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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

_			2009 calenda	r vear.	or tax year beginning , 2009, and ending				, 20
			1	Please	C Name of organization	D Emp	loyer id	entific	cation number
Ō		use IRS Advanced Concervation Strategies							02778
Ӧ		e chan	•	label or print or	Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Tele	phone n		
		returr		type.	PO Box 1201	1	61	7-22	7-9768
		Inated		See Specific	City or town, state or country, and ZIP + 4	F C==			
H		nded n		Instruc- tions.	•		up Exe nber ≢	-	л
브			pending		Midway, UT 84049				O
	• 5	ecti	on 501(c)(3)			-		(V)	Cash Accrual
_				a con		er (specify			
								•	ization is not
	Web							ched	ule B (Form 990,
<u>J</u>	Tax-	exer			,, 6.13, 12 15 16, () ,	-EZ, or 99			
K	Chec				ation is not a section 509(a)(3) supporting organization and its gross receipts are urn is not required, but if the organization chooses to file a return, be sure to fi				ıan \$25,000. A
_					9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 99		• ¢		38551
	art				enses, and Changes in Net Assets or Fund Balances (See th		ections	for	
	_					11000	1		38551
	1				s, grants, and similar amounts received		1		30331
		2	-		evenue including government fees and contracts		2		
5	3	-			and assessments		3		
= 5	4	_	Investment		1 1		4		
J	5	5a			n sale of assets other than inventory		-		
Ħ		b			r basis and sales expenses		4_ 1		
٧.	.	С			sale of assets other than inventory (Subtract line 5b from line 5a) .		5c		
֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	<u> </u>	6			vities (complete applicable parts of Schedule G). If any amount is from gaming, check he	re▶ ∐			
OE.I		а	Gross reve	nue (no	t including \$ of contributions				
ے م	<u> </u>		reported or	n line 1	ses other than fundraising expenses 6b		4		
		b	Less: direc	.					
<u> </u>		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							
2	7	7a	Gross sale	s of inv	entory, less returns and allowances		.		
Ę	i	b	Less: cost	_					
	İ	C	Gross prof	it or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)		7c		
•0	8	В	Other reve	nue (de	scribe ▶)	8		
_	9	9	Total reve	nue. A	ld lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> ▶</u>	9		38551
	10	0	Grants and	d simila	amounts paid (attach schedule)	 ,	10		
	11	1	Benefits pa	aid to o	for members RECEIVED		11		
9	g 12	2	Salaries, o	ther co	npensation, and employee benefits	اں 	12		15565
Š	∮ 1:	3	Profession	al fees	npensation, and employee benefits	. &	13		22095
T V	<u>}</u> 14	4	Occupanc	y, rent,	utilities, and maintenance	080-8	14		
ù	1 1			-	ons, postage, and shipping	<u> </u>	15		
	10	6	Other expe	enses (e	lescribe OGDEN U)	16		1002
	17	7_	Total expe	enses.	Add lines 10 through 16		17		38662
_	, 18	8			for the year (Subtract line 17 from line 9)		18		-111
ģ	ğ 19	9			d balances at beginning of year (from line 27, column (A)) (must agr				
Š	Ž		end-of-yea	ar figure	reported on prior year's return)		19		239
Not Accepte	2	0	Other char	nges in	net assets or fund balances (attach explanation)		20		
2	2	1	Net assets	or fund	balances at end of year. Combine lines 18 through 20	▶	21		128
	Part		Balance	e Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more, file F	orm 990) instea	ad o	Form 990-EZ.
						Beginning o			(B) End of year
2	22	Ca	sh, savinas	, and ir	vestments		239	22	128
	_ 23		_				-	23	
	24				e ▶			24	
	25	To	tal assets				239	-	128
	26	_						26	• • •
	- 	No	t accete or	fund l	ribe ►))		230	_	128

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Cat. No 106421

Page	2

Form	QQn.	.F7	(2009)
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rom :	990-EZ (2009)					Page Z
Par	t III Statement of Program Service Accom	plishments (See the instru	uctions for Part III	.)		Expenses
Wha		Preserve and protect the nat				ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear an	d concise		(3) and 501(c)(4)
manı	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant infor	mation for		zations and section a)(1) trusts, optional
each	program title.	-			tor ott	
28	ACS has developed a framework that leverages debt	investment as a tool for valu	e transfer in biodiv	ersity con		
	servation; is selected as 1 of 20 finalists in the Market					
	Competition sponsored by the Gates Foundation, We				1	
		includes foreign grants, che			28a	37660
29	See our Web site for more detail on these and other		SORTIOIO			
25	See our web site for more detail on these and other	projecta				
	(Create C) If this amount	ıncludes foreign grants, che	ook hara	► □	29a	
				· • L.	ZSa	
30						
	(O	in all relations are about			200	
04		includes foreign grants, che		<u>. ► ⊔</u>	30a	
31	Other program services (attach schedule)				24.	
20	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign grants, che		<u>. ▶ ⊔</u>	31a 32	
	List of Officers, Directors, Trustees, and Key	Fmnlovees List each one or	ven if not compense	ted (See the		tions for Part IV)
Га	LIST OF OTHICE'S, Directors, Trustees, and Rej	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	
C 16	esh Donlan, Ili, PhD	devoted to position	enter -0,	deletion compe	isauon	Outer anowances
	anyon Crest Dr, Victor, ID 83455	President, 20+ hours/week	15,565		-0-	-0-
	anyon Crest Dr. Victor, ID 63433		13,303		-	
	6 Arboroak PI, Herndon, VA 20170	Director, < 2 hours/week	-0-		-0-	-0-
				_		
	y Greene nell Univ EEB, Corson Hall, Ithaca, NY 15851	Director, < 2 hours/week	-0-		-0-	-0-
	W Lohwater					
	Hillside Way, Williamsburg, VA 23185	Secretary, < 2 hours/week	-0-		-0-	-0-
	nie Tershy	<u> </u>				
	Shaffer Rd, Santa Cruz, CA 96050	Director, < 2 hours/week	-0-		-0-	-0-
100	Sitalier Nu, Salita Cruz, CA 90030					
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rait	Other information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	34_		
а	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		-	1
	6033(e) notice, reporting, and proxy tax requirements?	35a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b]	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	į		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		1	1
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		İ	✓
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь	İ	`
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			1
_	reimbursed by the organization	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Virginia	100	·	
42a		507-22	7-976	8
	Located at ▶ PO Box 1201, Midway, Utah ZIP + 4 ▶		049	
h	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		Yes	No
	account)?	42b	1.00	7
	If "Yes," enter the name of the foreign country: ▶	1		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
v	If "Yes," enter the name of the foreign country:	720	<u> </u>	▼
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year		• '	- L
	43			
			Vac	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		168	140
**	Form 990-EZ		l	/
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	-	- ✓
70	"Yes," Form 990 must be completed instead of Form 990-EZ			,
	100, 10m 000 must be completed instead of Form 990-LZ	45	11	L ₹

Form	agn.	.F7	(2000

Page 4

rait VI	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	947(a)(1) nonexempt (onexempt charitable tr	cnantab usts mus	l e trusts only. A it answer questio	ll sect ns 46	ion -49t)
	Did the organization engage in direct or indire						Yes	No
С	candidates for-public office? If "Yes," complete	e Schedule C, Part I .				46		√
	Did the organization engage in lobbying activiti				:	47		✓
48 Is	s the organization a school as described in sect	tion 170(b)(1)(A)(ii)? If "Ye	s," complete	Schedule	E	48		✓
	9a Did the organization make any transfers to an exempt non-charitable related organization?							✓
	f "Yes," was the related organization a section					49b		
	Complete this table for the organization's five							
е	employees) who each received more than \$100			nization. I	If there is none, entitle (d) Contributions to			
((a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) con	npersauori	employee benefit plans & deferred compensation	àcc	Expeni ount a allowa	nd
None								
	otal number of other employees paid over \$10				J	l.,		
None	(a) Name and address of each independent contract	or paid more than \$100,000		(b) Ty	pe of service	(c) Con	pensa	tion
								
d T	Total number of other independent contractors	s each receiving over \$1	00,000	>	L			
	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete Declaration	nned this return, including acco	mpanying scheder) is based on a	tules and sta Il information	tements, and to the bes	st of my any kno	knowle wledge	edge e
Sign Here	Karlw Lokwate				8-16-20	10		
	Signature of officer Karl W Lohwater, Secretary Type or print name and title				Date			
Paid Preparer	Preparer's signature	Dat	i setf-	ck if oloyed ▶ ☐	Preparer's identifying nur	nber (See	instruc	tions)
Use Only	Firm's name (or			EII Pt	N ►			
May the	IRS discuss this return with the preparer show	wn above? See instructi	ons		▶ [Yes m 990		No (2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Advanced Conservation Strategies 20 400278 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 🗹 An organization that normally receives: (1) more than 33½ % 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 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b ☐ Type II c Type III-Functionally integrated e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes No Yes No

Total

Schedule	A (Form	990 or	990-F71	2009

Page 2

Pai	(Complete only if you chec	anizations I ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b))(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	···	<u> </u>			ļ	
5 6	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). Public support. Subtract line 5 from line 4						
	tion B. Total Support		<u> </u>		<u></u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1,7,2,5	(4)	1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				tion 501(c)(3)
	tion C. Computation of Public Su			 		1	
14	Public support percentage for 2009 (line	• • •	•	1, column (f))		15	<u>%</u> %
15	Public support percentage from 2008 Sci		· · ·				
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						neck this box
h	33% % support test—2008. If the organization		- · · ·				
b	box and stop here. The organization qua					33/3 /0 01 1110	□
17a	10%-facts-and-circumstances test — 20					r 16b, and line	–
	more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pa	art IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circur inces" test. The	nstances" test, e organization qu	check this box a alifies as a public	and stop here . cly supported or	Explain in Parganization .	art IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

500	tion A. Public Support	d the box c	on line 9 of Par	(1.)			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(f) Total
0.	icidal year (or necal year beginning in)	(a) 2003	(b) 2000	(6) 2001	(u) 2008	(e) 2009	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include		No activities	53095	40466	38551	132112
2	any "unusual grants.")		No activities	33093	40400	36331	132112
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	, , ,						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-			<u></u>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
	ıts behalf		 				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		No activities	53095	40466	38551	132112
_	Amounts included on lines 1, 2, and 3						
10	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		1				
	amount on line 13 for the year		1				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						132112
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		No activities	53095	40466	93560	132111
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		No activities	11	1	1	13
							
D	Unrelated business taxable income (less section 511 taxes) from businesses		[]				
	acquired after June 30, 1975						
С	Add lines 10a and 10b		No Activities	11	1	1	13
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		 				
13	Total support. (Add lines 9, 10c, 11, and 12.)		No activities	53106	40467	93561	132124
14	First five years. If the Form 990 is for the organization, check this box and stop it		on's first, secon				n 501(c)(3) ▶ ☑
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line	e 8, column (f) divided by line	3, column (1	0)	15	100 %
16	Public support percentage from 2008 S	chedule A, P	art III, line 15			16	100 %
Sec	tion D. Computation of Investmen	t Income P	ercentage				
17	Investment income percentage for 2009	(line 10c, co	olumn (f) divided	by line 13, co	lumn (f)) .	17	0 %
18	Investment income percentage from 20	08 Schedule	A, Part III, line 1	7		18	0 %
19a	33\% % support tests - 2009. If the orga 17 is not more than 33\% %, check this bo						
b	33\% % support tests—2008. If the organiline 18 is not more than 33\% %, check this	zation did not	check a box on	line 14 or line 1	9a, and line 10	6 is more than 3	3% %, and
20	Private foundation. If the organization of		-	•	•		

Part II Supplemental Information. Complete this part to provide the explanations required by Part II, line 10: Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.		1 OINT 930 OF 930-EZ) 2009		····			Page 4
	Part IV	Supplemental Information. Co Part II, line 17a or 17b; and Part	omplete this irt III, line 12.	part to provide Provide any oth	the explanations re ner additional infor	equired by Par mation. See in	rt II, line 10; structions.
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		***************************************	- * > = - = * = = = = = = = = = = = = = = = =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************	
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