment company or a qualified g fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see stions for Form 8621)	Yes	X No
5	organi	organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the zation may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign reships (see Instructions for Form 8865)	Yes	X No
6	If 'Yes	e organization have any operations in or related to any boycotting countries during the tax year? I the organization may be required to separately file Form 5713, International Boycott Report (see stions for Form 5713; don't file with Form 990)	Yes	X No

BAA TEEA3505L 06/28/19 Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

CSF PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IS BY RECEIVING DETAILED QUARTERLY REPORTS OF EXPENDITURES WHICH ARE COMPARED TO GRANT BUDGET.

BAA TEEA3504L 06/28/19 Schedule F (Form 990) 2019

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CONSERVATION STRATEGY FUND

Part I Questions Regarding Compensation

Yes No

1 a 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

1 a	1 a 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	ousing allowance or residence for personal use				
	Travel for companions	ayments for business use of personal residence				
	Tax indemnification and gross-up payments	ealth or social club dues or initiation fees				
	Discretionary spending account	ersonal services (such as maid, chauffeur, chef)				
ŀ	If any of the boxes on line 1a are checked, did the organization follow a reimbursement or provision of all of the expenses described above	written policy regarding payment or ? If 'No,' complete Part III to explain	1 b	X		
2	Did the organization require substantiation prior to reimbursing or a trustees, and officers, including the CEO/Executive Director, regard		2	Х		
3	Indicate which, if any, of the following the organization used to establish Executive Director. Check all that apply. Do not check any boxes for establish compensation of the CEO/Executive Director, but explain	or methods used by a related organization to in Part III.				
	Compensation committee X W	/ritten employment contract PART III				
	Independent compensation consultant	ompensation survey or study				
	X Form 990 of other organizations X A	pproval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section organization or a related organization:	on A, line 1a, with respect to the filing				
ä	Receive a severance payment or change-of-control payment? \dots		4 a		Х	
	Participate in, or receive payment from, a supplemental nonqualifie	·	4 b		X	
(: Participate in, or receive payment from, an equity-based compensa		4 c		Х	
	If 'Yes' to any of lines 4a-c, list the persons and provide the applica-	able amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus	st complete lines 5-9.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organisment on the revenues of:					
	The organization?	.	5 a		X	
ŀ	Any related organization?		5 b		Х	
	If 'Yes' on line 5a or 5b, describe in Part III.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organized the net earnings of:					
	The organization?		6 a		X	
ŀ	Any related organization?		6 b		Х	
	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 not described on lines 5 and 6? If 'Yes,' describe in Part III.						
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53 If 'Yes,' describe in Part III.		8		Х	
9	If 'Yes' on line 8, did the organization also follow the rebuttable presump section 53.4958-6(c)?	otion procedure described in Regulations	9		71	
	E.B. I.B.I. I' A.I.N.I' II I. I' (E.		-		0010	

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

Schedule J (Form 990) 2019

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 W-2 and/or 1099-MIS	SC compensation	(C) Detinent	(D) Novetovolsto	(E) Tabal at	(E) Common action
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits		(F) Compensation in column (B) reported as deferred on prior Form 990
SCOTT EDWARDS	(i)	158,750.	0.	0.	15,000.	0.	<u>173,750.</u>	0.
1 EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)		L		L		L	
2	(ii)							
	(i)		<u> </u>		L		L	
3	(ii)							
	(i)		L		L		L	
4	(ii)							
	(i)		L		L		L	
5	(ii)							
	(i)		L		L		L	
6	(ii)							
	(i)		L		L		L	
7	(ii)							
	(i)		<u> </u>		L		L	
8	(ii)							
	(i)		<u> </u>		L		L	
9	(ii)							
	(i)		<u> </u>		L		L	
10	(ii)							
	(i)		<u> </u>		L		L	
11	(ii)							
	(i)		<u> </u>		L		L	
12	(ii)							
	(i)							
13	(ii)							
	(i)		<u> </u>		L		L	
14	(ii)							
	(i)		l		L		L	
15	(ii)							
	(i)		l		L		L	
16	(ii)							
DAA		·	TEE \(\lambda \) 1 0 2 1 2 1 2 1	0	·	·	Calaaduda	L/Farms 000\ 2010

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TEEA4102L 8/2/19

Schedule J (Form 990) 2019

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 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

THE BOARD GETS INFORMATION FROM OTHER NON-PROFITS TO DETERMINE THE SALARY FOR THE EXECUTIVE DIRECTOR IN A SIMILAR SIZE ORGANIZATION AND SETS THE COMPENSATION AMOUNT IN A WRITTEN EMPLOYMENT CONTRACT.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONSERVATION STRATEGY FUND

Employer identification number

94-3294843

FORM 990. PART VI. LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF FORM 990, IN PDF FORMAT, IS E-MAILED TO THE BOARD MEMBERS AND RECORDED IN THE MINUTES.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH DIRECTOR, OFFICER, EMPLOYEE AND INTERN RECEIVES AND SIGNS THE CONFLICT OF INTEREST POLICY. ANNUALLY, THEY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WHICH COULD CONTRIBUTE TO A CONFLICT OF INTEREST. A PERSON WITH A CONFLICT IS BARRED FROM PARTICIPATING IN BOARD DISCUSSION OR VOTING ON ANY MATTER IN WHICH THERE IS A CONFLICT OR PERCEIVED CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD REVIEWS COMPARABLE SURVEY OF TOP MANAGEMENT OFFICIALS COMPENSATION AND MAKES AN INDEPENDENT DETERMINATION BASED ON SURVEY RESULTS AND CONVERSATIONS WITH INDIVIDUALS AT SIMILAR NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR REVIEWS COMPARABLE SURVEY OF KEY EMPLOYEE COMPENSATION AND MAKES AN INDEPENDENT DETERMINATION BASED ON SURVEY RESULTS AND CONVERSATIONS WITH INDIVIDUALS AT SIMILAR NONPROFIT ORGANIZATIONS.

FORM 990. PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
	<u>-</u>	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
CONTRACT EXPENSE		496,291.	458,247.	38,044.	
PROFESSIONAL FEES		30,079.	14,786.	15,293.	
	TOTAL	\$ 526,370.	\$ 473,033.	\$ 53,337.	\$ 0.

Name of the organization

CONSERVATION STRATEGY FUND

Employer identification number
94-3294843

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

A COMMITTEE OF THREE BOARD MEMBERS AND THE CFO OVERSEES THE AUDIT PROCESS BY REVIEWING THE DRAFT AUDIT AND THEN PRESENTING THE AUDIT TO THE BOARD.