Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

Open to Public

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

Inspection

OMB No. 1545-0047

A	For	the 2012 calendar year, or tax year beginning and endi	Time (The training resident chille)	nispection
	Check		D Employer iden	tification number
		dress SUSTAINABLE CONSERVATION	2	
	* Na cha	me Doing Business As	94-	3232437
L		Number and street (or P.O. box if mail is not delivered to street address)	/suite E Telephone num	
F	ate	302		5)977-0380
Ē	App	SAN FRANCISCO, CA 94111	G Gross receipts \$	3,759,494.
	per	F Name and address of principal officer: ASHLEY BOREN	H(a) Is this a group for affiliates?	Yes X No
_		SAME AS C ABOVE		included? Yes No
A. Commercial Control		exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or site: WWW.SUSCON.ORG		a list. (see instructions)
-			H(c) Group exempt	ion number
	art I		Year of formation: 1995	M State of legal domicile: CA
٥	1.	1	ARIE CONCEDUA	TT ON
Activities & Governance		PARTNERS WITH BUSINESS TO FIND ENVIRONMENTA	I SOLUTIONS T	HVD MVKE TION
erns	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its not	accete
0 Vo	3	Number of voting members of the governing body (Part VI, line 1a)		
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	1	
ies	5	rotal number of individuals employed in calendar year 2012 (Part V. line 2a)	5	
iš	6	Total number of volunteers (estimate if necessary)	6	
Act	,7 &	Total unrelated business revenue from Part VIII, column (C), line 12	. 17.	
	l k	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
nue	8	Contributions and grants (Part VIII, line 1h)	2,624,520	
Revenue	9	Program service revenue (Part VIII, line 2g)	61,837	
Re	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,110	
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,032.	
_	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,736,499.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,813,516.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,938.	
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 575,620.	15,550.	00,025.
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	956,418.	950,543.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,785,872.	
(0	19	Revenue less expenses. Subtract line 18 from line 12	-49,373.	
s or			Beginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)	2,896,982.	3,676,250.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	322,502.	
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	2,574,480.	3,353,802.
-				
rue.	correc	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	tements, and to the best of m	y knowledge and belief, it is
,	001100	Ashles Oren	arer has any knowledge.	
Sigr	1	Signature of officer	Date	
Here		Ashley Boren Executive Director	10/4/13	
		Type or print name and title	17(13) -
		Print/Type preparer's name Preparer's signature	Date Check	II PTIN
aid		HYDEH GHAFFARI	10/3/13 if self-employed	D0100000
100	arer	Firm's name GHAFFARI ACCOUNTANCY INC.	Firm's EIN	80-0842045
lse (Only	Firm's address 1330 BROADWAY, SUITE 430		
		OAKLAND, CA 94612	Phone no. 5	10-834-6542
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
3200	1 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)

Form 990 (2012) SUSTAINABLE Part IV Checklist of Required Schedules

			Ye	s 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		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	- 21	+-
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection	: [1	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	X	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
2	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	\vdash	A
1150400	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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	10		-
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			77
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		_X_
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	40		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
8	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		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		T	
_	complete Schedule G, Part III	19		X
0a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		- (200	1010

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
-00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23	X	ļ
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	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 25			١
h		24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	
252	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
200				v
h	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	Х
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
				v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	16.55	25
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer director trustee or key ampleyee? If "Ves " complete Schedule I. Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			-
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	ff "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012) SUSTAINABLE CONSERVATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
		1 1	2	~	Yes	N
27	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	38	_		
b		1b		의 -		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and				1,,	
20	(gambling) winnings to prize winners?		••••••	1c	X	\perp
Z d	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2			
h	filed for the calendar year ending with or within the year covered by this return	2a	24	-1	37	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax re	urns?		2b	X	\perp
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				١,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	-	12
				3b	-	╀
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other					١,
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "You" extends a page of the foreign country.	l account)	<i>′</i>	4a		2
b	If "Yes," enter the name of the foreign country:					
50	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	Accounts	•	- 200		١,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Σ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?		5b	-	Σ
60	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
ua	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organiz	ation solicit			
h	any contributions that were not tax deductible as charitable contributions?		·····	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributives not toy deductible?					
7	were not tax deductible?	• • • • • • • • • • • • • • • • • • • •		6b		_
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		•••••••	7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			_		37
	to file Form 8282?			7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year					7.7
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?		7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	ract?		7f	NT /	
y h	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	orm 8899	as required?	7g	N/	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [7h	N/	-1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			ا ،		
	Sponsoring organizations maintaining donor advised funds.	any une ut	ring the year?	8		_
	Did the organization make any taxable distributions under section 4966?		N/A	.		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9a	\rightarrow	
	Section 501(c)(7) organizations. Enter:		·······	9b	-	
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
	Section 501(c)(12) organizations. Enter:	100		11-1		
	Gross income from members or shareholders N/A	11a	ı			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	37/3	12b		12.0	12.00	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	s the organization licensed to issue qualified health plans in more than one state?		N/A	13a	-	-
	Note. See the instructions for additional information the organization must report on Schedule O.	***************************************	······			
	Enter the amount of reserves the organization is required to maintain by the states in which the			п		
	organization is licensed to issue qualified health plans	13b				
c l	Enter the amount of reserves on hand	13c				
	hid the examination receive any neumants for indeed to miles and in a desired to the desired to			14a	\neg	X
- 1	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		_

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 to any question in this Part VI			X
Se	ction A. Governing Body and Management			
			Ye	s No
1:		3	192	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			d) :
ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b	. 3	The state of	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	•	1	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			+==
	more members of the governing body?	78	.	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10	' 	+
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	-	122
а		8a	X	1
b		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	+-	A
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	-	12
	i i i i i i i i i i i i i i i i i i i		V	N
10a	Did the organization have local chapters, branches, or affiliates?	100	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	4	12
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	1 22	
	Did the organization have a written conflict of interest nelley 2 If "Ma" as to line 12	100	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	A	
	in Schedule O how this was done	10-	x	
13	Did the organization have a written whistleblower policy?	12c	X	-
14	Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	Δ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	, and a constant		v	
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	Х	- 37
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		<u>X</u>
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
	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? ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	— opening the contraction of the contraction of			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ASHLEY BOREN - (415)977-0380	tion:		
	98 BATTERY STREET SHITE 302 SAN FRANCISCO CA 04111			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	d org	aniz	atio	n co	mpe	ensa	ted any current officer	, director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(de	o not		sition		one	Reportable	Reportable	Estimated
	hours per		x, unle					compensation	compensation	amount of
	week (list any	_	T	T	T	T	T	from	from related	other
	hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation
	related	3e 0r (stee			ısateo		(W-2/1099-MISC)	(44-2/1099-101130)	from the organization
	organizations	trust	al tru		yee	mbei		(** 2, 1000 111100)		and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	est co	Jer.			organizations
(1)	line)	Ē	Insti	Officer	Key	Highest compensated employee	Former			
(1) RUSSELL SIEGELMAN CHAIR	3.00	-		,,						
	1 40	X	_	X	_	_		0.	0.	0.
(2) CHRIS BUCHBINDER	1.40	٠,,		77						_
TREASURER (3) LAURA HATTENDORF	1 10	X		X	_	_		0.	0.	0.
(3) LAURA HATTENDORF SECRETARY	1.40	- V		37				0		
(4) TINA QUINN	1.60	X	-	X				0.	0.	0.
CO-FOUNDER	1.00	X						0.		0
(5) CHUCK AHLEM	1.30	Δ		-				0.	0.	0.
BOARD MEMBER	1.50	X						0.	0.	0
(6) KIM DELFINO	1.30	22							0.	0.
BOARD MEMBER	1.30	х						0.	0.	0
(7) DAN DOOLEY	1.40	23		-		\dashv	\dashv	0.	0.	0.
BOARD MEMBER		x						0.	0.	0.
(8) STEVE GROSS	1.30			-	\dashv	\dashv			0.	0.
BOARD MEMBER		x						0.	0.	0.
(9) CYNTHIA HUNTER LANG	1.50			\dashv	\neg	\dashv			- 0.	
BOARD MEMBER		Х						0.	0.	0.
(10) STEVE MCCORMICK	2.20			\neg		\neg				
BOARD MEMBER		X						0.	0.	0.
(11) RICHARD MORRISON	1.50									
BOARD MEMBER		X			- 1			0.	0.	0.
(12) MARK VALENTINE	1.60		\neg							
BOARD MEMBER		X						0.	0.	0.
(13) CHIP KOCH	1.50		Т		П					
BOARD MEMBER		X						0.	0.	0.
(14) ASHLEY BOREN	40.00									
EXECUTIVE DIRECTOR				X				135,453.	0.	19,979.
(15) KATHEY VIATELLA	40.00									
MANAGING DIRECTOR OF PROGRAMS	- 10 00		_		_	X	_	122,685.	0.	16,994.
(16) SUSAN CORLETT	40.00	- 1								26 LUGS 2013 HOUSE
DIR. OF DEVELOPMENT & COMMUNICATIONS		4	_	_		X		111,340.	0.	15,533.
ļ										
						- 1			1	

Ŀ	Section A. Officers, Directors, Tru		1plo	yees			lighe	est C		ees (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do not check more than of box, unless person is both officer and a director/trust				e than is bo	th an	(D) Reportable compensation from the	Reportable compensation from related organizations			Estima amour othe mpen	ated nt of er
82		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		o	from rganiz and rel ganiza	the ation ated
-														
								_						
					4		_	\dashv						
			\dashv		\dashv	-		\dashv						
			\dashv	\dashv	\dashv	-	\dashv	+						
			1	+	+	+	+	+						
1b	Sub-total						>	+	369,478.		0.	5	2,5	
d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no							<u></u>	369,478.	000 /	0.	5	2,5	0.
_	compensation from the organization			ISLEC	1 abo	ove)	wnc	rec	ceived more than \$100,	000 of reportab	e		Yes	3 No
3	Did the organization list any former officer, of line 1a? If "Yes," complete Schedule J for su								ghest compensated en	Parameter Street, Stre	Γ	3	res	X
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150,	n of reportable .000? If "Yes,"	cor com	nper nplet	nsati e Sc	ion a chea	and of	othe <i>J for</i>	er compensation from the such individual	ne organization		4	х	
5	Did any person listed on line 1a receive or ac rendered to the organization? If "Yes," comp	crue compens lete Schedule	atio <i>J foi</i>	n fro r suc	om a ch pe	ny ι erso	inrel n	ated	d organization or individ	ual for services		5	2-18	х
Sec.	tion B. Independent Contractors Complete this table for your five highest com	pensated inde	pen	dent	t cor	ntrad	ctors	tha	at received more than \$	100,000 of com	pensa	tion fr	rom	
***	the organization. Report compensation for the (A) Name and business a				g wit	h or	with	nin th	(B)			(C		
	Name and business a	adress <u>r</u>	101	NE				+	Description of ser	vices	Co	mpen	sation	1
				-										
								\vdash						
		_												
									The state of the s					
	Total number of independent contractors (inc \$100,000 of compensation from the organiza		limit	ted t	o th	ose 0	liste	d ab	pove) who received mor	e than				
			- 100						The second secon			_	00.00	

Statement of Revenue

Form 990 (2012)

Check if Schedule O contains a response to any question in this Part VIII (B) (**D)**Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d 214,514. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 3,403,583 50,227. g Noncash contributions included in lines 1a-1f: \$ ▶ 3,618,097. h Total. Add lines 1a-1f **Business Code** 2 a CLIENT SERVICES 541900 Program Service Revenue 34,679. 34,679. f All other program service revenue 34,679. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 30,232. 30,232. Income from investment of tax-exempt bond proceeds 4 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 73,286. assets other than inventory b Less: cost or other basis 78,926. and sales expenses -5,640. c Gain or (loss) -5,640. d Net gain or (loss) -5,640.8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS REVENUE 900099 3,200. 3,200. b d All other revenue e Total. Add lines 11a-11d 3,200. 3,680,568. 34,679. Total revenue. See instructions. 27,792. 232009 12-10-12

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX X (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States, See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 155,433. 91,705. 29,549. 34,179. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,565,812. Other salaries and wages 1,106,247. 171,690. 287,875. Pension plan accruals and contributions (include 50,805. section 401(k) and 403(b) employer contributions) 35,537 6,051 9,217. 155,910. Other employee benefits 224,274. 27,520. 9 40,844. 130,033. 89,415. 10 Payroll taxes 16,735. 23,883. 11 Fees for services (non-employees): a Management Legal c Accounting 45,517. 45,517. d Lobbying e Professional fundraising services. See Part IV. line 17 60,625. 60,625. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 484,956. column (A) amount, list line 11g expenses on Sch O.) 447,921. 16,575. 20,460. Advertising and promotion 12 43,226. Office expenses 79,372. 22,453. 13 13,693. 63,756. 18,571. 14 Information technology 39,985. 5,200. 15 Royalties 144,702. 7,729. 16 136,973. Occupancy 64,308. 53,405. 17 Travel 1,475. 9,428. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 35,703. 13,819. 19 6,713. 15,171. 20 Interest Payments to affiliates 21 1,893. Depreciation, depletion, and amortization 1,893. 22 23 Insurance 8,950. 8,950. 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 0.) DUES AND SUBSCRIPTIONS 8,395. 4,634. 1,053. 2,708. RECRUITMENT & STAFF DEV 7,648. 4,003. 2,022. 1,623. BANK CHARGES 5,343. 3,849. 924. 570. d COMMON COSTS 0. 152,138. -202,282. 50,144. e All other expenses Total functional expenses. Add lines 1 through 24e 3,137,525. 2,204,411. 357,494. 25 575,620. 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 X if following SOP 98-2 (ASC 958-720) 22,615. 0. 19,788. 2,827.

Form 990 (2012)
Part X | Balance Sheet

LF	art A				
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	306,660.		257,135
	2	Savings and temporary cash investments	1,092,538.	2	1,433,103
	3	Pledges and grants receivable, net	421,921.	3	881,121
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	and the second second second second		CHARLES THE STATE OF THE STATE
	1	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S	E C	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,776.	9	45,703.
	10a	Land, buildings, and equipment: cost or other		701.00	
	1	basis. Complete Part VI of Schedule D 10a 30, 198.			
	b	Less: accumulated depreciation 10b 22,629.	14,909.	10c	7,569. 1,032,538.
	11	Investments - publicly traded securities	993,839.	11	1,032,538.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	37,339.	15	19,081.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,896,982.	16	3,676,250.
	17	Accounts payable and accrued expenses	180,693.	17	180,739.
	18	Grants payable		18	
	19	Deferred revenue	141,809.	19	141,709.
	20	Tax-exempt bond liabilities		20	
es	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,			
iak		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	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	222 502	25	222 440
_		Total liabilities. Add lines 17 through 25	322,502.	26	322,448.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.	897,046.	~	1,275,754.
ılan		Unrestricted net assets	961,052.	27	1,361,466.
Be		Temporarily restricted net assets Permanently restricted net assets	716,382.	28	716,582.
ğ		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	710,302.	29	710,302.
Ē		The state of the s			
ts o		and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sse		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds		32	
Ne		Total net assets or fund balances	2,574,480.	33	3,353,802.
		Total liabilities and net assets/fund balances	2,896,982.	34	3,676,250.
	04	וטנמו וומטווונופט מווע וופג מסטבנס/ועווע טמומווטפט	2,000,002.	34	5,0,0,250.

Both consolidated and separate basis

2c X

Form 990 (2012)

За

X

X Separate basis

Consolidated basis

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SUSTAINABLE CONSERVATION

Employer identification number

94-3232437 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (iv) Is the organization (v) Did you notify the (vi) Is the (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col.
(i) organized in the in col. (i) listed in your organization (described on lines 1-9 organization in col. support above or IRC section governing document? (i) of your support? U.S.? (see instructions)) Yes No Yes No Yes No

Schedule A (Form 990 or 990-EZ) 2012 SUSTAINABLE CONSERVATION 94-32324 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.)

ร	ection A. Public Support								
_	lendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	1 Gifts, grants, contributions, and	X-7	(1) 2000	(0)2010	(4)2011	(6) 2012	(f) Total		
	membership fees received. (Do not								
	include any "unusual grants.")	4,271,163.	1,998,221	2,601,847.	2,774,520	3,618,097	15,263,848		
2	2 Tax revenues levied for the organ-		1 , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,,020	3,010,037	15,205,040		
	ization's benefit and either paid to		ľ	1					
	or expended on its behalf								
3	The value of services or facilities					 			
	furnished by a governmental unit to			1					
	the organization without charge								
4	A CONTRACTOR OF THE PARTY OF TH	4,271,163.	1,998,221.	2,601,847.	2,774,520	3,618,097.	15,263,848		
	The portion of total contributions			2,002,017.	2,114,520	3,018,037.	15,265,646		
_	by each person (other than a		1-12-3						
	governmental unit or publicly		. v1 . F 1 1						
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11.			1 1 1 1					
	column /f						4 040 044		
6	Public support. Subtract line 5 from line 4.						4,949,811.		
Se	ction B. Total Support						10,314,037.		
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(-1) 0044	(1) 0040			
	Amounts from line 4	4,271,163.	1,998,221.	2,601,847.	(d) 2011	(e) 2012	(f) Total		
	Gross income from interest,	1,2,2,200.	1,330,221.	2,001,047.	2,774,520.	3,618,097.	15,263,848.		
	dividends, payments received on			1					
	securities loans, rents, royalties								
	and income from similar sources	15,831.	21,432.	28,287.	25,012.	30,232.	120 704		
9	Net income from unrelated business	13,031.	21, 1526	20,207.	23,012.	30,232.	120,794.		
	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 IV.)		5,646.	5,563.	3,032.	2 200	17 //1		
11	Total support. Add lines 7 through 10		3,040.	3,303.	3,032.	3,200.			
	Gross receipts from related activities, e	to (see instructio	ne)			40	15,402,083. 280,954.		
	First five years. If the Form 990 is for t			fourth or fifth to	L	12	200,954.		
	organization, check this box and stop I				5	, , , ,	. —		
Sec	tion C. Computation of Public	Support Per	centage				<u>P</u>		
	Public support percentage for 2012 (lin			lumn (fl)		14	66.97 %		
15	Public support percentage from 2011 S	Schedule A. Part II	line 14	namm (i))		15	F0 0F		
16a	33 1/3% support test - 2012. If the org	ranization did not	check the box on	line 13 and line 14	L	ore check this has	70.05 %		
	stop here. The organization qualifies as	s a publicly suppo	rted organization	inic 10, and inic 14	F 15 00 1/0/0 01 111	ore, check this box	► X		
b	33 1/3% support test - 2011. If the org	anization did not	check a hox on lir	ne 13 or 16a and lir	ne 15 is 33 1/30/	or more, shook thi			
	and stop here. The organization qualification	es as a publicly su	nnorted organizat	ion	10 13 13 33 1/3/0	or more, check thi	S DOX		
17a	10% -facts-and-circumstances test -	2012. If the organ	nization did not ch	eck a hoy on line 1	3 162 or 16b or	nd line 14 is 100/ s			
	and if the organization meets the "facts								
	meets the "facts and circumstances" te	est. The organizati	on qualifies as a n	ublick supported o	raspization	iv now the organiz	zation		
b	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
-	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
5	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	did not check a h	ny on line 12 162	16h 17a ar 17h	supported organ	d ooo instruction			
	The organization	ala not check a Di	on on line 13, 10a,	100, 1/a, 0f 1/b, 0	Sheck this box an	u see instructions	▶∟⊥		

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

(Complete only if you checked the box on line 9 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.)

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						1
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513		1				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				Ì	1	
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						100000000000000000000000000000000000000
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(h) 2000	(-) 0010	(-1) 0044	1.10040	(0 = .)
9 Amounts from line 6	(a) 2000	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						100
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		200000000000000000000000000000000000000				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First five years. If the Form 990 is for the						
check this box and stop here	Cumport Day				······	>
Section C. Computation of Public					г г	
Public support percentage for 2012 (line					15	%
6 Public support percentage from 2011 Sc					16	%
Section D. Computation of Investr						
7 Investment income percentage for 2012	(line 10c, colum	nn (t) aivided by line	3, column (f))	•••••	17	%
8 Investment income percentage from 201					18	%
9a 33 1/3% support tests - 2012. If the org						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2011. If the org						
line 18 is not more than 33 1/3%, check						
O Private foundation. If the organization d	id not check a b	oox on line 14, 19a	or 19b, check th	is box and see ins	structions	▶└

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiz	ations: Complete Part III.			
Na	me of organization			Emp	oloyer identification numbe
	SUSTAI	NABLE CONSERVATIO	N		94-3232437
P	art I-A Complete if the or	rganization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organ Political expenditures Volunteer hours			>	
Pá	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				
3	If the organization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		Yes No
48	Was a correction made?		••••••		Yes No
k	If "Yes," describe in Part IV.				
	art I-C Complete if the or				
	Enter the amount directly expende				S
2	Enter the amount of the filing organ				
_	exempt function activities				S
3	Total exempt function expenditure				
,	line 17b	4400 DOI 6-11-1-0		▶\$	S
5	Did the filing organization file Form Enter the names, addresses and e made payments. For each organiza contributions received that were pr	mployer identification number (EIN ation listed, enter the amount paid	N) of all section 527 po from the filing organiz	ditical organizations to whic cation's funds. Also enter the	ch the filing organization ne amount of political
	political action committee (PAC). If	additional space is needed, provi	de information in Part	IV.	no obgregated fand of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				:	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012	SUSTA	AINABL	E CONSERVAT	TION	94-	3232437 Page 2
			empt under sect	ion 501(c)(3) and fil	ed Form 5768	
(election under see						
A Check ► ☐ if the filing organize	ation belor	ngs to an a	ffiliated group (and lis	t in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and sha						
B Check ▶ ☐ if the filing organiza	ation chec	ked box A	and "limited control"	provisions apply.		
Lim (The term "expen	its on Lob ditures" r	bying Expense	enditures ounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pul	olic opinion	(grass roots lobbying)		
b Total lobbying expenditures to infl	uence a le	egislative bo	odv (direct lobbying)	/		
c Total lobbying expenditures (add I	ines 1a ar	nd 1b)	-, (,,,,,,,			
d Other exempt purpose expenditur						
e Total exempt purpose expenditure		es 1c and 1	d)			The state of the s
f Lobbying nontaxable amount. Ent	er the amo	ount from th	e following table in be	oth columns	***************************************	
If the amount on line 1e, column (a) of	or (b) is:		obying nontaxable a			New York Control of the Control
Not over \$500,000			the amount on line 1			
Over \$500,000 but not over \$1,000	0,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5		6 -		cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,				cess over \$1,500,000.		
Over \$17,000,000		\$1,000.				
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)			THE RESERVE OF THE PARTY OF THE	
h Subtract line 1g from line 1a. If zero	or less, e					
i Subtract line 1f from line 1c. If zero	or less, e	nter -0				
j If there is an amount other than zer	o on eithe	er line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	/ear?					Yes No
(Some organiza	ations tha	4-Year Ave It made a s	eraging Period Under ection 501(h) election		ete all of the five	
	Lobb	ying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year						
(or fiscal year beginning in)	(a) 2	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				A TANK TO SEC. 1		
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
()						
f Grassroots Johnving expenditures						

Schedule C (Form 990 or 990-EZ) 2012 SUSTAINABLE CONSERVATION 94-323243 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	((b)
of the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter	A THE RESERVE			
or referendum, through the use of:	1, 1,00			
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)	? X			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			1	1,192
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Х		100
j Total. Add lines 1c through 1i		77		L,192
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912		_		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), s		(E) 0 × 000	No.	
501(c)(6).	ection 50 r(c)(o), or sec	tion	
001(0)(0).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			165	NO
 Were substantially all (90% of fillore) dues received horideductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 		1		
3 Did the organization make only includes lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year.				
Part III-B Complete if the organization is exempt under section 501(c)(4), s	ection 501(c)(3	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ	ered "No " OR	(h) Part I	ll-Δ lin	- 3 ic
answered "Yes."	010a 110, 011	(5) 1 4111	,	ie 0, 13
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	nolitical	···		
expenses for which the section 527(f) tax was paid).	pontioui			
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		"		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
expenditure next year?	•	. 4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line	5: Part II-A (affiliat	ed group list): Part II-A	line 2
nd Part II-B, line 1. Also, complete this part for any additional information.	()	3	,,	, =,
ART II-B, LINE 1, LOBBYING ACTIVITIES:				
		-		
USTAINABLE CONSERVATION ENGAGED IN LOBBYING ACTIVE	ITIES IN 7	CHE		
ALIFORNIA LEGISLATURE 2012 IN SUPPORT OF THE PASSA	AGE OF AB	1961		
			1.000	,
HUFFMAN), THE COHO HELP ACT. THE ACTIVITY CONSISTI	ED OF A FA	ACE-TO-	FACE	
DEMINO MITHUR HUD AVIEWON LO CONTROL C				
EETING WITH THE AUTHOR'S STAFF, CONTRIBUTION OF A	MENDMENT I	LANGUAG	E TO	
THE CHARLE OF THE ACCOUNTY CONSTRUER OF THE PARTY				
HE STAFF OF THE ASSEMBLY COMMITTEE ON WATER, PARKS	, AND WII	DLIFE,	AND	
	Schedule	C (Form 99)	or 990-	F7) 2012

Part IV Supplem	990-EZ) 2012 S	091	ATNABLE	CON	SERVATION				94-323	2437	Page
Part IV Supplem	ental Informa	tion	(continued)								
SUBMISSION OF	LETTERS	OF	SUPPORT	TO	COMMITTEE	STAFF	AND	THE	OFFICE	OF	
THE GOVERNOR.											
Manufacture of the second seco						W 7 W 3					
											
											#E
,											
									****		-
							-				
			- W								
								7.00			
-											

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

SUSTAINABLE CONSERVATION

Employer identification number 94-3232437

P	art I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		a se e e sassado complete in tille
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		A STATE OF THE STA
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
_		, , , , , , , , , , , , , , , , , , , ,	
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		2c
d	and the second s		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it	***************************************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the o	rganization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assots
	Complete if the organization answered "Yes" to Form 9		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC		and halance shoot works of art
	historical treasures, or other similar assets held for public exhill		
	the text of the footnote to its financial statements that describ		public service, provide, in Part XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC		halanca shoot works of ort. historical
~	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	acation, or research in furtherance of public se	ervice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under SFAS 116		, provide
а	Revenues included in Form 990, Part VIII, line 1	to these items.	•
b	Assets included in Form 990, Part X		\$
0.000			P Y

		NABLE CONS.			94-	-3232437 Page
	organizations maintaining	Collections of	Art, Historical T	reasures, or Of	ther Similar A	ssets(continued)
3	o Jammanna dia qui di in di	sion, and other reco	rds, check any of th	e following that are	a significant use o	of its collection items
	(check all that apply):					
	Public exhibition		d Loan or ex	change programs		
ı	Scholarly research		e U Other	1990 50 1980		
(Preservation for future generations					
4	Provide a description of the organization's	collections and expla	ain how they further	the organization's e	xempt purpose in	Part XIII.
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures, or other sim	ilar assets	
	to be sold to raise funds rather than to be r	naintained as part of	the organization's o	collection?		Yes No
Pa	reported an amount on Form 990, P.	ngements. Comp	lete if the organization	on answered "Yes"	to Form 990, Part	IV, line 9, or
12	Is the organization an agent, trustee, custo		diant for contribution			
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XII	I and complete the f	allauria a talala		• • • • • • • • • • • • • • • • • • • •	Yes No
-	Tres, explain the arrangement in Falt XII	and complete the i	bllowing table:			
_	Beginning halance					Amount
4	Beginning balance				1c	
u 2	Additions during the year				1d	
	Distributions during the year				1e	
0	Ending balance			••••••	1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			└─ Yes └─ No
Do	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation has been	provided in Part XII	l	
Га	rt V Endowment Funds. Complete		swered "Yes" to Fo			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ick (e) Four years back
	Beginning of year balance	822,925.	838,233.	596,146.	270,84	136,972.
	Contributions	171,114.	3,200.	152,200.	166,20	0. 257,810.
	Net investment earnings, gains, and losses	111,887.	11,357.	92,486.	161,52	8122,600.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	70,374.	29,865.	2,599.	2,42	4. 1,340.
f	Administrative expenses	3,014.				
g	End of year balance	1,032,538.	822,925.	838,233.	596,14	6. 270,842.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment	18.00	%	,,		
b	Permanent endowment ► 69.00	%	_			
С	Temporarily restricted endowment ▶ 1	3.00 %				
	The percentages in lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for t	he organization	
	by:	3		ia administração (or t	ine organization	Yes No
	(i) unrelated organizations					
	(ii) related organizations	*******************************	***************************************			3a(i) X 3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	Schedule R2			3a(ii) X
4	Describe in Part XIII the intended uses of the	organization's endo	wment funde	•••••		3b
Par		ent. See Form 990,	Part X, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost of	, , , ,	ccumulated	(d) Book value
		basis (investm	ent) basis (d	other) dep	oreciation	
1 a	Land					
b	Buildings					
С	Leasehold improvements			3,080.	18,080.	0.
d	Equipment		12	2,118.	4,549.	7,569.
e	Other					
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	(, column (B), line 10	(c).)	▶	7,569.

SUSTAINABLE CONSERVATION

94-3232437 Page 3

Schedule D (Form 990) 2012

	edule D (Form 990) 2012 SUSTAINABLE CONSERVATION			94-	3232437 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per	Retur	n
1	Total revenue, gains, and other support per audited financial statements			1	3,821,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	86,279		
b	Donated services and use of facilities	2b	54,952		
С	Recoveries of prior year grants	2c		7	
d	Other (Describe in Part XIII.)	2d		7 /	
е	Add lines 2a through 2d			2e	141,231
3	Subtract line 2e from line 1			3	3,680,568
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			- 4	
а	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			4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,680,568
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements			1	3,192,477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				***************************************
а	Donated services and use of facilities	2a	54,952.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	54,952.
3	Subtract line 2e from line 1			3	3,137,525.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,137,525.
Par	XIII Supplemental Information				
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III, lines 1a and	4; Part IV, lines 1	and 2	b: 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 a	additional informati	on	
PAR	T V, LINE 4: THE PURPOSE OF THE ORGANIZA	TION'S E	NDOWMENT :	FUND	SIS

ro .	PROVIDE SUPPORT FOR THE ORGANIZATION'S P	ROGRAMS .	AND OPERA	rion	S.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Den To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public Inspection

Employer identification number

	NABLE CONSERVATION				94-323	
Part I Fundraising Activitie required to complete this part	S. Complete if the organization ansart.	wered '	'Yes" t	o Form 990, Part IV,	line 17. Form 990-E	Z filers are not
 Indicate whether the organization rate a X Mail solicitations b Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e X Solicit f X Solicit g Speci or oral agreement with any individu Part VII) or entity in connection with dividuals or entities (fundraisers) pur	tation o tation o ial fundi ial (inclu profes	of non-of f gove raising uding of sional	government grants rnment grants events officers, directors, tru fundraising services	istees or ?	s No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did traiser custody ntrol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
KAY SPRINKEL GRACE - P.O. BOX		Yes				
475578, SAN FRANCISCO, CA	FUNDRAISER CONSULTANT	-	Х	0.	60,625.	0
2						
	V					
Total			>		60,625.	
 List all states in which the organizatio or licensing. 		contrib	utions	or has been notified		gistration
CA		200000				
247						

of fundraising event contributions and	(a) Event #1	90-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	eipts greater than \$5,0
Gross receipts		(b) Event #2	(c) Other events	(d) Total events
Gross receipts	(event type)	1		(add col. (a) throu
Gross receipts		(event type)	(total number)	col. (c))
Gross receipts				
Less: Contributions				
Gross income (line 1 minus line 2)				
Cash prizes				
Oddii piizoo				
Noncash prizes				
Rent/facility costs				
Food and beverages				
Entertriencent				
				
			•	(
Net income summary. Combine line 3, colun	nn (d), and line 10			
	answered "Yes" to Form	n 990, Part IV, line 19, or r	eported more than	
\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tahe/instant		(d) Total samina (a
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col. (a) through col.
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
	Yes%	Yes %	Yes %	
Volunteer labor	No No	No I	∟ No	•
Direct expense summary. Add lines 2 through	n 5 in column (d)			(
Net gaming income summary. Combine line	I, column d, and line 7		>	
ter the state(s) in which the organization opera	tes gaming activities:			
		states?		Yes
	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Combine line 3, colum \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line of the state(s) in which the organization operate the organization licensed to operate gaming active, "explain:	Food and beverages Entertainment Other direct expenses Direct expenses summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 IIII Gaming. Complete if the organization answered "Yes" to Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue Cash prizes Noncash prizes Noncash prizes Nother direct expenses Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 ter the state(s) in which the organization operates gaming activities: the organization licensed to operate gaming activities in each of these sho," explain:	Food and beverages Entertainment Other direct expenses Direct expenses summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or r \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Let the state(s) in which the organization operates gaming activities: the organization licensed to operate gaming activities in each of these states? No," explain: Te any of the organization's gaming licenses revoked, suspended or terminated during the tax yere and the properties of these states? The properties of the organization's gaming licenses revoked, suspended or terminated during the tax yere and the properties of the properties	Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3. column (d), and line 10. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming Gross revenue Cash prizes Noncash prizes Noncash prizes Nolunteer labor Direct expenses summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Let the state(s) in which the organization operates gaming activities: The organization licensed to operate gaming activities in each of these states? No," explain: Ter any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2012 SUSTAINABLE CONSERVATION	94-3232437 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a 9
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	enue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$and	d the amount
of gaming revenue retained by the third party > \$	The amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line	
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addit	ional information (see instructions).
SCHEDULE G, PART I, LINE 2A	
REIMBURSEMENT OF EXPENSES	
REIMBURSEMENT OF PARKING DURING MEETINGS AT THE ORGANIZA	TION OFFICE.
SCHEDULE G, PART I, LINE 2B, COLUMN IV	
CONSULTANT ACTIVITY	-
THE FUNDRAISING CONSULTANT ONLY PROVIDED TRAINING AND PL	ANNING
REGARDING THE CAMPAIGN. THEREFORE, THERE IS NO GROSS REC	EIPTS FROM
ACTIVITY RELATED TO THE CONSULTANT.	

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

Attach to Form 990. See separate instructions. OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SUSTAINABLE CONSERVATION

Questions Regarding Compensation

Employer identification number 94-3232437

20			Yes	No
16	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1b		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	and the obey Exceeding Director, regarding the items checked in line 1a:	2	F 10 10	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		i	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	-439		
	Form 990 of other organizations X Approval by the board or compensation committee			
	Poploval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	\rightarrow	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40	\dashv	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b.	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			77
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
1	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
i	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X_
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	- 1	

94-3232437

SUSTAINABLE CONSERVATION

Schedule J (Form 990) 2012

Page 2

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ible	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(D)·(j)·(B)	reported as deferred in prior Form 990
(1) ASHLEY BOREN	8	135,453.	0	0.	6,875.	13.104.	155 /32	
EXECUTIVE DIRECTOR	▣	0.	0	• 0	-1		COT	
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Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SUSTAINABLE CONSERVATION

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

Employer identification number

Schedule M (Form 990) (2012)

94-3232437

P	art I Types of Property								
-		(a)	(b)	(c)		(0			
		Check if	Number of contributions or	Noncash contribu		Method of o			
		applicable	litems contributed	amounts reported Form 990, Part VIII,	i on line 1a	noncash contrib	oution	amou	nts
1	Art - Works of art					200 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	(0)5015		
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications			1,000					
5	Clothing and household goods			***************************************					
6	Cars and other vehicles								
7	Boats and planes							***	
8	Intellectual property								****
9	Securities - Publicly traded	X	2	50,22	27.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests		2						
12	Securities - Miscellaneous			***************************************					
13	Qualified conservation contribution -								-
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles					(A. 1974)			
19	Food inventory								
20	Drugs and medical supplies			W. W. S.			1100		
21	Taxidermy								
22	Historical artifacts			11.100					
23	Scientific specimens						****		
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	and the second s	SCHOOLS COMPANIES TO COMPANIES SHOULD SHOULD						
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledge	ement 29				0	
								Yes	No
30a	During the year, did the organization receive by								
	at least three years from the date of the initial co								
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					ions?	31	X	
32a	Does the organization hire or use third parties of				ncash				
	contributions?				• • • • • • • • • • • • • • • • • • • •		32a		X
b	If "Yes," describe in Part II.					1			-
33	If the organization did not report an amount in o	olumn (c) for	r a type of property	for which column (a) is ched	ked,			
	describe in Part II.								

LHA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SUSTAINABLE CONSERVATION

Employer identification number 94-3232437

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ECONOMIC SENSE. THE ORGANIZATION'S CLIMATE, AIR, WATER, AND BIODIVERSITY INITIATIVES PROMOTE PRACTICAL SOLUTIONS THAT PRODUCE TANGIBLE, LASTING BENEFITS TO CALIFORNIA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH "PRE-APPROVED" PERMITS FOR SMALL-SCALE RESTORATION PROJECTS, PIR MAKES IT FASTER, CHEAPER, AND EASIER FOR STEWARDSHIP-MINDED LANDOWNERS TO KEEP THEIR LAND FROM ERODING INTO WATERWAYS AND PROTECT WILDLIFE LIKE IMPERILED FISH. IN 2012, WE PROVIDED TECHNICAL SUPPORT TO THE NATURE CONSERVANCY, TROUT UNLIMITED, AND CAL TROUT - THE SPONSORS OF ASSEMBLY BILL (AB) 1961 (SIGNED IN SEPTEMBER 2012) -TO HELP CRAFT LEGISLATION THAT WILL EXPEDITE RESTORATION PROJECTS SPECIFICALLY FOR COHO SALMON WHICH ARE ON THE VERGE OF EXTINCTION. PROTECTING BIODIVERSITY BY LEADING PLANTRIGHT, A COALITION OF CALIFORNIA NURSERIES, RETAILERS, AND OTHER HORTICULTURE PARTNERS TO PREVENT THE SALE OF INVASIVE PLANTS. PLANTRIGHT HAS THE POTENTIAL TO REDUCE THE MORE THAN \$80 MILLION CALIFORNIA SPENDS EACH YEAR TO CONTROL AND ERADICATE INVASIVE SPECIES - THE SECOND GREATEST THREAT TO BIODIVERSITY BEHIND HABITAT DESTRUCTION. IN 2012, OUR THIRD ANNUAL STATEWIDE NURSERY SURVEY INDICATED THAT ONLY THREE OF PLANTRIGHT'S 19 TARGET SPECIES REMAIN AVAILABLE ON RETAIL SHELVES, A GREAT INDICATOR OF PROGRESS.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DID NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF FORM 990 IS REVIEWED BY
MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO

FILING. THE COMMITTEE MEETS WITH MANAGEMENT AND THE TAX PREPARER AS

NECESSARY TO REVIEW THE FORM 990, RELATED SCHEDULES AND SUPPORTING

DOCUMENTATION. IF CHANGES TO THE FORM ARE REQUESTED, A REVISED COPY IS

REVIEWED BY MANAGEMENT AND SENT TO THE COMMITTEE. THE COMMITTEE APPROVES

THE FILING AND MAKES A RECOMMENDATION TO THE FULL BOARD TO ADOPT THE FILING

AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUESTS ALL BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST STATEMENT ONCE A YEAR.

FORM 990, PART VI, SECTION B, LINE 15A: THE GOVERNANCE COMMITTEE IS COMPOSED ENTIRELY OF PEOPLE THAT HAVE NO CONFLICT OF INTEREST WITH SUSTAINABLE CONSERVATION, ITS OFFICERS/KEY EMPLOYEES OR ITS COMPENSATION ARRANGEMENTS. IT IS RESPONSIBLE FOR CONDUCTING THE PERFORMANCE AND COMPENSATION REVIEW OF THE EXECUTIVE DIRECTOR AND OTHER OFFICERS/KEY EMPLOYEES. THE PERFORMANCE REVIEW PROCESS INCLUDES A SELF REVIEW BY THE EXECUTIVE DIRECTOR/KEY EMPLOYEES, DISCUSSION WITH THE COMMITTEE AND THE OFFICERS/KEY EMPLOYEES AND A DISCUSSION AMONGST THE COMMITTEE THEN BY THE BOARD. A WRITTEN PERFORMANCE REVIEW IS INCLUDED IN THE PERSONNEL FILE OF THE EXECUTIVE DIRECTOR/KEY EMPLOYEES. THE COMMITTEE ALSO REVIEWS COMPENSATION INFORMATION OF COMPARABLE POSITIONS AT ENVIRONMENTAL ORGANIZATION OF SIMILAR SIZES IN THE BAY AREA AND MAKES A COMPENSATION RECOMMENDATION TO THE FULL BOARD. THE FULL BOARD THEN DISCUSSES THE RECOMMENDATION AND DECIDES ON THE COMPENSATION ANNUALLY AND A RECORD IS PUT IN THE EXECUTIVE DIRECTOR'S/KEY EMPLOYEE'S PERSONNEL FILE. CHIEF EXECUTIVE 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Schedule () (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization SUSTAINABLE CONSERVATION	Employer identification number 94-3232437
OFFICER LAST COMPENSATION REVIEW WAS IN 2012.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STAT	PEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GRAPHIC/PROMOTIONAL MAT DESIGN:	
PROGRAM SERVICE EXPENSES	10,635.
MANAGEMENT AND GENERAL EXPENSES	10,594.
FUNDRAISING EXPENSES	10,447.
TOTAL EXPENSES	31,676.
TECHNICAL/RESERACH CONSULTING:	
PROGRAM SERVICE EXPENSES	415,748.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	415,748.
GRANT WRITING/CONTRACT SUPPORT:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	5,250.
FUNDRAISING EXPENSES	10,013.
TOTAL EXPENSES	15,263.
GENERAL PROGRAM SERVICES:	
PROGRAM SERVICE EXPENSES	5,332.
MANAGEMENT AND GENERAL EXPENSES	0.
232212 01-04-13 Schedu	le O (Form 990 or 990-EZ) (2012)

SUSTAINABLE CONSERVATION FUNDRAISING EXPENSES	94-3232437
FINDDATCING EVDENCES	74-3434431
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,332.
PARTNERSHIP DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	10,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,000.
ENVIRONMENTAL ADVOCACY:	
PROGRAM SERVICE EXPENSES	4,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,000.
FACILITATION:	
PROGRAM SERVICE EXPENSES	1,706.
MANAGEMENT AND GENERAL EXPENSES	731.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,437.
HONORARIUM:	
PROGRAM SERVICE EXPENSES	500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	500.