Form **990** 

Department of the Treasury Internal Revenue Service

2016

OMB No. 1545-0047

Open to Public Inspection

Α	For the	e 2016 calen	dar year, or tax year beginning , 2016, and er	nding			,
В	Check if	applicable:	C		D Employ	/er identi	ification number
	Add	ress change	CONSERVATION STRATEGY FUND		94-	3294	843
		0	1160 G STREET A-1		E Telepho		
		ne change	ARCATA, CA 95521				
	Initia	al return			(70	7) 82	22-5505
	Final	return/terminated					
	Ame	ended return			G Gross r	eceipts	\$ 2,010,455.
	App	lication pending	F Name and address of principal officer: SCOTT EDWARDS	H(a) Is this	s a group retur	n for sub	oordinates? Yes X No
			SAME AS C ABOVE	H(b) Are a	II subordinates	included	d? Yes No
ī	Тах-ех	empt status	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 52	7 If 'No	,' attach a list.	(see ins	tructions)
<u>-</u>		•					
			W.CONSERVATION-STRATEGY.ORG		p exemption n		
ĸ		of organization:		rmation: 199	98 M S	State of le	egal domicile: CA
Pa		Summar					
			be the organization's mission or most significant activities:CSF PRO				
Ð			ECOSYSTEMS AND HUMAN COMMUNITIES THROUGH TRA	<u>AININGS,</u>	ANALYS	<u>SIS,</u>	AND
ũ	]	<u>EXPERTIS</u>	E_IN_CONSERVATION_ECONOMICS				
Governance							
Š			x ► if the organization discontinued its operations or disposed or			net as	sets.
ğ			ting members of the governing body (Part VI, line 1a)			3	5
~ প	<b>4</b> N	lumber of in	dependent voting members of the governing body (Part VI, line 1b)			4	5
Activities &			of individuals employed in calendar year 2016 (Part V, line 2a)			5	11
Ξ	<b>6</b> T	otal number	of volunteers (estimate if necessary)			6	5
Acl	7a ⊺	otal unrelate	ed business revenue from Part VIII, column (C), line 12			7a	0.
-	b∖	Vet unrelated	business taxable income from Form 990-T, line 34			7b	0.
-					Prior Year		Current Year
	8 0	Contributions	and grants (Part VIII, line 1h)		1,045,7	162	1,266,497.
iue			rice revenue (Part VIII, line 2g)		870,9		743,079.
/eh			icome (Part VIII, column (A), lines 3, 4, and 7d)		070,3	46.	879.
Revenue			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			40.	075.
_			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12).		1,916,7	168	2,010,455.
-			milar amounts paid (Part IX, column (A), lines 1-3)				
					114,0	)22.	207,069.
			to or for members (Part IX, column (A), line 4)				
Ś	<b>15</b> S	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10).		1,326,5	683.	1,314,499.
Expenses	16a F	Professional	fundraising fees (Part IX, column (A), line 11e)				
per	h⊺	otal fundrai	sing expenses (Part IX, column (D), line 25) ► 9,58	1			
Ă			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1 1 6 0 6	0.0	007 000
					1,163,9		907,830.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,604,5		2,429,398.
		Revenue less	expenses. Subtract line 18 from line 12		-687,8	320.	-418,943.
re er					ing of Currer	nt Year	End of Year
sets alan	<b>20</b> T	otal assets	(Part X, line 16)		3,036,0	024.	2,447,877.
¶ B B	<b>21</b> T	otal liabilitie	s (Part X, line 26)		364,7	42.	194,284.
Net Assets ( Fund Balanc	<b>22</b> N	let assets or	fund balances. Subtract line 21 from line 20		2,671,2	282	2,253,593.
	rt II	Signatur	e Block		<u> </u>		2/200/0901
				d to the heat of		and hali	of it is true, correct, and
comp	plete. Dec	laration of prepa	clare that I have examined this return, including accompanying schedules and statements, ar rer (other than officer) is based on all information of which preparer has any knowledge.	iu to the best of	my knowledge	and ben	er, it is true, correct, and
c:-		Signatu	re of officer	C	Date		
Sig He	jn ro			070			
пе	re		LY BUSSE	CFO			
			print name and title		<u>т т</u>		
		Print/Type p	reparer's name Preparer's signature Date		Check	if	PTIN
Pa	id	KIMBER	R L. MCREYNOLDS		self-employ	ed	P00414723
	eparer	Firm's name	► DEMELLO, MCAULEY, MCREYNOLDS & HOLLAND,	LLP			
Us	e Only	Firm's addre			Firm's EIN	▶ 20-	-5929954
			EUREKA, CA 95501-0475		Phone no.		7)445-0871
Max	the ID	S discuss th	is return with the preparer shown above? (see instructions)		i none no.	(10)	X Yes No
_							
BA	A For	aperwork R	eduction Act Notice, see the separate instructions.	TEEA0113L 11	1/16/16		Form <b>990</b> (2016)

Form	n 990 (2016) CONSERVATION S	IRATEGY FUND	94-3294843 Page <b>2</b>
Par		ervice Accomplishments	
		a response or note to any line in this Part III $\ldots$	
1	Briefly describe the organization's mi		
		VATION OF NATURAL ECOSYSTEMS AN	
	TRAININGS, ANALYSIS, AN	D EXPERTISE IN CONSERVATON ECON	OMICS
2	Did the organization undertake any sign	ificant program services during the year which were no	t licted on the prior
2			· · · · · · · · · · · · · · · · · · ·
	If 'Yes,' describe these new services		
3		g, or make significant changes in how it conducts,	any program services? Yes X No
•	If 'Yes,' describe these changes on S		
4	Describe the organization's program	service accomplishments for each of its three large	est program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	nizations are required to report the amount of gran	ts and allocations to others, the total expenses,
	and revenue, if any, for each program	in service reported.	
1	a (Code: ) (Expenses \$	2,039,304. including grants of \$	85,938.)(Revenue \$ 743,079.)
- 0		CONSERVATION OF NATURAL RESOURC	
	AMERICA, MICRONESIA, AF		AND TECHNICAL ASSISTANCE TO
		NSERVATION FELLOWS AS THEY APPL	
		RAINING COURSES IN CONSERVATION	
	SKILLS.		
4 ł	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
40	c (Code: ) (Expenses \$	including grants of \$	) (Revenue \$ )
			i```i```
A -	A Other program conviews (Deservice in	Schodulo ()	
40	d Other program services (Describe in (Expenses \$	including grants of \$	) (Revenue \$ )
4	e Total program service expenses ►	2,039,304.	
BAA		TEEA0102L 11/16/16	Form <b>990</b> (2016)

 Form 990 (2016)
 CONSERVATION
 STRATEGY
 FUND

 Part IV
 Checklist of Required Schedules

1 4			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	X	no
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
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? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	<b>d</b> 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? <i>If 'Yes,' complete Schedule D, Part IX</i> .	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	<b>b</b> 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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	complete Schedule G, Part III.	19		Х
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Form 990 (2016)

Form 990 (2016) CONSERVATION STRATEGY FUND

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	<b>20</b> a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?			
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
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
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
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?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?			
25 a	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
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes</i> ,' <i>complete Schedule L, Part III.</i>	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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	<b>28</b> a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	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? <i>If 'Yes,' complete Schedule R, Part L</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)?	<b>35a</b>		Х
ł	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X	
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Form 990 (2016)

94-	329	48	43	
<u> </u>	525	10	10	

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Form 990 (2016) CONSERVATION STRATEGY FUND 94-329	4843	Р	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance	1010		- 3
Check if Schedule O contains a response or note to any line in this Part V			. П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	15		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1c	Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a	11		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			••
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5</b> a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			17
services provided to the payor?			Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>q</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		
as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders 11 a			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)	10 -		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the argonization licensed to issue qualified health plans in more than one state?	12-		
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>			
	-	000	0010

1	a Enter the number of voting members of the governing body at the end of the tax year       1 a       5         If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad       6							
	authority to an executive committee or similar committee, explain in Schedule O.							
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4				Х				
since the prior Form 990 was filed?								
5	5 5 7 5 5	5		Х				
6		6		Х				
	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		Х				
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	a The governing body?	8 a	Х					
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b		Х				
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х				
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni						
			Yes	No				
	a Did the organization have local chapters, branches, or affiliates?	10 a	Х					
	<b>b</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						
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O							
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE. SCHEDULE. Q							
13		12 c	Х					
	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	-						
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	13	X X					
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? <b>a</b> The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE0.	13	X X					
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULEO. b Other officers or key employees of the organizationSEE.SCHEDULEO.	13 14	X X					
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? <b>a</b> The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O. <b>b</b> Other officers or key employees of the organizationSEE . SCHEDULE. O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	13 14 15a	X X X					
14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULEO. b Other officers or key employees of the organizationSEE.SCHEDULEO.	13 14 15a	X X X	X				
14 15 16	<ul> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li><b>a</b> The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O.</li> <li><b>b</b> Other officers or key employees of the organization SEE . SCHEDULE. O.</li> <li>If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li><b>a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> <li><b>b</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</li> </ul>	13 14 15a 15b	X X X	X				
14 15 16	<ul> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li><b>a</b> The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O.</li> <li><b>b</b> Other officers or key employees of the organization SEE . SCHEDULE. O.</li> <li>If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li><b>a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> <li><b>b</b> If 'Yes' did the organization follow a written policy or procedure requiring the organization to evaluate its.</li> </ul>	13 14 15a 15b 16a	X X X	X				
14 15 16	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O. b Other officers or key employees of the organizationSEE . SCHEDULE. O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>ction C. Disclosure</b>	13 14 15a 15b 16a 16b	X X X	X				
14 15 16	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? <b>a</b> The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O. <b>b</b> Other officers or key employees of the organizationSEE . SCHEDULE. O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). <b>a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? <b>b</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? <b>ction C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u>	13 14 15a 15b 16a 16b	X X X					
14 15 16 <u>Sec</u> 17	Did the organization have a written whistleblower policy?.         Did the organization have a written document retention and destruction policy?.         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?         a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. O.         b Other officers or key employees of the organization SEE . SCHEDULE. O.         If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).         a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.         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?         ction 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website       X       Upon request       Other (explain in Schedule O)	13 14 15a 15b 16a 16b	X X X					
14 15 16 <u>Sec</u> 17	Did the organization have a written whistleblower policy?	13 14 15a 15b 16a 16b	X X X					
14 15 16 <u>Sec</u> 17 18	Did the organization have a written whistleblower policy?	13 14 15a 15b 16a 16b	X X X					

Form 990 (2016) CONSERVATION STRATEGY FUND

Section A. Governing Body and Management

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

Page 6

Х

No

Yes

94-3294843

Form 990 (2016) CONSERVATION STRATEGY Part VII Compensation of Officers, Director		stee	s, k	Key	. En	nplo	ye	es, Highest C	94-32948 ompensated En	
Independent Contractors				-		-	-	-	-	
Check if Schedule O contains a response of		-								· · · · · · · · · · · · · · · · · · ·
Section A. Officers, Directors, Trustees, Ke	<u> </u>	-				-				
<b>1 a</b> Complete this table for all persons required to be listed organization's tax year.	. Report co	ompe	ensati	ion f	for th	ne cal	end	lar year ending wit	h or within the	
• 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) in					•					
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>										
<ul> <li>List the organization's five current highest comp who received reportable compensation (Box 5 of Form organization and any related organizations.</li> </ul>										
• List all of the organization's <b>former</b> officers, key of reportable compensation from the organization and any					est c	ompe	ensa	ated employees v	who received more t	han \$100,000
• List all of the organization's former directors or truster organization, more than \$10,000 of reportable compension										
List persons in the following order: individual trustees employees; and former such persons.	or directo	rs; in	stitu	ition	nal tr	rustee	es;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any related	ed organiz	ation	com	ipen	sate	d any	cu	rrent officer, direct	or, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours	thar	n one Ì s both	box, an o	unles fficer truste		on	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> 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) ROBERT HAMBRECHT	0.5									
CHAIRMAN	0	Х		Х				0.	0.	0.
(2) JON MELLBERG	0.5									
DIRECTOR	0	Х						0.	0.	0.
_(3)_TERRY_VOGT	0.5									-
TREASURER	0	Х		Х				0.	0.	0.

(3) TERRY VOGT	0.5							
TREASURER	0	Х	Х			0.	0.	0.
(4) MARC_STUART	0.5							
DIRECTOR	0	Х				0.	0.	0.
(5) JENNIFER MORRIS	0.5							
DIRECTOR	0	Х				0.	0.	0.
(6) JOHN REID	0.5							
FOUNDER	0	Х				112,500.	0.	23,181.
(7) SCOTT EDWARDS	40							
EXECUTIVE DIR.	0		Х			125,000.	0.	12,500.
(8) HOLLY BUSSE	40							
CFO	0		Х			90,125.	0.	25,871.
(10)								
(11)								
(12)								
				_				
(13)								
(4.8)				_				
<u>(14)</u>								
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### Form 990 (2016) CONSERVATION STRATEGY FUND

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Par	t VII Section A. Officers, Directors, Tru	istees, l	Key	Em	plo	bye	es, a	and	d Highest Com	pensated Emp	oyees (continued)
		(B)			(0	C)					
	(A) Name and title	Average hours per	box,	unle	heck	erson	e than is both or/trust	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
		week (list any hours	or d	Insti	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		for related organiza	Individual trustee or director	Institutional trustee	icer er	Key employee	Highest compensated employee	ner			and related organizations
		- tions below	l trus r	ial tru		loyee	ompe				
		dotted line)	199	stee			nsate				
(15)							<u> </u>				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b	Sub-total		· · · · ·			I			327,625.	0.	61,552.
	Total from continuation sheets to Part VII, Section							•	0.	0.	0.
	Total (add lines 1b and 1c).							► vod	327,625.	0.	61,552.
	from the organization $\triangleright$ 2		ISICU	000	<i>(C</i> ) v	WIIO	recen	veu			
											Yes No
	Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such										. <b>3</b> X
	For any individual listed on line 1a, is the sum of the organization and related organizations greate	r than \$1	50,00	)0'?	lf 'Y	es,	' com	iple	te Schedule J for		. <b>4</b> X
5	such individual Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen	isatio	n fro	om	anv	unre	late	d organization or	individual	· · · ·
	ion B. Independent Contractors	, compre			ulo	0.0		,			
1	Complete this table for your five highest compensation from the organization. Report compensation	sated inde sation for	epeno the ca	dent alen	: cor dar v	ntra year	ctors endir	tha ng v	t received more the treceived more the tree to the term of ter	nan \$100,000 of ganization's tax year	
	(A) Name and business addr							5	(B) Description of	Ī	<b>(C)</b> Compensation
	Total number of independent contractors (including b \$100.000 of compensation from the organization		ited to	o tho	se l	isteo	abov	ve)	who received more	than	

94-3294843

Page 9

	Check if Schedule O contains a response or note to any	line in this Part VI			<u></u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a Federated campaigns   1 a				
	b Membership dues 1b				
۶. Å	c Fundraising events 1c				
ar	d Related organizations 1 d				
ŝ II	e Government grants (contributions) 1 e				
and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,266,497.				
o p	g Noncash contributions included in lines 1a-1f: \$ 27,819.				
	h Total. Add lines 1a-1f►	1,266,497.			
ue	Business Code				
ven	2a <u>CONTRACT_REVENUE</u> 541900	565,444.	565,444.		
Program Service Revenue	b <u>PROGRAM FEES</u> 611430	177,635.	177,635.		
ic.	c				
Sen (	d				
Ë	e				
gra	f All other program service revenue				
F	g Total. Add lines 2a-2f►	743,079.			
	<b>3</b> Investment income (including dividends, interest and	,			
	other similar amounts)	288.	288.		
	4 Income from investment of tax-exempt bond proceeds►				
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)►				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 591.				
	<b>b</b> Less: cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	d Net gain or (loss)►	591.	591.		
Nue	8 a Gross income from fundraising events (not including \$	551.	551.		
Ver	of contributions reported on line 1c).				
Зē	See Part IV, line 18				
20	<b>b</b> Less: direct expenses <b>b</b>				
Other Revenue	c Net income or (loss) from fundraising events►				
0	9 a Gross income from gaming activities.				
	See Part IV, line 19 a				
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities►				
	10a Gross sales of inventory, less returns and allowancesa				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ►				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	2,010,455.	743,958.	0.	0
		2,010,400.	143,930.	υ.	0

Pa	t IX Statement of Functional Expen	ses			
Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must co	omplete column (A).	
	Check if Schedule O contains a	response or note to any	/ line in this Part IX		Х
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	207,069.	207,069.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	389,177.	242,539.	144,330.	2,308.
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	663,668.	551,319.	107,376.	4,973.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	140,510.	104,797.	34,989.	724.
10	Payroll taxes	121,144.	97,282.	23,475.	387.
	Fees for services (non-employees):				
	Management				
	Legal				
(	c Accounting				
	Lobbying				
(	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. SCH. ( Advertising and promotion	417,283.	394,991.	22,284.	8.
13	Office expenses	11,746.	5,658.	5,285.	803.
14	Information technology	11,740.	5,050.	5,205.	005.
15	Royalties				
16	Occupancy	70,337.	61,695.	8,401.	241.
17	Travel.	180,175.	161,167.	18,984.	241.
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	100,175.	101,107.	10,904.	24.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,876.	1,444.	4,432.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	TRAINING FACILITY COSTS	124,742.	124,742.		
I	• <u>SUPPLIES</u>	27,676.	24,464.	3,174.	38.
(	PRINTING AND PUBLICATIONS	18,653.	17,808.	836.	9.
(	TEMPORARY_EMPLOYMENT	15,603.	15,006.	583.	14.
(	e All other expenses	35,739.	29,323.	6,361.	55.
25	Total functional expanses Add lines 1 through 24a	2 120 200	2 0 2 0 2 0 4	200 E10	0 501

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).

25 Total functional expenses. Add lines 1 through 24e. . .

2,039,304.

380,510.

2,429,398.

9,584.

#### Form 990 (2016) CONSERVATION STRATEGY FUND

Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ..... (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing..... 2,024,666 1,296,516. Savings and temporary cash investments..... 2 2 85,245 234,637. 3 3 Pledges and grants receivable, net. 744,503 624,320. Accounts receivable, net ..... 165,590. 4 4 80,111. Loans and other receivables from current and former officers, directors, 5 Part II of Schedule L 5 Loans and other receivables from other disgualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L ..... 6 7 Notes and loans receivable, net..... 7 Assets Inventories for sale or use..... 8 8 Prepaid expenses and deferred charges..... 9 9 7,970. 177,570. **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a **b** Less: accumulated depreciation..... 10b 10 c Investments – publicly traded securities..... 11 11 29,073. 12 12 Investments – other securities. See Part IV, line 11..... Investments – program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets. 15 Other assets. See Part IV, line 11..... 8,050 15 5,650. Total assets. Add lines 1 through 15 (must equal line 34)..... 2,447,877. 16 3,036,024. 16 17 Accounts payable and accrued expenses ..... 284,667. 17 151,429 18 Grants payable ..... 18 19 Deferred revenue 19 80,075. 42,855. 20 Tax-exempt bond liabilities ..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... 22 23 Secured mortgages and notes payable to unrelated third parties ..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 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 25 Total liabilities. Add lines 17 through 25..... 26 364,742 26 194,284 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 1,179,879. 27 27 1,041,809. Temporarily restricted net assets..... 28 28 1,491,403 1,211,784. 29 Fund Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. ō 30 Capital stock or trust principal, or current funds..... 30 ø Net Asse Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 Total net assets or fund balances..... 2,671,282 33 2,253,593. 34 Total liabilities and net assets/fund balances. 34 2,447,877. 3,036,024

BAA

Form 990 (2016)

Forn	990 (2016) CONSERVATION STRATEGY FUND 94	-3294	843	P	age 12
Pa	t XI 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	2	,010,	455.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,429,	398.
3	Revenue less expenses. Subtract line 2 from line 1	3		-418,	943.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	2	,671,	282.
5	Net unrealized gains (losses) on investments.	5		1,	254.
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	-			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	0	050	500
De	t XII Financial Statements and Reporting	10	2	,253,	593.
Pa					_
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	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.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ved on	a		
I	Were the organization's financial statements audited by an independent accountant?		1	2b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	rate			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it,		2 c X	
~	If the organization changed either its oversight process or selection process during the tax year, explain in 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?			Ba	Х
ا 	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b	
BAA			Fo	orm <b>990</b>	(2016)

SCHEDULE	Α
(Form 990 or 9	90-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB	No. 154	45-0047
2	201	6

Onen	to	Public
Insi	pec	ction

Internal Revenue	e Service			at www.irs.gov/form99	<i>.</i>		
Name of the org						Employer identifica	
		RATEGY FU				94-329484	
				rganizations must ( For lines 1 through 12,		. ,	ions.
<u> </u>		•		hurches described in sec	-	,	
				Schedule E (Form 990 of			
				ization described in se		(iii).	
	•	•		unction with a hospital		• •	nter the hospital's
na	me, city, and	state:					·
5An se	organizatior ction 170(b)(	n operated for 1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or operated by a	governmental unit de	scribed in
6 A 1	federal, state	, or local gove	ernment or governme	ental unit described in s	section 170(b)(1)(	A)(v).	
7An	organization section 170(I	that normally r b <b>)(1)(A)(vi).</b> (0	eceives a substantial p Complete Part II.)	part of its support from a	governmental unit	or from the general put	lic described
8 A (	community tr	ust described	in section 170(b)(1)(	(A)(vi). (Complete Part	11.)		
or				c <b>tion 170(b)(1)(A)(ix)</b> oper e (see instructions). Ente			
fro inv	m activities r estment inco	me and unrel	exempt functions—su	a 33-1/3% of its support fu bject to certain exception le income (less section Part III.)	ons, and (2) no m	10re than 33-1/3% of it	is support from gross
<b>11</b> An	organizatior	n organized ar	nd operated exclusive	ely to test for public saf	ety. See <b>section</b>	509(a)(4).	
or	more publicly	y supported of	rganizations describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> o supporting organization	or section 509(a)	(2). See section 509(a)	It the purposes of one (3). Check the box in
a 🗌 Tyj	pe I. A suppor	- ting organizatio	on operated, supervise	ed, or controlled by its sup t a majority of the directo	ported organizatio	on(s), typically by giving	the supported on. <b>You must</b>
b 🗌 Ty	pe II. A supp	orting organiz	ation supervised or	controlled in connection the same persons that c	with its supporte ontrol or manage	ed organization(s), by l the supported organizati	naving control or on(s). <b>You</b>
c Typ	pe III function	ally integrated.	A supporting organiza	tion operated in connectio plete Part IV, Sections	n with, and function	nally integrated with, its	supported
d 🔤 Tyj	pe III non-fund	ctionally integre egrated. The c	rated. A supporting organization generally	panization operated in con must satisfy a distribution of the contract of the	nnection with its su Ition reguirement	upported organization(s)	that is not
e Ch	eck this box	if the organiza	ation received a writt	en determination from supporting organization	the IRS that it is	а Туре I, Туре II, Туре	e III functionally
			n about the supporte				
(i) Name o	of supported orga	anization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
_					Yes No		
(A)							
<u>(B)</u>							
(C)							
<u>(D)</u>							
(E)							
Total							
	aperwork Rec	uction Act N	otice, see the Instru	tions for Form 990 or 9	990-EZ.	Schedule & (For	m 990 or 990-EZ) 2016
				TEEA0401L 09/28/16			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
1	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) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> 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	vities, etc. (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pul	blic Support F	Percentage				
	Public support percentage for 20			ne 11, column (f))		14	%
15	Public support percentage from a	2015 Schedule A	, Part II, line 14			15	%
16a	<b>33-1/3% support test–2016.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pu	id not check the t blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	< this box
b	<ul> <li>b 33-1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>						
17a	<b>10%-facts-and-circumstances te</b> 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
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	e. Explain in Parled organization.	t VI how the
18	Private foundation. If the organized	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨
BAA					Sc	edule A (Form 9	90 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

94-3294843

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.)

<u> </u>	tails to qualify under the to	ests listed below,	please complete	Part II.)			
	tion A. Public Support			( ) 0014			
Calend 1	dar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1.061.202.	1.059.610.	2.515.753.	1,045,762.	1.266.497.	6,948,824.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513.	560,480.	779,810.	734,800.	870,960.	743,079.	<u>3,689,129.</u> 0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	1,621,682.	1,839,420.	3,250,553.	1,916,722.	2,009,576.	10,637,953.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	10,500.	17,050.	22,013.	6,500.	38,719.	94,782.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13		17,030.	22,013.	0,300.	56,719.	<u> </u>
	for the year	413,624.	608,726.	103,372.	401,202.	1,081,079.	2,608,003.
С	Add lines 7a and 7b	424,124.	625,776.	125,385.	407,702.	1,119,798.	2,702,785.
	Public support. (Subtract line7c from line 6.)						7,935,168.
Sec	tion B. Total Support	•		•	•	•	
	dar year (or fiscal year beginning in) 🕨		<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
	Amounts from line 6	1,621,682.	1,839,420.	3,250,553.	1,916,722.	2,009,576.	10,637,953.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5.07	1 070	9.	10	200	2 100
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	567.	1,278.	9.	46.	288.	2,188.
	Add lines 10a and 10b	567.	1,278.	9.	46.	288.	2,188.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is 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	3,000.	3,000.			591.	6,591.
13	Total support. (Add lines 9,			2 250 562	1 016 769		
14	10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth, c	or fifth tax year as		3)
Sec	tion C. Computation of Pu						<u> </u>
	Public support percentage for 20			ne 13, column (f))	)		74.53 %
	Public support percentage from						99.92 %
	tion D. Computation of Inv						55,52
17	Investment income percentage f		V		ımn (f))	17	0.02 %
18	Investment income percentage f						0.02 %
	33-1/3% support tests-2016. If						id line 17
	is not more than 33-1/3%, check 33-1/3% support tests-2015. If	< this box and <b>sto</b> the organization d	<b>p here.</b> The orgar lid not check a bo	nization qualifies a ox on line 14 or lir	as a publicly supp ne 19a, and line 1	oorted organizatior 6 is more than 33	1▶ X -1/3%, and
	line 18 is not more than 33-1/39				•		
20	Private foundation. If the organi	ization aid not che	TEEA0403L				90 or 990-EZ) 2016
BAA							

#### 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

- No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 3a 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 c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 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. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(Č)), 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 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 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 c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 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

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	I		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		

#### Section 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).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Yes

1

2

No

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#### Schedule A (Form 990 or 990-EZ) 2016 CONSERVATION STRATEGY FUND Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on North	ov. 20, 1970 (explain ir st complete Sections A	i Part VI). <b>See</b> 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	tion 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):			
ā	Average monthly value of securities	1a		
ł	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
e	e 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	tion 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	<b>Distributable Amount.</b> 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 integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continued)						
Section D – Distributions	Current Year							
1 Amounts paid to supported organizations to accomplish exempt pu	1 Amounts paid to supported organizations to accomplish exempt purposes							
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizatior	IS,						
3 Administrative expenses paid to accomplish exempt purposes of su	upported 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 organizati in <b>Part VI</b> ). See instructions.	on is responsive (provide	e details						
9 Distributable amount for 2016 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount								
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016					
1 Distributable amount for 2016 from Section C, line 6								
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.								
<b>3</b> Excess distributions carryover, if any, to 2016:								
а								
b								
c From 2013								
<b>d</b> From 2014								
e From 2015								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2016 distributable amount								
i Carryover from 2011 not applied (see instructions)								
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4 Distributions for 2016 from Section D, line 7: \$								
a Applied to underdistributions of prior years								
<b>b</b> Applied to 2016 distributable amount								
c Remainder. Subtract lines 4a and 4b from 4.								
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7 Excess distributions carryover to 2017. Add lines 3j and 4c.								
8 Breakdown of line 7:								
а								
<b>b</b> Excess from 2013								
c Excess from 2014								
d Excess from 2015								
e Excess from 2016								

BAA

Schedule A (Form 990 or 990-EZ) 2016

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			2016	 2015	 2014	 2013	 2012
HONORARIUM SALE OF EQUIPMENT		Ś	591.			\$ 3,000.	\$ 3,000.
<b>- -</b>	TOTAL	\$	591.	\$ 0.	\$ 0.	\$ 3,000.	\$ 3,000.

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## SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.

**Open to Public** 

OMB No. 1545-0047

2016

epartmer ternal Re	nt of the Treasury ► Intervice	formation about Sche	dule D (Form 990) and its inst	tructions is at www	.irs.gov/fo	orm990.	Open Inspe	to Public
ame of t	he organization					Employer	identification	
	CONCEDUARTON							
		STRATEGY FUND				94-32	94843	
art I	Complete if the	organization ans	r Advised Funds or Oth wered 'Yes' on Form 990	er Similar Fund . Part IV. line 6	S OF AC	counts.		
			(a) Donor advised			unds and	other acc	ounts
<b>1</b> To	otal number at end of y	/ear						
<b>2</b> Ag	gregate value of contribution	s to (during year)						
-	gregate value of grants from							
<b>4</b> Ag	ggregate value at end	of year						
ar	e the organization's pr	operty, subject to the	nor advisors in writing that the organization's exclusive legal	control?			Yes	No
fo	r charitable purposes a	and not for the benefit	rs, and donor advisors in writii of the donor or donor advisor	, or for any other p	urpose co	nferring .	Yes	No
art II								
1			wered 'Yes' on Form 990 / the organization (check all th		·			
т Pl		-	ecreation or education)	Preservation of a	a historica	Illy import	ant land a	rea
┝	Protection of natural			Preservation of				
	Preservation of oper		l					
2 Co	 omplete lines 2a through		neld a qualified conservation con	tribution in the form	of a consei	rvation eas	ement on t	he
la	st day of the tax year.						· Final of th	ne Tax Yea
a To	otal number of conserv	ation easements				Held at th	e End of tr	ie lax fear
			ments					
	0	-	fied historic structure included					
			n (c) acquired after 8/17/06, a					
st	ructure listed in the Na	itional Register			2 d			
		asements modified, trar	sferred, released, extinguished,	or terminated by the	organizati	on during t	he	
	x year ►	roperty subject to conse	rvation easement is located >					
			garding the periodic monitorin	g. inspection, hand	lina of vio	lations.		
ar	nd enforcement of the	conservation easemer	nts it holds?				Yes	No
6 St	aff and volunteer hours	devoted to monitoring, i	nspecting, handling of violations	, and enforcing cons	ervation ea	asements o	luring the y	ear
7 Ar	mount of expenses incur	rod in monitoring incod	ecting, handling of violations, and	d onforcing consorvat	ion opcom	onte durin	a the year	
		red in morntoning, inspe	cung, nanunny or violations, and		1011 easei11		y lite year	
<b>8</b> Do	pes each conservation	 easement reported or	n line 2(d) above satisfy the re	auirements of secti	on 170(h)	(4)(B)(i)		
ar	nd section 170(h)(4)(B)	(ii)?					Yes	No
in	Part XIII, describe how clude, if applicable, the onservation easements	e text of the footnote t	conservation easements in its r to the organization's financial	evenue and expense statements that des	statement scribes the	, and bala organiza	nce sheet, tion's acco	and ounting for
art II			<b>ctions of Art, Historical</b> wered 'Yes' on Form 990			nilar As	sets.	
ar	t, historical treasures, or	<sup>r</sup> other similar assets he	r SFAS 116 (ASC 958), not to eld for public exhibition, education ncial statements that describes	n, or research in furt	e stateme herance of	ent and ba public ser	lance shee vice, provid	et works of le,
his	the organization electe storical treasures, or oth llowing amounts relatin	er similar assets held fo	r SFAS 116 (ASC 958), to repo or public exhibition, education, or	ort in its revenue st r research in furthera	atement a nce of pub	lic service	, provide th	orks of art, e
(i)			line 1					
	•						·	
ar	nounts required to be	reported under SFAS	historical treasures, or other simil 116 (ASC 958) relating to thes	se items:				
			1					
b As	ssets included in Form	990, Part X				►	?	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.
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TEEA3301L 08/15/16

Schedule D (Form 990) 2016 CONS							94-329		Page <b>2</b>
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	Other	Similar Ass	ets (conti	nued)
<b>3</b> Using the organization's acquisition items (check all that apply):	n, accession, a	nd other	records, check a	ny of tl	he following that are	a signi	ificant use of its o	collection	
<b>a</b> Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e Other						
c Preservation for future gene									
4 Provide a description of the organi: Part XIII.									
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or han to be ma	receive	donations of ar	t, histo roaniz	orical treasures, or ation's collection?	other s	similar assets	Yes	No
Part IV Escrow and Custodia								rm 990, F	art IV.
line 9, or reported an	amount on	Form	990, Part X,	line 2	2ĭ.			,	,
<b>1 a</b> Is the organization an agent, tru on Form 990, Part X?	stee, custodia	n or oth	er intermediary	for co	ntributions or othe	r assets	s not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangemen							L		
								Amount	
<b>c</b> Beginning balance									
<b>d</b> Additions during the year									
e Distributions during the year									
f Ending balance									
2 a Did the organization include an a									No
<b>b</b> If 'Yes,' explain the arrangemen	t in Part XIII.	Check h	ere if the explar	nation	has been provided	l on Pa	rt XIII		· 🗌
Part V Endowment Funds.	omplata if	the or	nonization on		ad Wast on Far	m 00	0 Dort IV/ lin	10	
Falt V Endowment Funds. C	(a) Current		(b) Prior yea		(c) Two years back		Three years back	(e) Four y	wars hack
<b>1 a</b> Beginning of year balance		. year		'	(C) Two years back	(u)	Three years back		
<b>b</b> Contributions	-								
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities									
and programs									
f Administrative expenses								-	
<b>g</b> End of year balance		nt voor	and holonge (lin	1 1 9	adume (a)) hold a				
<ul> <li>2 Provide the estimated percentag</li> <li>a Board designated or quasi-endown</li> </ul>		ent year	end balance (॥ १	ie rg,	column (a)) neiù a	5.			
<b>b</b> Permanent endowment ►									
c Temporarily restricted endowme			01						
The percentages on lines 2a, 2b, a		equal 100	<u>~</u>						
<b>3 a</b> Are there endowment funds not in organization by:	the possessior	n of the o	rganization that a	are helo	a and administered i	for the		Ye	s No
(i) unrelated organizations								3a(i)	<u> </u>
(ii) related organizations								3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organiza	tions list	ed as required	on Scł	nedule R?			3b	
4 Describe in Part XIII the intende	d uses of the	organiza	ation's endowme	ent fur	ıds.				
Part VI Land, Buildings, and									
Complete if the organ	ization ans	wered	'Yes' on Forr	m 990	D, Part IV, line	11a. S	See Form 99	0, Part X,	, line 10.
Description of property		<b>(a)</b> Cost (in	or other basis vestment)	<b>(b)</b>	Cost or other basis (other)	(c) A dej	ccumulated preciation	<b>(d)</b> Book	value
<b>1 a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment									
e Other									
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual For	m 990, Part X, (	columr	n (B), line 10c.)				0.
BAA							Schedu	ile D (Form 9	JYU) 2016

Schedule	O (Form 990) 2016 CONSERVATION STRAT	EGY FUND	9	4-3294843	Page 3
	Investments – Other Securities.		N/A		line 10
	Complete if the organization answered ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost		
	ial derivatives	(b) Book value		or enu-or-year market va	IUE
	/-held equity interests				
(2) Closely (3) Other					
(A)					<u> </u>
<u>(B)</u>					<u> </u>
(C)					
(D)					<u> </u>
(E)					
(F)					
(G)					
(H)					
( )					
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨				
Part VIII	Complete if the organization answered				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year mark	ket value
(1)					
(2)					
(3)					
(4)					<u> </u>
(5)					
(6)					
(7) (8)					
(9)					
(10)					
( )	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets.	N/A			1. 15
	Complete if the organization answered	scription	, Part IV, line 11d. See F	orm 990, Part X (b) Book	
(1)		scription			value
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
	lumn (b) must equal Form 990, Part X, column (b	B) line 15.)		►	
Part X	Other Liabilities.	, ,			
	Complete if the organization answered 'Yes' on F		e or 11f. See Form 990, Part X,	line 25	
	(a) Description of liability	(b) Book value			
	ral income taxes				
(2) (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) (11)					
(11)					

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

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

Schedule D (Form 990) 2016 CONSERVATION STRATEGY FUND	94-3294843	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements		2,011,709.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a	1,254.	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>		1,254.
3 Subtract line 2e from line 1.		2,010,455.
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 4a		
b Other (Describe in Part XIII.)		
c Add lines <b>4a</b> and <b>4b</b>		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,010,455.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements		2,429,398.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses.		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>		
3 Subtract line 2e from line 1.		2,429,398.
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 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2,429,398.
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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### **PART X - FIN 48 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 2012 THROUGH 2015. CSF HAS ANALYZED THE TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND THE STAET 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) 2016

#### PART X - FIN 48 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, 2016.

SCHEDULE F	Statement	of Activitie	es Outside the Unite	d States	OMB No. 1545-0047		
(Form 990)	<ul> <li>Complete if the or</li> </ul>	ganization answer	e 14b, 15, or 16.	2016			
Department of the Treasury Internal Revenue Service	Informat	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>					
Internal Revenue Service         at www.irs.gov/form990.         Inspection           Name of the organization         Employer identification number							
CONSERVATION STRAT				94-32948			
Part I General Inform on Form 990, F	<b>nation on Activiti</b> Part IV, line 14b.	es Outside th	e United States. Comple	te if the organization	on answered 'Yes'		
1 For grantmakers. Does the grantees' eligibility	the organization ma for the grants or assi	intain records to stance, and the s	substantiate the amount of its election criteria used to award	grants and other assist I the grants or assistand	ance, ce?XYes No		
2 For grantmakers. Descrit United States. PAR		zation's procedure	s for monitoring the use of its gra	ants and other assistance	e outside the		
3 Activities per Region. (	The following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	I		
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(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		
			PROGRAM SERVICES AND	ECONOMIC			
(1) SOUTH AMERICA	1	4	GRANT PROGRAM SERVICES AND	ANALYSIS ECONOMIC	56,335.		
(2) INDONESIA	1	3	GRANTS	ANALYSIS	150,734.		
(3)		-					
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(</u> 10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<b>3a</b> Sub-total	2	7			207,069.		
<b>b</b> Total from continuation sheets to Part I							
<b>c Totals</b> (add lines 3a and 3b).	2	7			207,069.		

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Schedule F (Form 990) 2016

#### Schedule F (Form 990) 2016 CONSERVATION STRATEGY FUND

94-3294843

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)
				PROGRAM					
(1)			INDONESIA	SERVICES	150,734.	WIRE TRANSFE			
				PROGRAM					
(2)			SOUTH AMERICA	SERVICES	56,335.	WIRE TRANSFE			
(3)									
(4)									
(5)									
(6)									
(7)									
(/)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	nter total number of recipient organiza e grantee or counsel has provided	tions listed above that a	are recognized as cha	arities by the forei	gn country, recogniz	ed as tax-exempt by	y the IRS, or for whi	ch 🕨	
	nter total number of other organiza								0
BAA									∠ F (Form 990) 2016

#### Schedule F (Form 990) 2016 CONSERVATION STRATEGY FUND

94-3294843

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>(b)</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)							

3	Page 4

1       Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).       □ Yes       X No         2       Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520 and 3520-A3 to not file with Form 990).       □ Yes       X No         3       Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).       □ Yes       X No         4       Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621).       □ Yes       X No         5       Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 865).       □ Yes       X No         6       Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 865).       □ Yes       X No         5       Did the organization have an ownership interest in a foreign partnership during the tax year? If				
<ul> <li>required to separately file Form 3520, Annual Řeturn To Report Transactions with Foreign Trusts and Réceipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</li></ul>	1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	Yes	X No
<ul> <li>organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).</li> <li>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).</li> <li>Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form SWITH Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see</li> </ul>	2	required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S.	Yes	X No
<ul> <li>electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).</li> <li>5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see</li> </ul>	3	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain	Yes	X No
<ul> <li>organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see</li></ul>	4	electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see	Yes	X No
If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see	5	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign	Yes	X No
	6	If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see	Yes	X No

BAA

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Schedule F (Form 990) 2016

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.

94-3294843

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service	
Internal Nevenue Service	

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

Employer identification number

94-3294843

Name of the organization

Ρ

#### CONSERVATION STRATEGY FUND

Par	rt i Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	d of c contrit	determin	ning mounts
1	Art – Works of art							
2								
3								
4	Books and publications.							
5	· · · · · · · · · · · · · · · · · · ·							
6	Cars and other vehicles							
7								
8	Intellectual property							
9	Securities – Publicly traded		1	27,819.	Μλρκεί	1		
10			L	27,019.	MANNEI	:		
11								
12								
13	Qualified conservation contribution -							
	Historic structures							
14		-						
15								
16	Real estate – Commercial							
17								
18								
19	2							
20	5							
21	Taxidermy.							
22								
23								
24	5							
25								
26	Other ► (							
27	Other • (	)						
28		)			<u> </u>			
29					20			
	organization completed Form 8283, Part I	v, Donee Acknowled			29		N	N
					1		Yes	No
30a	a During the year, did the organization receive							
	it must hold for at least three years from t					20 -		v
L	for exempt purposes for the entire holding <b>b</b> If 'Yes,' describe the arrangement in Part					30 a		X
	Does the organization have a gift accepta		res the review of any n	onstandard contributio	nc?	21		v
	5 5 1	1 5 1	5		15 (	31		Х
	a Does the organization hire or use third pa noncash contributions?	5	· ·	,		32 a		Х
	<b>b</b> If 'Yes,' describe in Part II.							
33	If the organization didn't report an amoun describe in Part II.	t in column (c) for a	type of property for wh	nich column (a) is chec	ked,			

94-3294843 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Page 2

2016 Open to Public Inspection

OMB No. 1545-0047

#### 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

A PERSON WITH A CONFLICT IS BARRED FROM PARTICIPATING IN BOARD DISCUSSION INTEREST.

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 BOARD 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) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONTRACTUAL SERVICES PROFESSIONAL FEES	TOTAL 🕏	385,890. <u>31,393.</u> 417,283.	369,913. 25,078. \$ 394,991.	15,975. <u>6,309.</u> \$ 22,284.	2. <u>6.</u> \$ 8.

TEEA4901L 08/16/16

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

A COMMITTEE OF TWO BOARD MEMBERS AND THE CFO OVERSEES THE AUDIT PROCESS BY MANAGING THE AUDIT TIMELINE, REVIEWING THE DRAFT AUDIT AND THEN PRESENTING THE AUDIT TO THE BOARD.