Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	he 2018 calen	dar year, or ta	v vear heai	nnina		201	8. and endir					
В			C	x year begi	innig		, 201	o, and endir	ng			1	
_		if applicable:	-							D Empl	oyer ident	tification number	
	_ Ac	ddress change	Sustainak			94	-3232	437					
	Na	ame change	98 Batter	ry St St	te 302					E Telep	hone num	ber	
	Ini	itial return	San Franc	cisco, (CA 94111					/ /11	-077	-0380	
	Hein	nal return/terminated								41.	3-911	-0380	
	\vdash												
	\vdash	mended return								G Gross			L,301.
	L Ap	oplication pending	F Name and add	lress of principa	al officer: Ash.	ley Bore	en		111111111111111111111111111111111111111	s a group ret		1 16	s X No
			Same As C	Above		-			H(b) Are a	all subordinate o," attach a lis	es included	d? Ye	s No
	Tax-	exempt status:	X 501(c)(3)	501(c) () ◄ (in	sert no.)	4947(a)(1)	or 527	11 110	o, attach a lis	st. (see ins	structions)	
J	Wel	bsite: ► ww	w.suscon.						Hen Groun	p exemption i			
K	Form	of organization:	X Corporation	Trust	Association	Other -	1,						
	art I	Summar		Trust	Association	Other	l*	 Year of format 	ion: 199	95 M	State of le	egal domicile: C	A
u	1	Driefly descri	у										
	1	Briefly descri	be the organiza	ation's miss	ion or most s	ignificant ac	tivities: S	ee Sched	dule C)			
ø								7					
Activities & Governance													·
Ĕ													
Š	2	Check this bo	x ► if the	organizatio	n discontinue	d its operati	ons or dis	posed of mo	ore than	25% of its	net ass	 sets.	
9	3	Number of vo	ting members	of the aove	rnina bodv (P	art VI. line 1	la)				1 2 1		17
യ	4	Number of inc	dependent votii	ng member	s of the gover	rning body (f	Part VI. Iir	ne 1b)			4		16
ţ.	5	Total number	of individuals	employed ir	n calendar ve:	ar 2018 (Par	t V. line 2	(a)			5		32
₹	6	rotal number	of volunteers (estimate if	necessary)						6		77
A		Total unrelate	ed business rev	enue from I	Part VIII, colu	ımn (C), line	12				7a		0.
	ь	Net unrelated	business taxal	ble income	from Form 99	90-T. line 38.	Model				7b	20),667.
						.,	1.						
	8	Contributions	and grants (Pa	art VIII line	1b)					Prior Year		Current Y	
Revenue	9	Program servi	ice revenue (Pa	art VIII, III o	20)		***********	223777		3,509,			7,787.
듄	10	Investment in	come (Dart VIII	L column ((2y)		93(93)	666666666		745,3			,000.
<u>é</u>	11	Other revenue	come (Part VIII	i, columni (A	4), imes 3, 4,	and /d)		1.10(1)(0)(0)(0)(0)(0)	• 1	86,2		116	775.
_	10	Tatal revenue	Part VIII, col	umn (A), iir	nes 5, 6d, 8c,	9c, 10c, and	d 11e)			3,0	069.	5	,838.
_	12	Total revenue	- add lines 8	through 11	(must equal I	Part VIII, col	umn (A),	line 12)		4,344,2	210.	3,800	,400.
	13	Grants and sir	milar amounts	paid (Part I	X, column (A)), lines 1-3).				15,0	000.		
	14	Benefits paid	to or for memb	ers (Part I)	(, column (A)	, line 4)							
	15 3									3,367,5	63	3 200	,167.
še			undraising fees								_		
Expenses										66,5	25.	15	,838.
ᇷ			ing expenses (8	78,993.	PARTY N		3716		
_	17 (Other expense	es (Part IX, col	umn (A), lir	nes 11a-11d,	11f-24e)			2	2,163,1	11	1,177	382
- 1	18	Total expense	s. Add lines 13	3-17 (must e	egual Part IX,	column (A).	line 25).			5,612,1		4,491	
	19 F	the state of the s											
× 8					0		************			L,267,9			,987.
Assets or Balances	20	Total assets /	Part X, line 16)							ng of Curren		End of Ye	
Ball			(Part X. line 2			100000000000000000000000000000000000000	1115000		4	1,602,8		3,712	,460.
Net A				,			• • • • • • • • • •			286,4	54.	270	,832.
		Net assets or	fund balances.	Subtract lin	ne 21 from lin	e 20			4	1,316,3	87.	3,441	.628.
Pa	rt II	Signature	Block										,
Jndei	r penaltie	es of perjury, I dec	lare that I have exa	mined this retu	rn, including accor	mpanying schedu	lles and state	ments and to the	ne hest of m	w knowlodgo	and balist	f it is true parreal	
comp	lete. Dec	claration of prepare	lare that I have examer (other than officer	r) is based on a	all information of w	vhich preparer ha	as any knowle	edge.	ie best of fi	ly killowicage	and bener	, it is true, correct	., and
		1	the 1	laen						2/2	1/10	3	
Sig	n	Signature	of officer 0						Da	ite /	111		
Her	'e	Nob1	our Pomon										
	•	Type or n	ey Boren						Execu	utive I	Dir.		
_					B 18:								
		Print/Type pre	eparer's name		Prepå r's signat	ture 1 7		Date		Check	if P	TIN	
Paid	d	August	Zajonc, C	CPA	Vtugo	ul O	agone	- 08/21/	2019	self-employe	d P	01218603	
Pre	parei	Firm's name	► Crosby	& Kane	da CPAs	LLP	0	*					
	Only				STE 930					Firm's EIN B	► N7 /7		
				d, CA 9						Firm's EIN			
/lav	the ID	S discuss this				2 / !1	-11			Phone no.	(510)		
viciy	ale in	o discuss this	s return with the	e preparer :	snown above:	(see instru	ctions)		*10000000000000		G	X Yes	No

	m 990 (2018) Sustainable Conservation	94-3232437	Page 2
Pa	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed on the p		
-	Form 990 or 990-EZ?	rior	
	Form 990 or 990-EZ?	Yes	X No
3			
•	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.	services? Yes	X No
4			
	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	rvices, as measured by expons to others, the total ex	xpenses. penses,
4 a	(Code:) (Expenses \$ 1,362,117. including grants of \$	(Revenue \$ 50	,000.)
	Water Management - Water is in short supply in California. Sust	tainable Conserva	ation
	evaluates new water management approaches so farms, the environment	ment, and commun	ities
	have the water they need for years to come. We work in the agri-	iculture-rich Cer	ntral
	<u>valley to evaluate</u> and promote the capture of storm water flood	flows on active	
	<u>larmland to replenish groundwater aquifers. California's most in</u>	portant drought	
	reserve. In 2018, we helped recharge hundreds of acre-feet of w	water on Central	
	Valley farmland. We also continued to perfect our innovative Gr	coundwater Rechar	rge
	Assessment Tool, which helps California irrigation districts and	water managers	
	maximize groundwater-recharge opportunities in their communities	<u> </u>	
41.	(Code)		
		Revenue \$)
	See Schedule 0		
			- -
4 c	(Code:) (Expenses \$ 632,504. including grants of \$) (f	Davanus É	
	Dairies - We work with California dairy producers to promote man	Revenue \$)
	that are more protective of water and air quality and work econo	agement practice	<u>s</u>
	and refined an innovative liquid manure drip irrigation system t	hat applies nut-	estea
	more precisely to crop root zones, which in turn leads to signif	nar abbites nurr	<u>lents</u>
	leaching into groundwater supplies. In 2018, we continued our wo	rk indox o potio	rogen_
	Natural Resources Conservation Innovation Grant on three commerc	ial dairies covo	rina
	more than 200 acres in the San Joaquin Valley. Our pilots have s	hown that dairie	T TIIO _
	produce the same or better yields with up to 75% less nitrogen,	40% less water	anq ≅ Toan _
	90% less nitrous oxide emissions. Nitrous oxide is a greenhouse	mas 300 times mo	
	powerful than carbon dioxide, the chief greenhouse gas.	2= 2	==
	Other program services (Describe in Schedule O.) See Schedule O		
	(Expenses '\$ 197,205. including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 3,098,683.		

Form 990 (2018) Sustainable Conservation Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
•	Scneaule A.	1	X	
3	Security of the security of th	2	Х	
4		3	x	X
5				X
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,	5		
7	10 00000	6	-	X
8	environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
	complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		15	
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	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.	11 b	24	Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
ŀ	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		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	х	
	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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		x
AA		_	990 (2018)

Form 990 (2018) Sustainable Conservation Part IV Checklist of Required Schedules (continued)

-	Did the court of the state of t		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> 'Yes,' <i>complete Schedule J</i> .	23	х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5; 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	х	
29	To a suppose of the s	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	of If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V			II.
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	FUS		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	53	-	
BAA	(gambling) winnings to prize winners?	1 c	Х	
DAA	TECN (AF 00/03/10)	Form	990 (2	.018)

Form 990 (2018) Sustainable Conservation

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			D. F
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	ESS
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Λ	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q.	3 b	X	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		Х
	b If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		55	775
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	Х
Ť	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		A.
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
7	not tax deductible?	6 b		
	• • • • • • • • • • • • • • • • • • • •			
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	200	Х
- 1	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		X
ì	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.	223	Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e	-+	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		-	
	as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	/ (1		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
ê	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. Section 501(c)(7) organizations. Enter:	9 b		
	Initiation fees and capital contributions included on Part VIII, line 12			
Ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			50
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		13	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
2-	against amounts due or received from them.)	539	-	250
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-5100
	Section 501(c)(29) qualified nonprofit health insurance issuers.		23	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1000	
	Note. See the instructions for additional information the organization must report on Schedule O.			130
b	Enter the amount of reserves the organization is required to maintain by the states in			
_	Fraterial and the second of th		= 1	A.
	Did the examination receive any necessary for indeed to the last of the last o	14-		X
	If IVee I had it filed a Form 700 to warred the second to the little of the second to	14a 14b	-	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-	_
_	excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.		671	1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
5 A	If 'Yes,' complete Form 4720, Schedule O.	- 15		

For	m 990 (2018) Sustainable Conservation 94-32324	37		Page (
Pa	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7th a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or clearly Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	hanges	and in	for
Se	ction A. Governing Body and Management		· · · · ·	Х
			Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year	17		
2	b Enter the number of voting members included in line 1a, above, who are independent	16	58	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 6	Did the organization have members or stockholders?			X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	. 7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	20	v	
Ì	b Each committee with authority to act on behalf of the governing body?	8a	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	6 D		-
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal	Revenu		
10:	a Did the organization have local chapters, branches, or affiliates?	10	Yes	
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			X
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
E	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule (1114	^	
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
ŀ	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O.		Х	
13	Did the organization have a written whistleblower policy?		Х	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	X	
	The organization's CEO, Executive Director, or top management official. See . Schedule. O	1000	37	
ŀ	o Other officers or key employees of the organization	15a	Х	v
Ī	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	olf '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?			
Sec	tion C. Disclosure	100		_
17	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 (1024 or 1024-A if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)	s only	y)
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements are the public during the tax year. See Schedule O	ilable to		

BAA

Ashley Boren 98 Battery St Ste 302 San Francisco CA 94111 415-977-0380

20 State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2018) Sustainable Co	onservation
--------------------------------	-------------

94-3232437

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

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

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 an				(C))				
(A) Name and Title	(B) Average hours per	į i	s both dir	(do n	not ch unle office /trust		Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Christopher Buchbinder	1.04								
Board Chair	0	X		Х			0.	0.	0.
_(2)_Chip_Koch	0.92								
Secretary	0	Х		Х			0.	0.	0.
(3) Mark Valentine	0.98								
Treasurer	0	Х		Х			0.	0.	0.
(4) Laura Beaudin	0.67								· ·
Board member	0	Х					0.	0.	0.
(5) Kim Delfino	0.92								0.
Board member		Х					0.	0.	0.
(6) Dan Dooley	1.23								
Board member		Х					0.	0.	0.
(7) Michael Frantz	0.92								
Board member		Х					0.	0.	0.
(8) Charlene Harvey	1								
Board member	0	Х					0.	.0.	0.
(9) Jennifer Hernandez	0.96								
Board member	0 1	Х					0.	0.	0.
(10) Peter Kareiva	0.38								
Board member		Х					0.	0.	0.
(11) Richard Landers	1.25						1		
Board member	0 1	Х					0.	0.	0.
(12) Steve McCormick	1.31			\neg					
Board member		Х					0.	0.	0.
(13) Adan Ortega Jr.	0.85		\neg				3,		
Board member		Х					0.	0.	0.
(14) Jon Reiter	1.29						0.1	· · ·	
Board member	0	X					0.	0.	0.
BAA	TEEA01	_	08/03	/18	_		0.1	V.1	Form 990 (2018)

(A) Name and title	Average (do not check more than o box, unless person is both per officer and a director/truste						h an	Reportable	(E) Reportable		(F) Estimated
	Jacob	or director		_		Highest compensated employee			compensation from related organizations (W-2/1099-MISC)	co or a	ount of other mpensation from the ganization nd related ganizations
(15) Miles Reiter	0.83						-				
Board member (16) Cindy Starrett	0	Х						0.	0.		0.
Board member	0.04	x						0.	0.		0
(17) Anthony Williams	0.5	21						0.	U.		0.
Board member	0	Х						0.	0.		0.
(18) Ashley Boren Executive Dir.	_ <u>40</u> _			Х				164 400			
(19) Daniel Mountjoy	40			X				164,400.	0.		26,270.
Dir Res Stewardshp	- 30 -					x		133,640.	0.		25,660.
(20) Martha Henderson	40						Т	200,0101	0.		25,000.
Dir of Development	0					Х		122,905.	0.		25,900.
(21) Pamela Sergio	_ 40 _										
Dir HR & Admin	0		\dashv			Х		116,278.	0.		26,728.
<u>(22) Stacey J. Sullivan</u> Dir of Policy	$-\frac{40}{0}$					v		116 450			0 001
(23) Ryan Flaherty	40			\neg		Х	П	116,450.	0.		8,031.
Dir Bus Partnrshps	0-					х		112,095.	0.		19,252.
(24)								, , , , ,			23,202.
(25)			-		\dashv						
1 b Sub-total.							•	765,768.	0.	1	31,841.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A. E	20.000	2003					0.	0.		0.
2 Total number of individuals (including but not limited	to those li	sted :	abov	e) w	/ho r	eceiv	ed	765,768.	0.	oncatio	31,841.
from the organization 8	1000 11	olcu (200 V	C) W	1101	CCCIV	cu	more than \$100,000	or reportable comp	iei isatioi	11
<u> </u>											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or trus	stee,	key	em	ploy	ee, o	r h	ighest compensate	ed employee	3	v
											X
the organization and related organizations greate	r than \$15	50,00	o? /	f 'Y	es,	and c comp	otni olei	er compensation ti te Schedule J for	rom		
such individual	• • • • • • • • • • • • • • • • • • • •		• • • •		• • • •	• • • •				4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	satior e Sci	า fro hedu	m a	iny ι <i>I for</i>	unrela Such	ate	d organization or i erson	ndividual	5	Х
Section B. Independent Contractors											A
1 Complete this table for your five highest compens compensation from the organization. Report compens	ated inde	pend he ca	ent lend	con ar v	trac ear	tors t	that	t received more the	an \$100,000 of		
(A) Name and business addr				·-··)				(B)		((C)
							4	Description of			ńsation ————
SmileyJoe, LLC 1737 NE Alberta St Ste 205 F CA Resources Conserv District 801 K St, 18t						0001		Technical cons			05,000.
on resources conserv bistrict out K St, 180	II FI Sa	СТАШ	ent	.0,	CA	3201	14	rechnical cons	ulting		50,234.
O Table of City of Cit								-,			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2											
BAA		EEA01	081 4	08/v3	8/18		_			Form	990 (2018)
	,,		(20,00	0					LOITI	220 (ZUIO)

(B)

(C)

	_	Officer if Schedule O	COITIAITIS a re	sponse or note to any	y line in this Part VII	L.g	<i>@</i>	(1
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns.				CONTRACTOR OF THE PARTY OF THE		- 企业、加州发生
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
A. A.	C	Fundraising events				War Street		
랿	d	Related organizations						
Sim,	e	Government grants (contribution		e 108,631.				
iti je	f	All other contributions, gifts, q similar amounts not included	grants, and above 1			THE RESERVE		THE DESIGNATION
들통	۱ ,	Noncash contributions included		0,010,100.				
no n	h	Total. Add lines 1a-1f			2 627 707			
<u>a</u>	-	Totall / Ga Into Ja It.		Business Code	3,627,787.			
Program Service Revenue	2a	Client service:	s	541900	50,000.	50,000.		
E S	ь	3=-312 332 4230	~	011500	30,000.	50,000.		
ice.	С							
Ş	d							
Ē	е							
g		All other program service						
<u>ç</u>	g	Total. Add lines 2a-2f		▶	50,000.			
	3	Investment income (inc	luding dividen	ds, interest and				
		other similar amounts). Income from investmen			41,443.			41,443.
				15				
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Nobi	(ii) i ersonal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (lo	ss)					
		Gross amount from sales of	(i) Securities	(ii) Other	TREE CHARLES		NAME OF BUILD	NEURIE EUR
	, a	assets other than inventory	236,23	3.				
	h	Less: cost or other basis						
- 1		and sales expenses	160,90	1.				
		Gain or (loss)	75,33					
	d	Net gain or (loss)	s		75,332.			75,332.
<u>o</u>		Gross income from fund	traising event	s				
enue		(not including \$	1 11	- 1				
<u>§</u>		of contributions reported	-					
Other R		See Part IV, line 18 Less: direct expenses						
		Net income or (loss) fro					THE PARTY OF	
O								
	9 а	Gross income from gam See Part IV, line 19	ing activities.	a				
		Less: direct expenses						
		Net income or (loss) from						
-	10a	Gross sales of inventory	. less returns					E PERMIT
		and allowances		a .				
		Less: cost of goods sold						
1	С	Net income or (loss) from						
-	14	Miscellaneous Revenu	e	Business Code			III SELVENIA	
Γ	_	Other_income		900099	5,838.			5,838.
	b							
	بر ت	All other revenue						
		Total. Add lines 11a-11d	10000000	•	F :000	2/ 2011		
-		Total revenue. See instr			5,838.	E0 000	^	100 010
BAA	-				3,800,400.	50,000.	0.	122,613. Form 990 (2018)

Form 990 (2018) Sustainable Conservation 94
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 r				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				E E E E E
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				VIII.
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	196,270.	129,538.	31,403.	35,329.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,424,678.	1,635,507.	261,527.	527,644.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,943.	78,458.	12,719.	24,766.
9	Other employee benefits	361,594.	244,950.	40,045.	76,599.
10	Payroll taxes	199,682.			
	Fees for services (non-employees):	199,002.	135,016.	22,548.	42,118.
	Management				
	Legal	2 500		0.500	
	: Accounting.	2,500.		2,500.	
	Lobbying	44,531.		44,531.	
	Professional fundraising services. See Part IV, line 17	15 020			45.000
	Investment management fees	15,838. 13,362.	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA	10.000	15,838.
g	Other, (If line 11g amount exceeds 10% of line 25, column			13,362.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.S.Ch.	542,337.	514,984.	14,883.	12,470.
	Advertising and promotion.	559.	559.		
13	Office expenses	91,124.	41,879.	11,347.	37,898.
14	Information technology.	57,783.	34,984.	7,874.	14,925.
15	Royalties				
16	Occupancy	275,755.	172,873.	35,531.	67,351.
17	Travel	64,801.	60,018.	467.	4,316.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,954.	27,189.	5,222.	15,543.
20	Interest	,		-,	10,010.
21	Payments to affiliates				30.
22	Depreciation, depletion, and amortization	22,885.	18,942.	1,362.	2,581.
23	Insurance	13,791.	3,786.	8,390.	1,615.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					
C					
d					
6	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e	4,491,387.	3,098,683.	513,711.	878,993.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).	2, 252, 507.	3,030,003.	313,711.	010,773.
2 / /	55. 56 £ (100 556-120). headan				

		Check if Schedule O contains a response or note to any line in this Part X		· · · · ·	
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	601,530.	1	231,122.
	2	Savings and temporary cash investments.		2	1,361,682.
	3	Pledges and grants receivable, net	703,714.	3	501,114.
	4	Accounts receivable, net	182,440.	4	65,121.
	5	Loans and other receivables from current and former officers, directors, 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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
67)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use.		8	
As	9	Prepaid expenses and deferred charges		9	66,817.
	l	Land, buildings, and equipment: cost or other basis.			00,817.
	l t	Less: accumulated depreciation. 10b 67, 938	107,393.	10c	100,107.
	11	Investments – publicly traded securities	1,525,069.	11	1,367,103.
	12	Investments – other securities. See Part IV, line 11.		12	1,307,103.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	19,394.
	16	Total assets. Add lines 1 through 15 (must equal line 34).		16	3,712,460.
_	17	Accounts payable and accrued expenses	267,029.	17	257,342.
	18	Grants payable		18	231,342.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
(A)	21	Escrow or custodial account liability, Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Will Bearing	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.	19,425.	25	13,490.
	26	Total liabilities. Add lines 17 through 25.	286,454.	26	270,832.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	1,200,912.	27	1,153,141.
3	28	Temporarily restricted net assets.	2,135,475.	28	1,288,487.
ᅙ	29	Permanently restricted net assets	980,000.	29	1,000,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	4,316,387.	33	3,441,628.
~	34	Total liabilities and net assets/fund balances	4,602,841.	34	3,712,460.
BA	A	TEEA0111L 08/03/18			Form 990 (2018)

400	, and the state of	4-	323243) /		aye 14
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					[
1	Total revenue (must equal Part VIII, column (A), line 12)		1			400.
2	Total expenses (must equal Part IX, column (A), line 25)		2			387.
3	Revenue less expenses. Subtract line 2 from line 1	0.00	3			987.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).		4			387.
5	Net unrealized gains (losses) on investments.		5			772.
6	Donated services and use of facilities		6		00,	,,,,,,
7	Investment expenses		7			
8	Prior period adjustments	3434	8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
Pai	column (B))	٠.	10	3,4	41,6	628.
	• •					
	Check if Schedule O contains a response or note to any line in this Part XII					. []
_					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			7	F. (1)	100
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 235		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				150	
t	Were the organization's financial statements audited by an independent accountant?			. 2b	х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepatasis, consolidated basis, or both:	ara	te		6,T	
_				1.30		
•	lf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audereview, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			164		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?) 		3 a		х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	audii				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA					990 ((2018)
					(,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Sustainable Conservation 94-3232437 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B. Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C. Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2018 Sustainable Conservation 94-3232437 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.)

Se	ction A. Public Support				,				
Cal beg	endar year (or fiscal year jinning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,878,253.	4,773,060.	4.167.007.	3,509,182	3 627 787	19,955,289.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				5,000,100.	0,027,707.	0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	3,878,253.	4,773,060.	4,167,007.	3,509,182.	3,627,787.	19,955,289.		
6	Public support. Subtract line 5 from line 4						2,590,060. 17,365,229.		
Sec	tion B. Total Support						17,303,229.		
Cale beg	endar year (or fiscal year inning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	3,878,253.	4,773,060.	4,167,007.	3,509,182.	3,627,787.	19,955,289.		
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated	72,495.	57,681.	49,126.	83,405.	41,443.	304,150.		
	business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	3,047.	6,100.	3,017.	3,069.	5,838.	21,071.		
	Total support. Add lines 7 through 10						20,280,510.		
12	Gross receipts from related activi	ities, etc. (see ins	structions)				870,405.		
	First five years. If the Form 990 is to organization, check this box and	stop nere		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)			
	tion C. Computation of Pub								
14	Public support percentage for 20	18 (line 6, column	(f) divided by lin	e 11, column (f)).		14	85.63%		
	Public support percentage from 2017 Schedule A, Part II, line 14								
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neers the tacts.a	na circi imetancae	tact chook this	hay and alan haw	- Caraleia ia Deut	A Al Taracco		
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the facts-all-circumstances' to	nd-circumstances est. The organiza	test, check this i lion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization	VI how the ►		
_	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions ►		
BAA					Cala		0 000 === 000		

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

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

Sec	tion A. Public Support						
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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 business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						1
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)
Sect	tion C. Computation of Pub						
15	Public support percentage for 20	18 (line 8, column	(f), divided by lir	ne 13, column (f))			5 %
16	Public support percentage from 2	2017 Schedule A,	Part III, line 15				
Sect	tion D. Computation of Inv	estment Incon	ne Percentage				
	Investment income percentage for				mn (f))		7 %
	Investment income percentage fr						
	33-1/3% support tests-2018. If the	he organization di	d not check the b	ox on line 14 and	l line 15 is more i	han 33,1/3%	and line 17
	is not more than 33-1/3%, check 33-1/3% support tests—2017. If the	this box and stop he organization di	here. The organi d not check a box	zation qualifies a: : on line 14 or line	s a publicly suppo • 19a. and line 16	rted organizat	ion ▶ ∐
	line 18 is not more than 33-1/3% Private foundation. If the organiz	, check this box a	nd stop here. The	organization qua	alifies as a publicly	y supported or	ganization 🕨 📗
			on a box off fine 1	-, 19a, Of 19b, Cl	icor and box and	ace matruction	ю

Part IV Supporting Organizations

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

Section	A. /	ΑII	Supporting	Organizations
---------	------	-----	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	The same	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	1,81	7,41
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
-	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		110
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		7
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		ES P
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b	23.04	- 3
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9c		34.1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			3

Pa	irt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
•••	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	b A family member of a person described in (a) above?	11a		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11b		
	ction B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	The organization satisfied the Activities Test. Complete line 2 below.			
1	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructi	ions).	
2	Activities Test. Answer (a) and (b) below.	1	Vaa	Ma
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		Yes	No
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		£ 9
t.	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

-	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganızatı	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organization	ust on No tions mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	.3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):	t	tive his fire	
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	3379		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in (see instructions).	tegrated T	ype III supporting org	anization

	edule A (Form 990 or 990-EZ) 2018 Sustainable Conserva		94-32	32437 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continued)	
Sec	ction D — Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	e details	
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
_ b	From 2014		TE TELL RE	
	From 2015			
	From 2016	SUM PENTILE	Diracine solution	
	From 2017	TEGRAT ALGER	I SAME OF THE REAL PROPERTY.	
	f Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
	i Carryover from 2013 not applied (see instructions)			REPORT THE
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		是1985年19月8日	
8	Breakdown of line 7:			
а	Excess from 2014	N-TILY X SECTION		
	Excess from 2015		#2 W/ P 7 P 7 R 7 R 10	
	Excess from 2016		R L BRUKE K	
d	Excess from 2017			SELECT BE

BAA

e Excess from 2018.....

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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

Part II, Line 10 - Other Income

Nature and Source		_	2018	_	2017	 2016	-	2015	.—	2014
Other income	Total	\$	5,838. 5,838.	\$	3,069. 3,069.	\$ 3,017. 3,017.	\$	6,100. 6,100.	\$	3,047. 3,047.

Schedule B (Form 990, 990-EZ, or 990-PF)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

OMB No. 1545-0047

2018

Employer identification number

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Sustainable Conservation	94-3232437						
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a privi	ate foundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the General	Rule or a Special Rule.						
Note: Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule and a S	special Rule. See instructions.					
General Rule		poolar Naio. God monachons.					
For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribut	aling \$5,000 or more (in money or tor's total contributions.					
Special Rules							
X For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), to received from any one contributor, during the Form 990, Part VIII, line 1h; or (ii) Form 990	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 the year, total contributions of the greater of (1) \$5,000; or (2 0-EZ, line 1. Complete Parts I and II.	ort test of the regulations 16a, or 16b, and that) 2% of the amount on (i)					
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to contributor name and address), II, and III.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.						
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributions total contributions that were received during the year for a y of the parts unless the General Rule applies to this organishe, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, zation because					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification numb Sustainable Conservation 94-3232437 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Number (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions Person 1_ **Payroll** 200,000. Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution X Person 2_ **Payroll** 358,150. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total contributions (d) Type of contribution Person X 3_ **Payroli** 210,000 Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions Person X **Payroll** 150,000 Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person 5_ **Payroll** 225,000. Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person X 6_ **Payroll** 309,300. Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification numbe Sustainable Conservation 94-3232437 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (a) Number (d) Type of contribution (c) Total contributions X Person 7_ Payroli 75,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total contributions (d) Type of contribution X Person 8_ **Payroll** 75,000. Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions Person X 9_ **Payroll** 200,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total contributions (d) Type of contribution Person X 10 **Payroll** 150,000. Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Person X 11. **Payroll** 257,500. Noncash (Complete Part II for noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution Χ Person 12 **Payroll**

Noncash

(Complete Part II for noncash contributions.)

74,354.

Name of organization

Employer identification number

Sustainable Conservation

94-3232437

Part II	space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
		Ÿ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-E2	, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number Sustainable Conservation 94-3232437 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)......▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered 'Yes,' on 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,' on 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,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.							
Name	of organization Sustaina	able Conservation		Employer identific					
Da	41 6 0 1 1611			94-323243	37				
		rganization is exempt under secti			ization.				
1	(see instructions for definition	organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV.	•				
2		expenditures (see instructions)							
		campaign activities (see instructions)		2.0008:00000 · · · · · · · · · · · · · · · · ·					
Pa		rganization is exempt under secti							
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955		0.				
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.		0.				
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	r this year?		Yes No				
4:	a Was a correction made?				Yes No				
	b If 'Yes,' describe in Part IV.								
Pa		rganization is exempt under secti							
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities	5				
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	etion ► ş	3				
3									
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No				
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the ans received that were promptly and directly deal action committee (PAC). If additional span	of all section 527 pol	itical organizations to v	which the filing				
	(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				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if t section 501(h	he organizati า)).	ion is exempt under se	ction 501(c)(3) and	l filed Form 5768 (el	ection under
		ongs to an affiliated group (and	list in Part IV each affili	ated group member's name	<u>, </u>
		and share of excess lobbying			•
B Check ► ☐ if the filing	g organization c	hecked box A and 'limited co	ntrol' provisions apply.		
(The term '		bying Expenditures leans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
		public opinion (grass roots lo			
		a legislative body (direct lobb			
		a and 1b)			
		lines to and tal			
		lines 1c and 1d)			
		amount from the following tab			
If the amount on line 1e, colu		The lobbying nontaxable		BISSESSES SANTE	
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000.		
Over \$17,000,000	mount (anter OF)	\$1,000,000.			
		% of line 1f)ess, enter -0			
		ss, enter -0-			
i If there is an amount other	than zero on eith	ner line 1h or line 1i, did the org	anization file Form 4720	reporting	П. П.
section 4911 tax for this	year?				Yes No
(Some	organizations t	4-Year Averaging Period U hat made a section 501(h) elo below. See the separate instr	ection do not have to o	complete all of the five rough 2f.)	
	Lol	bbying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Labbuing pantavable				,	(e) Total
2a Lobbying nontaxable amount				7	(e) Total
					(e) Total
b Lobbying ceiling amount (150% of line					(e) Total
b Lobbying ceiling amount (150% of line 2a, column (e))					(e) Total
amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable					(e) Total
amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line					990 or 990-EZ) 2018

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Ves' response on lines In through I below, provide in Part II/ a detailed description	i cs i NO		(b)	
of the lobbying activity.			Amount	
See Part IV 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 or referendum, through the use of:				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?	Х		3,206.	
e Publications, or published or broadcast statements?		Х	0,200.	
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			3,206.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х	.,	
i Other activities?		Х		
j Total. Add lines 1c through 1i		75	6,412.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If 'Yes,' enter the amount of any tax incurred under section 4912		HE I		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	4.0			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		0		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5),	or		
			Yes No	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
_ 3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes,'

1	bues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
ā	Current year	2a	
ŀ	Carryover from last year	2b	
(Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B - Description of Lobbying Activity

AB 3014 would have created an exemption to one of the timelines for the removal of copper from vehicle brake pads created by SB 346 (Kehoe) in 2010, which Sustainable Conservation co-sponsored. We were concerned that AB 3014 had the potential to significantly weaken what has been a very successful implementation of SB 346's

mandate. We lobbied in opposition to the bill through mobilization of our partners

Part IV Supplemental Information (continued)

Part II-B - Description of Lobbying Activity (continued)

and supporters, meetings with legislative staff, letters of opposition to the author and relevant policy committee, and testimony before a policy committee.

AB 2649 would have created an expedited process for interim water rights permits for high water flows in the context of the Sustainable Groundwater Management Act. We met with organizations with interest in and/or concerns about the bill, as well as the State Water Board, wrote two support letters, and testified in support before the Assembly policy committee.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Sustainable Conservation			94-3232437
Pa	Complete if the organization ans	or Advised Funds or Other S wered 'Yes' on Form 990, Pa	Similar Funds or Ac art IV, line 6.	counts.
		(a) Donor advised fund		Funds and other accounts
-1	Total number at end of year		(4)	. and and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the asso organization's exclusive legal cont	ets held in donor advised	funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing the of the donor or donor advisor, or in the donor or donor advisor, or in the donor advisor.	nat grant funds can be us for any other purpose co	sed only onferringYes No
Pa	rt II Conservation Easements.			
_	Complete if the organization answ	wered Yes on Form 990, Pa	art IV, line 7.	
'	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	·	reservation of a historica	
	Preservation of open space	∐Pi	reservation of a certified	historic structure
2		11		
~	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contribut	ion in the form of a conse	rvation easement on the
				Held at the End of the Tax Year
	a Total number of conservation easements			
	Total acreage restricted by conservation easer			
1	Number of conservation easements on a certif	ied historic structure included in (a)	
4	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and no	ot on a historic	
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or ter	minated by the organization	on during the
4	Number of states where property subject to conse	vation easement is located >		
5	Does the organization have a written policy reg		nection handling of vio	lations
	and enforcement of the conservation easemen	ts it holds?	randing of vio	Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and	enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, handling of violations, and enfo	rcing conservation easem	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenu o the organization's financial stater	le and expense statement ments that describes the	, and balance sheet, and organization's accounting for
Par	Complete if the organization answ	t ions of Art, Historical Trea vered 'Yes' on Form 990, Pa	sures, or Other Sin	nilar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finance	d for bublic exhibition, education, or r	esparch in furtherance of	nt and balance sheet works of public service, provide,
t	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or research	arch in furtherance of publ	ic service, provide the
	(i) Revenue included on Form 990, Part VIII, I			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1	storical treasures, or other similar ass 16 (ASC 958) relating to these iter	sets for financial gain, prons:	vide the following
	Revenue included on Form 990, Part VIII, line			
Ŀ	Assets included in Form 990, Part X			

c Net investment earnings, gains, and losses	No No
a Public exhibition	No No
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part III. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. 1c d Additions during the year. 1c d Additions during the year. 1e f Ending balance. 1 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Dif 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance. 1 a Beginning of year balance. 2 a Did the organization amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 a Beginning of year balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 a Beginning of year balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 a Beginning of year balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 a Beginning of year balance. 3 a Did the organization has been provided on Part XIII. 5 Did the organization has been provided on Part XIII. 5 Did the organization has been pr	No No
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Fart IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. c Beginning balance. d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Additions during the year. f Ending balance. 1c d Addition during the year. 1d e part X, line 21, for escrow or custodial account liability? Yes b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance. 1, 525, 069, 1, 381, 431, 1, 35	No No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X line 9, or reported an amount on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. f Ending balance. f Ending balance. f Ending balance. b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Tirree years back (e) Four years be Contributions. 1 a Beginning of year balance. 1 a Beginning of year balance. 1 a Seginning of year balance. 1 a Seginning of year balance. 1 a Beginning of year balance. 1 a Beginning of year balance. 1 a Seginning of yea	No No
Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years I a Beginning of year balance. 1 a Beginning of year balance. 1 a Contributions. 1 a Beginning of year balance. 4 Contributions. 5 C Net investment earnings, gains, and losses. 6 C Not investment earnings, gains, and losses. 6 C Not investment earnings. gains, and losses. 1 C Not investment earnings	No No
Part IV Endowment Funds. Complete if the organization has been provided an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years and losses and losses	No No
Iline 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance	No No
b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance	No back 550.
b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance	No back 550.
Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back becoming the prior year line of	back
c Beginning balance	back
d Additions during the year	back
e Distributions during the year f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1, 525, 069. 1, 381, 431. 1, 351, 626. 1, 279, 434. 1, 215, 634. 1, 109.	back
f Ending balance	back
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?Yesb If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.YesPart V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.1a Beginning of year balance	back
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1 a Beginning of year balance	back
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance	50.
1a Beginning of year balance	50.
1a Beginning of year balance	50.
1 a Beginning of year balance	50.
b Contributions	
c Net investment earnings, gains, and losses	00.
and losses	
and losses	
e Other expenditures for facilities and programs	84.
and programs	
f Administrative expenses 13,362. g End of year balance	
g End of year balance	
7. Provide the estimated percentage of the current year and belones (first 1) and a 1 1 1	<u>34.</u>
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ %	
10.10	
c Temporarily restricted endowment ► 26.85 % The percentages on lines 2a, 2b, and 2c should equal 100%.	
·	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
(f) completed and one of all the control of the con	No
(i) unrelated organizations. (ii) related organizations. (iii) related organizations.	_X_
(ii) related organizations. 3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 1 Describe in Part VIII the intended was a fill.	
4 Describe in Part XIII the intended uses of the organization's endowment funds. See Part XIII	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line	: 10.
Description of property (a) Cost or other basis (investment) (b) Cost or other (c) Accumulated depreciation (d) Book value	e
1 a Land	
b Buildings	_
c Leasehold improvements. 18,080. 18,080.	
d Equipment	n
a Othor	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	66.
BAA Schedule D (Form 990) 2	66. 41.

(a) Description of security or category (including name of security)	(b) Book value	D, Part IV, line 11b. See Form 990, Part X, line 1 (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		Coy monitor of tanaacion observe and of your market value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(C) (D) (E)		
(-)		
(F)		
S 2		
		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 900	N/A), Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(b) book value	(c) Method of valuation: Cost of end-of-year market value
(2)		
(3)		
(4)	·	
(5)		
(6)		
(7)		
(8)		
(10)		
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	27.42	· · · · · · · · · · · · · · · · · · ·
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A	Part IV line 11d See Form 000 Port V line 1
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	N/A 'Yes' on Form 990	
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990 cription	, Part IV, line 11d. See Form 990, Part X, line 1
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc	N/A 'Yes' on Form 990 cription	
(10) Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description	N/A 'Yes' on Form 990 cription	
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4)	N/A 'Yes' on Form 990 cription	
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (C) (3) (4) (5)	N/A Yes' on Form 990 cription	
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (C) (3) (4) (5) (6)	N/A 'Yes' on Form 990 cription	
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (C) (3) (4) (5) (6) (7)	N/A 'Yes' on Form 990 cription	
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (4) (5) (6) (7) (8)	N/A 'Yes' on Form 990 cription	
(10) Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'Yes' on Form 990 cription	
(10) (otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	rription	(b) Book value
(10) Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B)	rription	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) (a) Description (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Iine 15.).	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) (a) Description (b) Description (c) Descripti	line 15.)m 990, Part IV, line 11	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	Iine 15.).	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) (a) Description of liability (b) Column (c) must equal Form 990, Part X, column (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Deferred rent	line 15.)m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Other Liabilities. Complete if the organization answered 'Yes' on For (a) Description of liability (1) Federal income taxes (2) Deferred rent (3)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B) Otal. (Column (b) must equal Form 990, Part X, column (B)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on For (a) Description of liability (1) Federal income taxes (2) Deferred rent (3) (4) (5) (6)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on For (a) Description of liability (1) Federal income taxes (2) Deferred rent (3) (4) (5) (6) (7)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Deferred rent (3) (4) (5) (6) (7) (8)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on For (a) Description of liability (1) Federal income taxes (2) Deferred rent (3) (4) (5) (6) (7)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Deferred rent (3) (4) (5) (6) (7) (8) (9)	line 15.). m 990, Part IV, line 11	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Desc. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on For (a) Description of liability (1) Federal income taxes (2) Deferred rent (3) (4) (5) (6) (7) (8) (9) 10)	line 15.)	(b) Book value

	74 3232	437 Tage 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,706,117.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	DOT THE	
a Net unrealized gains (losses) on investments	2.	
b Donated services and use of facilities	1.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	-80,921.
3 Subtract line 2e from line 1		3,787,038.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 13, 36	2.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	13,362.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,800,400.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	4,580,876.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		4,500,010.
a Donated services and use of facilities	1	
b Prior year adjustments		
c Other losses	10000	
c Other losses. 2c d Other (Describe in Part XIII.) 2d		
d Other (Describe in Part XIII.)	2e	102 851
d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d.		102,851.
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.		102,851. 4,478,025.
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	3 2.	4,478,025.
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	3 2.	

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The purpose of the organization's endowment funds is to provide support for the organization's operations.

Part X - FIN 48 Footnote

The Organization has evaluated its current tax positions as of December 31, 2018 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

n entered more than \$15,000 on Form 990-EZ, line 6

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Su	stainable Conservation					94-323243	37
Pa	Fundraising Activities. Completers Form 990-EZ filers are not re	ete if the organiz	ation answ	vered 'Yes'	on Form 990, Part IV, lin	ie 17.	
1		raised funds th	rough any	of the foll	owing activities, Check	all that apply.	
i	X Mail solicitations		,		X Solicitation of non		
ı	Internet and email solicitation	is			X Solicitation of gove	-	
(Phone solicitations			g	Special fundraising	gevents	
(X In-person solicitations						
28	Did the organization have a written	or oral agreemen	t with any	individual (i	including officers, directo	ors, trustees, or key	
	employees listed in Form 990, Pa of 'Yes,' list the 10 highest paid in	irt VII) or entity	in connec	tion with p	rofessional fundraising	services?	X Yes No
	compensated at least \$5,000 by t	he organization.	ides (idiic	raisers) pu	irsuant to agreements	under which the fundra	ser is to be
	NI-man and address of the training	1	(III) Did	I formalmain an		(v) Amount paid to	(vi) Amount paid to
(I	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	l fundraiser ody or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
				ributions?	non dounty	column (i)	organization
1	Kathleen Duich		Yes	No			
1	135 Fred Houghton Road Putney VT 05346	Dev. Consulting		x		0.200	
	ruchey vi 03346	Consulcing				9,200.	
2							
3							
3							
4							
5							
•							
6							
_				-			
7							
_							
8							
9							
10							
10							
Total		2002				9,200.	0.
3	List all states in which the organization licensing.	on is registered o	r licensed	to solicit co	entributions or has been i	notified it is exempt from	registration
	CA						

Schedule G (Form 990 or 990-EZ) 2018 Sustainable Conservation 94-3232437 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (d) Total events (add column (a) through column (c)) (c) Other events None REVENUE (event type) (event type) (total number) 1 Gross receipts. 2 Less: Contributions...... 3 Gross income (line 1 minus line 2)..... 4 Cash prizes..... 5 Noncash prizes DIRECT Rent/facility costs.... 7 Food and beverages EXPENSES 8 Entertainment 9 Other direct expenses. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming (add column (a) through column (c)) 1 Gross revenue..... 2 Cash prizes.......... DI PENSES Noncash prizes..... Rent/facility costs..... Other direct expenses. Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...... 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

Sch	edule G (Form 990 or 990-EZ) 2018 Sustainable Conservation 94	4-3232437	Page 3
	Does the organization conduct gaming activities with nonmembers?		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
40		9 90	
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility.		*
	b An outside facility		96
14	ther the flame and address of the person who prepares the organization's gaming/special events books and records:		
	Name •		
	Address •		
15 <i>a</i>	a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? \(\tag{Ye}\)	s No
ı	b If 'Yes,' enter the amount of gaming revenue received by the organization▶ \$ and the	e amount	
	of gaming revenue retained by the third party ► \$		
(c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address ►		i
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	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 or spent in the		اسا
_	organization's own exempt activities during the tax year ► \$		
Par	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, coluand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	ımns (iii) and additional	(v);

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Sustainable Conservation

Employer identification number

94-3232437

Pa	Part I Questions Regarding Compensation	1437		
			Yes	No
1	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Pa VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	art		
	First-class or charter travel Housing allowance or residence for personal to	use		
	Travel for companions Payments for business use of personal reside		14:16	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		The	
	Discretionary spending account Personal services (such as maid, chauffeur, c	hef)	A.	
	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	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
3	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 establish compensation of the CEO/Executive Director, but explain in Part III.	on to		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	1		
	X Form 990 of other organizations	ittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	a Receive a severance payment or change-of-control payment?	4a		Х
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
-	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	5a		Х
	b Any related organization?	5b		X
	If 'Yes' on line 5a or 5b, describe in Part III.			1631
	6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	a The organization?	6a		Х
	b Any related organization?	6b		X
	If 'Yes' on line 6a or 6b, describe in Part III.	50.03		166
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.	7		х
8		8		x
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			-
	section 53.4958-6(c)?	اها		

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

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

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

			of W-2 and/or 1099-MIS		(C) Retirement	(D) Nontaxable	(E) Total of	(E) Compensation
(A) Name and Title		() Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Ashley Boren	0	164,400.	0.	0.	8,500.	17,770.	190,670.	0
1 Executive Dir.	(ii)	0.	0.	0.	0.	0.	0.	0
Daniel Mountjoy	(i)	133,640.	0.	0.	6,700.	18,960.	159,300.	0
2 Dir Res Stewardshp	(ii)	0.	0.	0.	0.	0.	0.	0
•	0							
3	(ii)							
41	(i)							
4	(ii)							
-	(1)		·	- 				
5	(ii)							
•	0							
6	(ii)							
7	(0)							
	(ii)						1	
9	0							
8	(ii)						(4)	
9	0							
5	(ii)							
0	0							
U	(ii)							
1	(i)							
	(ii)							
2	0							
	(ii)							
3	0							
	(ii)							
4	0							
4	(ii)							
5	0							
7	(ii)							
6	(1)							
AA	(ii)		TEEA4102L 10/29/1					

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BAA

Schedule J (Form 990) 2018

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2018

Employer identification number

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Sustainable Conservation 94-3232437 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected
1	(a) Hame of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	▶\$	J
3	Enter the amount of tax, if any on line 2, above, reimbursed by the organization	b è	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	Relationship (c) Purpose of loan		an to or m the ization?	(e) Original principal amount	(f) Balance due	(g) In (iefault?	(h) Ap by bo comm	proved ard or nittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total			02000		> \$		Rea.		BY:	STE.		H.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
.(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring o zation' nues?
				Yes	No
(1) Steve McCormick	Board member	40,474.	Technical consulting		Х
(2)					
(3)					
(4)				1	
(5)				1	
(6)					
(7)					
(8)				1	
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Supplemental Information

The organization received technical consulting services from the Earth Genome, a not-for-profit organization. Steve McCormick, Sustainable Conservation's board member, is also the co-founder of the Earth Genome. Amount of transaction: \$40,474

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Sustainable Conservation
Part | Types of Property

Employer identification number 94-3232437

Га		ıyı	bes of Froperty							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	nod of	d) determi bution a	ning amounts
1	Art -	– Wo	orks of art							
2			storical treasures							
3			actional interests.				_			
4			nd publications					_		
5			and household goods.							
6			d other vehicles							
7			nd planes							
8			ual property							
9			s – Publicly traded	Х	7	43,332.	EMI			
10			s - Closely held stock			43,332.	T. T-I A			
11			s – Partnership, LLC, or trust interests.							
12			s - Miscellaneous							
13	Qual	lified	conservation contribution –							
14			conservation contribution — Other.							
15			ate – Residential					_		
16			ate - Commercial							
17			ate - Other							
18			les							
19			entory							
20			d medical supplies							
21			ıy							
22			l artifacts							
23	Scie	ntific	specimens							
24	Arch	eolo	gical artifacts							
25	Othe	r►	(Event supplies)	Х		774.	FMV			
26	Othe	r►). 1172							
27	Othe	r►). 222							
28	Othe	rÞ	()							
29	Numb	ber o	of Forms 8283 received by the organization de	uring the tax	vear for contributions for	which the				
	orga	nizat	tion completed Form 8283, Part IV, Done	e Acknowled	gement		29			
							-		Yes	No
30a	Durin	ia the	e year, did the organization receive by contril	oution any pro	operty reported in Part I.	lines 1 through 28 that				7/
	it mu	ıst h	old for at least three years from the date	of the initial	contribution, and which	n isn't required to be u	sed			
			pt purposes for the entire holding period?					30 a		X
			describe the arrangement in Part II.							
			organization have a gift acceptance police				ns?	31	X	
	nonc	ash	organization hire or use third parties or r contributions?	elated organ	izations to solicit, proc	ess, or sell		32 a		Х
		-, -	describe in Part II.					150		
33			anization didn't report an amount in colur in Part II.	nn (c) for a	type of property for wh	ich column (a) is chec	ked,			

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 Sustainable Conservation 94-3232437 Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Sustainable Conservation

94-3232437

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Sustainable Conservation helps California thrive by uniting people to solve the toughest challenges facing our land, air and water. Every day, we bring together businesses, landowners and government to steward the resources that we all depend on in ways that make economic sense.

Form 990, Part III, Line 1 - Organization Mission

Sustainable Conservation (the organization) partners with business, agriculture and government to find practical ways to protect California's land, air, and water through collaboration. The organization's work has spanned rural and urban environmental issues, ranging from improving water quality in dairy farming, to promoting the growing and selling of non-invasive plants in California's horticultural industry, to partnering with farmers in California's San Joaquin Valley on regional solutions for ensuring adequate groundwater supplies. The organization works with farmers to identify ways that producers can protect the environment, improve their bottom lines, and keep their land in production. The organization also works to overcome the time, complexity, and cost associated with habitat restoration projects on public and private land. Lastly, the organization works with business and regulatory agencies to ensure a more sustainable water supply for farming and communities.

Form 990, Part III, Line 4b - Program Service Accomplishments

Accelerating Restoration - We make it easier for landowners to steward natural resources. We work with government agencies to simplify the permitting process so landowners can complete projects that restore streams, rebuild habitat, and reduce soil erosion in a few months rather than a few years. A significant 2018 accomplishment was working with agency partners to develop a programmatic Biological

Form 990, Part III, Line 4b - Program Service Accomplishments

use to issue a programmatic Biological Opinion (BO). A BO like this one is an example of a "pre-developed" permit, which eliminate the need to write a brand-new permit for each project. Now, projects just need to qualify for the pre-written permit to be eligible for approval. This new permit means 20 different types of common restoration projects that might impact the endangered species NMFS is charged with protecting can now move forward more quickly without sacrificing any environmental protections.

Form 990, Part III, Line 4d - Other Program Services Description

Other

Form 990, Part VI, Line 11b - Form 990 Review Process

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 ratify the filing at the next board meeting.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization requests all board members to sign a conflict of interest statement once a year.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

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. The performance review process includes a self-review by the Executive Director, discussion with the committee and

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued) a discussion amongst the committee, then by the board. A written performance review is included in the personnel file of the Executive Director. The committee also reviews compensation information of comparable position 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 personnel file. Executive Director's last compensation review was in 2018.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization's governing documents, conflict of interest policy and financial statements are available to the public upon request.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)		(D)
		 Total	 Program Services	Management & General	_	Fund- raising
Fees for service Research & tech consulting		41,522. 500,815.	14,169. 500,815.	14,883.		12,470.
,	Total	\$ 542,337.	\$ 514,984.	\$ 14,883.	\$	12,470.

	Form 990-T	EX	empt Organ	nization E	3usi	ness in	come T	ax Return		OMB No. 15	45-0687
				proxy tax						201	0
			ir 2018 or other tax y							201	0
Dep	artment of the Treasury rnal Revenue Service		o to www.irs.gov							Open to Dublic In	constinu for
_	Theck box if	Do not	enter SSN numbers					nization is a 501(c)(Open to Public In 501(c)(3) Organiz	ations Only
Α	address changed			LI		changed and se	ee instructions	i.)	DE	mployer identificat Employees' trust, se structions.)	don number ∋e
	Exempt under section		Sustainabl 98 Battery			on					
	X 501(c)(3)	Or	San Franci			1			_	94-323243	
	408(e) 220(d	6)	Jun 11uno1	.500, 011	7411	-			E	I nrelated business See instructions.)	activity cod
	408A 530(i	a)									
C	Book value of all assets	E Group	exemption number	or /Soo inctrue	tions \						
•	at end of year		c organization typ								
-	F-1 th					c) corporation			401(a)		ther trust
Н	Enter the number of the trade or business he		s unrelated trades	or businesses	S.			Describe the only			
	If more than one, de		in the blank spa	ce at the end	of the	nrevious s	entence o	. It	only or	ne, complete F	arts I-V.
	for each additional tr	rade or busine	ss, then complete	e Parts III-V.	01 111	picvious s	ornence, c	omplete Farts 1	and n, c	ompiete a Sci	ledule W
1	During the tax year,	was the corpo	ration a subsidia	ry in an affilia	ted gr	oup or a pa	rent-subsi	diary controlled g	roup?	► Yes	□No
	If 'Yes,' enter the na							,	.,		Ш
J	The books are in care							Telephone numb	er ► 41	5-977-038	80
			usiness Incol	me		(A) Ir	come	(B) Expens		(C) No	
1	a Gross receipts or s	ales						12 12 13 13	E ST		F 72-57
	b Less returns and allowa	nces		c Balance►	1c						
2	•		•		2				15 4 4	1 1 1 1 1	S. 5. B
3											
	a Capital gain net ind								200		
	b Net gain (loss) (Form 47				4b						
_	c Capital loss deduct	tion for trusts			4c				lesile.		
Ð	Income (loss) from a (attach statement).	partnersnip or	an 5 corporation		5						
6	Rent income (Sche										
7	Unrelated debt-fina				7						
8	Interest, annuities, royal				8						
9	Investment income of a				9						
10	Exploited exempt a	ctivity income	(Schedule I)	99999999 · · · · · · · · · · · · · · ·	10						
11	Advertising income	(Schedule J).			11						
12	Other income (See	instructions; a	attach schedule).	30000000000000000000000000000000000000				River of Figure	TO BE		
					12						
	Total. Combine line										
Pa	rt II Deduction	s Not Take	n Elsewhere (See instru	ctions	s for limit	ations or	deductions.)	(Exce	pt for	
_	contributio	ns, deduction	ons must be d	lirectly con	necte	ed with the	e unrelat	ed business in	ncome	i.)	
14									14		
15	Salaries and wages										
16 17	Repairs and mainte										
18	Bad debts										
19	Interest (attach sch Taxes and licenses	ledule) (See III:	structions)		a. America	M		2222222	18		
20	Charitable contribut	tions (See inst	ructions for limits	tion rules)	ni nyaa	mg		*************			
21	Charitable contribut Depreciation (attack							********	20		
22	Less depreciation c										
23	Depletion								22b		
24	Contributions to def										
25	Employee benefit p								24		
26	Excess exempt exp								26		
27	Excess readership	costs (Schedul	e J)						27		
28	Other deductions (a	ittach schedule)				*:*:*:*:*:*:*:*:		28		
29	Total deductions. A	Add lines 14 th	rough 28						29		
30	Unrelated business	taxable incom	e before net ope	rating loss de	ductio	n. Subtract	line 29 fro	m line 13	30		
31	Deduction for net operation	ng loss arising in t	tax years beginning or	n or after January	1, 2018	(see instruction	ons)				SATE
32	Unrelated business	taxable incom	 e. Subtract line 3 	31 from line 3	0				32		

Pa	rt III	Total Unrelated Business Taxable Income				
33	Tota	of unrelated business taxable income computed from all unrelated trades	or businesses (see	9		
	ınstr	uctions)		.1101111111	33	0.
34 35	Amo	unts paid for disallowed fringes			34	21,667.
20	instr	uction for net operating loss arising in tax years beginning before January uctions)	1, 2018 (see		35	
36	Tota	of unrelated business taxable income before specific deduction. Subtract	line 35 from the su	m	33	
	of lin	es 33 and 34		332	36	21,667.
37	Spec	rific deduction (Generally \$1,000, but see line 37 instructions for exception	s)		37	1,000.
38	Unre	lated business taxable income. Subtract line 37 from line 36. If line 37 is	greater than line 36	5,		
Dat	+ IV	the smaller of zero or line 36.			38	20,667.
39		Tax Computation				
40	Trus	nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)ts Taxable at Trust Rates. See instructions for tax computation. Income ta	v on the emount		39	4,340.
70		ne 38 from: Tax rate schedule or Schedule D (Form 1041).			40	
41		y tax. See instructions			40	
42	Alter	native minimum tax (trusts only)	33333	6.6666	42	
43	Tax	on Noncompliant Facility Income. See instructions	2.22		43	
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	4,340.
Par		Tax and Payments			1]	4,540.
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
		r credits (see instructions)				
C	: Gene	eral business credit. Attach Form 3800 (see instructions)	45 c			
C	Credi	it for prior year minimum tax (attach Form 8801 or 8827)	45 d		1	
e	Total	credits. Add lines 45a through 45d		99	45 e	0.
46	Subti	ract line 45e from line 44			46	4,340.
4/	Other	r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	n 8866			
48	Total	tax. Add lines 46 and 47 (see instructions).	*****************	·····	47	
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column			48	4,340.
					49	
DU a	Payri 201Ω	nents: A 2017 overpayment credited to 2018estimated tax payments.	50 a			
	Tax c	leposited with Form 8868.	50 b			
d	l Forei	gn organizations: Tax paid or withheld at source (see instructions)	50 d			
		up withholding (see instructions)				
f	Credi	t for small employer health insurance premiums (attach Form 8941)				
g		credits, adjustments, and payments: Form 2439				
	_	orm 4136 Other Total •				
51	Total	payments. Add lines 50a through 50g			51	0.
52	Estin	nated tax penalty (see instructions). Check if Form 2220 is attached		►X	52	183.
53	Tax d	lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov	wed	1177	53	4,523.
54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter arr	nount overpaid.	00000 >	54	
		the amount of line 54 you want: Credited to 2019 estimated tax		efunded >	55	
Par	t VI	Statements Regarding Certain Activities and Other Inform	ation (see instruct	ions)		
56	At any	time during the 2018 calendar year, did the organization have an interest in or	a signature or other	authority over	er a	Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organize		file FinCEN	Form 114	4,
		t of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign		 -		
57	Durin	g the tax year, did the organization receive a distribution from, or was it the	e grantor of, or trar	isferor to, a	a foreign t	rust?.
		s, see instructions for other forms the organization may have to file.				
58	Enter	the amount of tax-exempt interest received or accrued during the tax year	\$.			
Sigr	,	Under penalties of perjury, I declare that I have examined this return, including accompanying schebelief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	edules and statements, an Ill information of which pre	d to the best of parer has any	r my knowled knowledge.	.ge and
Here) <u> </u>	Executive Di	r.	the preparer	discuss this return with shown below (see
		Signature of officer Date T	itle		instructions)?	X Yes No
Paid		Print/Type preparer's name Preparer's signature [Date (heck if	PTIN	
Paid Pre-		August Zajonc, CPA Huguit Coine	09/24/2040	elf-employed	P013	218603
pare		Firm's name Crosby & Kaneda CPAs LLP			N/A	
Use		Firm's address 1970 Broadway STE 930			,	
Only	/	Oakland, CA 94612	F	hone no.	(510)	835-2727
ЗАА		TEFA0202I 01/24/19				Form 900 T (2019)

· / 5 0 0 0 0 0 1 1 1	COLLO COLLO	or vacr	V11					74	-3Z32	431	raye
Schedule A — Cost of Goo	ods Sold. Ent	er metho	d of inv	ventory valua	ation						
1 Inventory at beginning of ye		1			6		torv at	end of year	6		
2 Purchases		2			7			ds sold. Subtract			
3 Cost of labor		3			1	line 6	from li	ine 5. Enter here			
4 a Additional section 263A costs (atta						and ir	Part I	, line 2	7		
		4a									Yes No
b Other costs		4 b			8	Do the	e rules	of section 263A (wit	h respe	ect to	
(attach sch)	1b	5	_	-	1	prope to the	organi	duced or acquired fo zation?	r rèsale	e) apply	
Schedule C - Rent Incom		l Prope	rty an	nd Persona	al Pr						structions)
1 Description of property									-) (000 m)	20000000
(1)											
(2)											
(3)											
(4)											
	2 Rent receive	ed or acci	rued								
(a) From personal prop (if the percentage of rent fo property is more than 10% more than 50%)	r personal	(if th	ne perc perty ex	real and pers centage of re xceeds 50%	nt for or if t	persor ne rent	nal	3(a) Deductions the income in (atta	s direct columi ach sch	is 2(a) and	ed with d 2(b)
(1)			Daset	d on profit or	meoi	ne)					
(2)					_						
(3)											
(4)											
Total		Total									
								(b) Total deductions. E	nter		
(c) Total income. Add totals of co here and on page 1, Part I, line 6	, column (A)							here and on page 1, Part I, line 6, column (B)			
Schedule E — Unrelated De	ebt-Finance	d Incom	e (see	instructions)						
1 Description of debt	financed prope	ertv		2 Gross inc			3 De	ductions directly cor debt-finan	nected ced pro	with or al perty	locable to
,				financed			depre	(a) Straight line eciation (attach sch)	(b)	Other dec	
(1)											
(2)									1		
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average ad or allocable to property (att	debt-fina	anced	6 Colu divide colur	ed by			7 Gross income ortable (column 2 x column 6)	l (cc	locable de blumn 6 x : mns 3(a) a	total of
(1)						%					
(2)						%					
(3)						%					
(4)						%					
				•			Enter Part I	here and on page 1, line 7, column (A).	Enter Part I	here and o	on page 1, olumn (B).
Totals						-900					
Total dividends-received deduction	ons included in	column 8	3533					errecensus			
BAA			TE	EA0203L 01/30	/19				1	Form 99	0-T (2018)

Schedule F - Interest, A	IIIIuiu			_			Orga	nizations	(see in	nstruction	is)	
1 Name of controlled	2.0	Employer	Exempt Controlled Organizations 3 Net unrelated 4 Total of specified 5 Part of column 4 6 Deductions directly									
		ntification number	3 Net unrelated income (loss) (see instructions)		pa	4 Total of specific payments made				in in	Deductions directly connected with ncome in column 5	
(1)										-		
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	ations											
ind		et unrelated come (loss) instructions)		9 Total of specified payments made		10 Part of colun included in the organization's gr		e controlling		connecte	ctions directly ed with income olumn 10	
(1)		·							+-			
(2)					_				+-	_		
(3)									-			
(4)									+			
Totals.		¥83			he	re and on 8, co	page 1 olumn (,	here	e and on 8, co	s 6 and 11. Enter page 1, Part I, line blumn (B).	
Schedule G – Investmen	it Inco	me of a Sec	tion 501	(c)(7), (9), or (17) Orga	nizati	on (see ins	truction	ns)		
1 Description of income		2 Amount of income		dire	B Deduct ectly cor	eductions		4 Set-asides attach schedule)		5 Total deductions and set-asides (column 3 plus column 4)		
(1)				,						P	40 001011111 47	
(2)												
(3)												
(4)												
Totals.	.,. ▶	Enter here and Part I, line 9, o	column (A)		n Adv	orticina	Incom			Part I, I	ere and on page 1 ine 9, column (B).	
Schedule I — Exploited Exempt 1 Description of exploited activity		2 Gross unrelated business income from		nses directly lected with oduction unrelated ess income	4 Net in from un or busin 2 minus	Net income (loss) rom unrelated trade r business (column minus column 3). If a gain, compute olumns 5 through 7.		5 Gross income from		s) penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)					_							
(2)					-							
(3)												
(4)												
Totals ▶		on page 1, on p Part I, line 10, Part		here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26.	
Schedule J — Advertising	Incor	MO (see inetru	otiona\			TWING			00 00	1100		
Part I Income From Per				maalida	tod De	- la						
ait income Flori Fei	iodica										1.	
1 Name of periodical		2 Gross advertising income	g adv	Direct ertising osts	(loss) (Advertising gain or loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5 Circulation income		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).	
(1)					1000						PARTIE CHAIR	
(2)												
(3)					13-79	The state of						
(4)					100000							
Totals (carry to Part II, line (5))		<u> </u>										
BAA			TF	EA0204 L	12/31/18			- ht-			orm 990-T (2018)	

BAA

Total. Enter here and on page 1, Part II, line 14.

왕

Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).	
(1)			3,049,1171				
(2) (3) (4)							
(3)							
(4)							
Totals from Part I							
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1- 5) ▶							
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	istees (see instru	ictions)		-	
. 1 Name		2 Title				sation attributable lated business	
				%			
				%			
				8			

TEEA0204 L 12/31/18

Form 2220

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations ► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

2018

Sustainable Conservation 94-3232437 Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Required Annual Payment 1 Total tax (see instructions)..... 1 4,340. 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1..... 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income 2b c Credit for federal tax paid on fuels (see instructions)..... 2 c d Total. Add lines 2a through 2c..... 2d3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty..... 3 4,340. Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. 4 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3..... 4,340. Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must Part II file Form 2220 even if it does not owe a penalty. See instructions. The corporation is using the adjusted seasonal installment method. 6 7 The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III Figuring the Underpayment (a) (b) (c) (d) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year....... 9 4/15/18 6/15/18 9/15/18 12/15/18 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter If none of these boxes are checked, enter 25% (0.25) 10 1,085. 1,085 1,085 1,085. 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions..... 11 Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 12 13 Add lines 11 and 12 13 14 Add amounts on lines 16 and 17 of the preceding column 14 1,085 3,255. 2,170 Subtract line 14 from line 13. If zero or less, enter -0-.... 15 15 0. 0 0 0. 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-..... 16 1,085 2,170 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of 17 1,085 1,085 1,085 1,085. Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column... 18

BAA For Paperwork Reduction Act Notice, see separate instructions.

183.

Form 2220 (2018)

Part IV | Figuring the Penalty (b) (d) (a) (c) Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th 5/15/19 19 5/15/19 5/15/19 5/15/19 month instead of 4th month.) See instructions... Number of days from due date of installment on line 9 to the date shown on line 19...... 20 395 334 242 151 Number of days on line 20 after 4/15/2018 and before 7/1/2018..... 21 76 15 Number of days 22 Underpayment × 5% (0.05) on line 21 on line 17 365 22 2.23 11.30 23 Number of days on line 20 after 6/30/2018 and before 10/1/2018......... 92 23 92 15 Number of days 24 Underpayment × 5% (0.05) on line 23 on line 17 2.23 24 13.67 13.67 Number of days on line 20 after 9/30/2018 and 92 92 92 16 before 1/1/2019.... 25 Number of days 26 Underpayment x × 5% (0.05) on line 25 on line 17 365 13.67 2.38 26 13.67 13.67 Number of days on line 20 after 12/31/2018 and 90 before 4/1/2019..... 27 90 90 90 Number of days 28 Underpayment × 6% (0.06) on line 27 365 28 16.05 16.05 16.05 16.05 29 Number of days on line 20 after 3/31/2019 and before 7/1/2019.... 45 45 29 45 45 Number of days 30 Underpayment on line 29 6 *% on line 17 365 30 8.03 8.03 8.03 8.03 31 Number of days on line 20 after 6/30/2019 and before 10/1/2019..... 31 Number of days 32 Underpayment on line 31 on line 17 32 365 Number of days on line 20 after 9/30/2019 and 33 before 1/1/2020..... Number of days 34 Underpayment on line 33 on line 17 34 35 Number of days on line 20 after 12/31/2019 and before 3/16/2020..... 35 Number of days Underpayment on line 35 X on line 17 366 36 39.98 37 62.72 26.46 53.65 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the

CPCZ0312L 01/10/19

comparable line for other income tax returns

BAA

^{*}Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.