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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u>A</u>	For the	2013 cale	endar year, or tax year beginning , 2013, and endin	ng		, 20				
В	Check if a	pplicable	C Name of organization ADVANCED CONSERVATION STRATEGIES		D Employ	er identification nu	ımber			
	Address o	hange	Doing Business As		20-4002778					
	Name cha	inge	Number and street (or P.O box if mail is not delivered to street address) Room/su	ııte	E Telepho	ne number				
	Initial retu	rn	PO BOX 1201	617-227-9768						
	Terminate	d	City or town, state or province, country, and ZIP or foreign postal code							
	Amended	return	MIDWAY, UT 84049		G Gross re	eceipts \$	181,946			
	Applicatio	n pending	F Name and address of principal officer SAME AS C ABOVE	H(a) Is this a gi	roup return for	subordinates? Yes				
	, ,	, ,		1	•	s included? Yes				
$\overline{}$	Tax-exem	pt status	✓ 501(c)(3)			a list (see instructio				
J	Website:		W.ADVANCEDCONSERVATION.ORG	H(c) Group	exemption	number >				
K	Form of or		✓ Corporation Trust Association Other ► L Year of format			of legal domicile	VA			
_P	art_l_	Summ								
			secribe the organization's mission or most significant activities:							
Ф	1		/E AND PROTECT THE NATURAL ENVIRONMENT							
Governance	ļ <u>:</u>		TO THE TWO I COUNTY OF THE WAY OF THE TAXABLE TO TH							
Ē	2 (Check th	is box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets				
ŏ	1		of voting members of the governing body (Part VI, line 1a)				5			
ంర	1		of independent voting members of the governing body (Part VI, line 1b)							
es	1		mber of individuals employed in calendar year 2013 (Part V, line 2a)		5					
<u>₹</u>	1		mber of volunteers (estimate if necessary)		6	-				
200 tities	1		elated business revenue from Part VIII, column (C), line 12		7a					
	1		lated business taxable income from Form 990-T, line 34		7b		<u>`</u>			
29 _		101 011101	according to the month of the control of the contro	Prior Ye		Current Ye	ar			
=	8 (Contribut	tions and grants (Part VIII, line 1h)		230,251		181,851			
T S	I		service revenue (Part VIII, line 2g)		230,231		160,101			
	1	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		160		95			
			venue (0		33			
Expenses SCAMINER & S			enue add lines 8 through 15 (must equal Part VIII, column (A), line 12)		230,411		181,946			
Z	13 (Grants a	similar amounts paid (Pas IX, column (A), lines 1–3)	· · · · -	0		101,340			
S	14	Renefits	gaid to or or members (Para X, column (A), line 4)		0					
Š	15	Salaries	other-compensation, employed benefits (Part IX, column (A), lines 5–10)		81,296		79,500			
Se			onal function tees Part IX, column (A), line 11e)		01,230	<u>-</u> .	79,300			
Del			· · · · · · · · · · · · · · · · · · ·	 	- 0					
Ä			draising expenses (Part IX, column (D), line 25) ► penses (Part IX, column (A), lines 11a–11d, 11f–24e)	···	98,050		85,404			
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		179,346		164,904			
		•	less expenses. Subtract line 18 from line 12		51,065		16,947			
- 2		10101140		Beginning of Cu		End of Yea				
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		99,537		116 500			
Ass Bat	21		ulities (Part X, line 26)		99,557		116,580			
E Set	22		ts or fund balances. Subtract line 21 from line 20		99,537		116,580			
	art II		ture Block		33,337		110,300			
			ry, I declare that I have examined this return, including accompanying schedules and state	monto and to th	no boot of r	mu kasuladas aad	haliaf it is			
			lete Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and	Deller, it is			
		1								
Sig	an l	Sign	ature of officer	Dat	te					
Here			Kad w Likewater		8-15	1-2014				
		Type	or print name and title KARL W LOHWATER, SECRET	ARV						
				ate	[c r	PTIN				
Pa					Check self-emp					
	eparer		ame •	E	's EIN ▶					
US	e Only		ddress •		ne no					
Ma	v the IRS		s this return with the preparer shown above? (see instructions)		110	Tyes	No			
_				lo 11282Y			90 (2013)			





Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	PRESERVE AND PROTECT THE NATURAL ENVIRONMENT
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 77,456 including grants of \$) (Revenue \$)
	LED THE DESIGN AND PILOTING OF A BIODIVERSIT INCENTIVE PROGRAM FOR SMALL-SCHALE CHILEAN FISHERMEN.
	THE PROGRAM PAYS FISHING CO-OPERATIVES AN ANNUAL FEE FOR ESTABLISHING NO-TAKE AREAS WITHIN THEIR FISHING
	GROUNDS. IMPLEMENTED AN ANTI-POACHING ENFORCEMENT PROGRAM.
	•
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$ 23,297 including grants of \$) (Revenue \$)
	CONDUCTED A REVIEW AND ANALYSIS TO SCOPE THE DESIGN OF AN INVESTMENT FUND THAT SUPORTS FOR-PROFIT
	BIODIVERSITY CONSERVATION VENTURES AND ENVIRONMENTAL ENTREPRENEURISM.
	······
	······
4c	(Code:) (Expenses \$ 23,041 including grants of \$) (Revenue \$)
70	CO-LED A STUDY IN TIERRA DEL FUEGO (ARGENTINA AND CHILE) TO INVESTIGATE THE IMPACT OF INVASIVE BEAVERS ON
	CARBON SEQESTRATION ACROSS THE LANDSCAPE AND TO DOCUMENT RANCHERS' PRECEPTIONS OF INVASIVE BEAVERS
	AND THEIR POTENTIAL IMPACTS ON LIVELIHOODS.
	AND THEIR POTENTIAL INFRACTS ON LIVELINGOUS.
	······································
	·
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ 26,331 including grants of \$) (Revenue \$)
4e	Total program service expenses
	TOTAL DIOGRAM OUT TOO ORDOTTOO F

	90 (2013)		1	age
Part	V 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 Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	✓	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		▼
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	=	✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
р	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		1
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		√
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		\
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
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		\
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) 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		1
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		1
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 so, complete Schedule L, Part II	26		1
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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
	Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		\
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	1	

Form 99 Part				Page
	Check if Schedule O contains a response or note to any line in this Part V			. г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	}		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Ė
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
6a	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			i -
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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 and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Ĺ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter: Gróss income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	į		
	āgāinst āmounts due or réceived from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a

14b

13b

13c

	D (2013)			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>. Ц</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5		163	100
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	}		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4			i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
_	stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ĺ
а	The governing body?	8a	✓ .	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ada 1	✓
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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?	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓
15	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?		·	ſ
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		-	
C4	organization's exempt status with respect to such arrangements?	16b		
Section 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: C JOSH DONLAN, III, PhD, 96 CANYON CREST DR, VICTOR, ID 83455	of the		
	O JOSH DONEAR, III, FIID, 30 CARTOR CREST DR, VICTOR, ID 03433			

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Pai	ae	1

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)			Position				(D)	(E)	(F)
Name and Title	Average					than one sout		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	익호	5	Q	~	≗≖	7	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	e dia	क	7	큠	st co	4	(W-2/1099-MISC)	ļ ·	organization
	below dotted line)	~ <u>₹</u>	at		oye	ğ				and related organizations
		stee	ust			ens				organizations
			8			Highest compensated employee				
(1) C JOSH DONLAN, III, PhD	20+							ļ		
96 CANYON CREST DR, VICTOR, ID 83455		1	<u> </u>	1	<u></u>		<u> </u>	79,500	0	
(2) RICHARD M DONLAN	<2	[1		
1106 ARBOROAK PL, HERNDON, VA 20170		✓	ļ		<u> </u>			0	0	
(3) HARRY GREENE	<2		-							
CORNEL UNIV, CORSON HALL, ITICA, NY 15851		/			<u> </u>		<u> </u>	0	0	(
(4) KARL W LOHWATER	<2							ļ		
5331 HILLSIDE WAY, WILLIAMSBURG, VA 23185		/	<u> </u>	✓	_		<u> </u>	0	0	
(5) BERNIE TERSHY	<2									
100 SHAFFER RD, SANTA CRUZ, CA 96050		/	<u> </u>	_				0	0	(
(6)	ļ									
	<u> </u>	ļ	ļ.,				<u> </u>			
(7)	ļ	ļ								
(0)	ļ		-	_						
(8)							l			
(0)		<u> </u>					-			
(9)	 									
(10)			 		-		 			· · · · · · · · · · · · · · · · · · ·
(10)	 -									
(11)			\vdash	 	┢	<u> </u>				
S::/		:								
(12)										
	†						}			
(13)										
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(14)										
	†	ı	1	l l	1	l	1	Į.	l .	

	Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is bo officer and a director/tru					one n an tee)	an Reportable compensation	(E) Reportable compensation frelated organizations	ole on from	Est am	(F) imated ount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	1	ons	comp fro orga and	pensation om the inization related nizations	
(15)						-	4							
(16)														
(17)														
(18)								-						
(19)														
(20)													<u> </u>	
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	•						>	79,500		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received me	ore than \$1		of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc						mp	loyee, or high	est compe	ensated	3	Yes N	No.
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	dıvıdual 			
Section	on B. Independent Contractors				•								<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													
	(A) Name and business add	ress							(B) Description of s	ervices	,	(C) Compens		
NONE												_		
						-								
			··	•					· · · · · · · · · · · · · · · · · · ·					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Form 9	990 (201:	3)						Page 9
Par	t VIII	Statement of Reve	enue					
		Check if Schedule C) contains a resp	oonse or note to	any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (cor All other contributions, g and similar amounts not in	tributions) 1b 1c 1d 1d 1d 1e 1tributions, grants,			revenue		512-514
Contrib	g h	Noncash contributions include Total. Add lines 1a-1	ded in lines 1ā-1f: \$		181,851			
Program Service Revenue	2a b c d e f	All other program ser	vice revenue .	Business Code				
	3 4 5	Investment income and other similar amount income from investmen Royalties	(including divide bunts)	ends, interest,	95			95
	6a b c d 7a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (Gross amount from sales of assets other than inventory Less cost or other basis		(ii) Personal				
	c	and sales expenses . Gain or (loss)		>				,
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c).					
Othe	b c 9a b	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 Less: direct expenses	rom fundraising aming activities.	events . ▶			(
	c 10a b	Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s	rom gaming activities less less less less less less less l					
	11a b c	Net income or (loss) f	evenue	Business Code				
	d e 12	All other revenue . Total. Add lines 11a- Total revenue. See in	11d	•	181.946			95

Partix	Statement of	runctional Ex	penses				
ection 501	(c)(3) and 501(c)(4) organizations	must complete all colum	ns All other o	rganizations n	nust complete c	olumn (A)

Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , 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 governments and organizations in the United States. See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members	79,500	71,550	7,950			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9 10 11 a b	Other employee benefits						
c d e f g	Accounting						
12	Advertising and promotion						
13 14	Office expenses	1,233 5,703	1,110 5,133	123 570	 		
15	Royalties	5,7.00	0,100	0.0			
16	Occupancy						
17	Travel	17,084	15,376	1,708			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .	436		436			
20 21	Interest						
22	Depreciation, depletion, and amortization .				·		
23	Insurance						
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.)						
а	PROGRAM-RELATED EXPENSES	60,948	60,948				
b							
C							
d	All all and an analysis						
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	40.00	47.7.7				
25 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 following SOP 98-2 (ASC 958-720)	164,904	154,117	10,787			

Form 990 (2013) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 2 Savings and temporary cash investments 2 99,537 116,580 3 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 7 8 Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities, See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 99,537 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 99,537 27 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and

complete lines 30 through 34.

30

31

32

33

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

116,580

116,580

30

31

32

33

34

99,537

99,537

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1		18	31,947
2	Total expenses (must equal Part IX, column (A), line 25)	2			64,904
3	Revenue less expenses. Subtract line 2 from line 1	3			7,043
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	9,537
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		11	6,580
Part	, J				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain in	1 1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			,
	reviewed on a separate basis, consolidated basis, or both:		1 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	-	ز
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			,
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				- '
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accounts				
	•		2c		 ,
	If the organization changed either its oversight process or selection process during the tax year, explanation of the second sec	am m			,
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
3a	the Single Audit Act and OMB Circular A-133?	141 111	2-		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	3a		✓
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud		1		
	- required audit of audits, explain why in Schedule C and describe any steps taken to underdo such aud	IIIS.	3b		

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

101110	or the organization						١.	Employer	tenuncano	ii number	
	NCED CONSERVA	TION STRATEGIE	S						20-40	02778	
Par	ti Reason 1	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pai	rt.) See ı	nstructio	ons.	
he c	organization is not	a private founda	ition because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)			
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).		
2	☐ A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Schedi	ule E.)						
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in	section 1	170(b)(1)((A)(iii).			
4		earch organizatione, city, and state	on operated in conjunct:	ction with	a hospit	al descrii	oed in se	ction 170	D(b)(1)(A)	(iii). Enter t	he
5		on operated for b)(1)(A)(iv). (Com	the benefit of a collegible plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit des	cribed in
6 7	☐ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nit or fron	n the gener	al public
8	☐ A community	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	ırt II.)					
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt funct into income and unrelater June 30, 1975. See	an 33¹/₃% ions—sul lated bus	of its subject to disiness ta	upport fro certain ex xable inc	ceptions come (les	s, and (2) ss sectio	no more	e than 331/3	% of its
10	☐ An organization	on organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).		
11 e	☐ An organization purposes of constant purposes of	on organized and one or more public the box that one box that one box, I certify undation manage	nd operated exclusive elicly supported organ describes the type of	ely for th nizations supportin I-Function is not con	e benefi described g organiz nally inter ntrolled d	t of, to post of in sect transfer and transf	perform to the following the following to the following t	the funct a)(1) or set te lines 1 Type III-N y by one	ions of, ection 50 1e through lon-funct or more	9(a)(2). See gh 11h. tionally integ disqualified	section grated persons
f	If the organiz	ation received a	written determination	on from t	he IRS t	hat it is	а Туре	l, Type l	I, or Typ	e III suppo	orting
	-	check this box .									🗆
g	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	!		
			ndirectly controls, eithody of the supported of							nd Y 11g(i)	es No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	
		•	a person described in							11g(iii)	
h	* *	•	on about the supporte							[2:30:7]	
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o in col (i) lis governing o	rganization ted in your	the organ	ou notify nization in of your port?	organizat	s the ion in col zed in the	(vii) Amount o supp	
			(See moradus.io),	Yes	No	Yes	No	Yes	No	ļ	
A)											
B)											
C)											
D)											
E)											
	. <u></u>										

Part							
	(Complete only if you checked the Part III. If the organization fails to						iality under
Secti	ion A. Public Support	duality und	er the tests in	sted below, p	nease comple	ste Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	(-) 0000	(1-) 0040	(-) 0044	(.1) 0040	() 2042	(0 T : 1
Calen	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organizatioi		d, third, fourth	 n, or fifth tax y	12 ear as a section	on 501(c)(3)
	organization, check this box and stop he			· · · · ·	· · · · ·		🕨 📋
	on C. Computation of Public Suppor					1 - 1	···
14 15 16a	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch 331/3% support test—2013. If the organization qual	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹		
b	331/3% support test—2012. If the organ check this box and stop here. The organi				•	2 15 is 33 ¹ /3%	•
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, cho st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the The organization	nis box and st in qualifies as	, and line t op here . a publicly
18	Private foundation. If the organization di						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Ca ali	on A. Bublic Company			,		•••	
	on A. Public Support	1 1 0000	#1.004ô	43664	(1) 00 (0	() 0010	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	40,466	38,551	125,809	57,805	181,851	444,482
2	sold or services performed, or facilities				ı	į	
	furnished in any activity that is related to the				ļ	1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	İ					
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				ì	ł	
	to or expended on its behalf				ł	ŀ	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					!	
6	Total. Add lines 1 through 5	40,446	38,551	125,809	57,805	181,851	444,482
7a	Amounts included on lines 1, 2, and 3	•				,	
	received from disqualified persons .						
ь	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.)				Ì		444,482
Secti	on B. Total Support						•
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	40,446	38,551	125,809	57,805	181,851	444,482
10a	Gross income from interest, dividends,						-
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1	1	38	195	95	330
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	1	1	38	195	95	330
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		İ				
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	40,467	38,552	125,847	58,000	181,946	444,812
14	First five years. If the Form 990 is for the	-			-		
<u> </u>	organization, check this box and stop he			<u> </u>		· · · ·	🟲 🗌
	on C. Computation of Public Suppor			0 (0)		1 4 5	
15	Public support percentage for 2013 (line 8					15	99.93 %
16 Sooti	Public support percentage from 2012 Sch			 		16	99.95 %
	on D. Computation of Investment Inc			ine 10 set		147	B'
17 18	Investment income percentage for 2013 (Investment income percentage from 2012)					17	0.07 %
19a	331/3% support tests—2013. If the organi						0.05 %
134	17 is not more than 33 ¹ / ₃ %, check this box						-
_	331/3% support tests—2012. If the organiz					-	_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di		_			• •	
~~		v u .					

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······································

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Open to Public Inspection

ADVANCED CONSERVATION STRATEGIES	20-4002778
FORM 990 - PART III - ITEM 4(d)	
ASSISTED IN THE DESIGN OF A CONSERVATION PROGRAM IN ECUADOR FOCUSED ON PROVIDING	ECONOMIC OPPORTUNITIES TO
FOREST COMMUNITIES WHILE SIMULTANEOUSLY CREATING INCENTIVES TO REDUCE LOCAT DEF	ORESTRATION.
FORM 990 - PART VI - ITEM 2	
TWO DIRECTORS, C JOSH DONLAN AND RICHARD M DONLAN, ARE BROTHERS.	
FORM 990 - PART VI - ITEMS 11(b) & 19	
DIRECTORS AND OFFICERS REVIEWED THE FORM 990. ADVANCED CONSERVATION STRATEGIES !	MAKES ITS GOVERNING DOCUMENTS,
CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990 - PART VI - ITEM 15	
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS COMPARABILITY DATA, AND INDEPENDEN	T DIRECTORS REVIEW AND APPROVE
COMPENSATION FOR THE ORGANIZATION'S PRESIDENT	
FORM 990 - PART IX - ITEM 24a - OTHER PROGRAM-RELATED EXPENSES	
CONTRACT PAYMENTS RELATED TO THE FOUR PROGRAM SERVICES	
	•••••••••••••••••••••••••••••••••••••••
······	
·	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
	· · · · · · · · · · · · · · · · · · ·
	••••••