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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

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.

Department of the Treasury

Open to Public

	mai Revenue		► Information about Form 990 and its instructions is at www.irs.go	ov/rorm99	0.	an and	.1011	
<u>A</u> _			lar year, or tax year beginning , 2016, and ending		D F== -1	, 20		
В	Check if a	4-	Name of organization ADVANCED CONSERVATION STRATEGIES		n Embloh	er identification n	umber	
닠	Address c	_	Doing business as			20-4002778		
닏	Name cha	ange	Number and street (or P.O box if mail is not delivered to street address) Room/suite		E Telephor	ne number		
	Initial retur		31 HILLSIDE WAY			617-227-9768		
	Final return	v/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amended	return W	ILLIAMSBURG, VA 23185		<b>G</b> Gross re	ceipts \$	145,860	
	Application	n pending F	Name and address of principal officer C JOSH DONLAN III, PhD	H(a) is this a g	roup return for	subordinates? 🔲 Yes	<b>✓</b> No	
		22	261 SUCCESS TRAIL, MIDWAY, UT 84049	H(b) Are all	subordinates	s included? 🔲 Yes	□ No	
	Tax-exem	pt status	√ 501(c)(3)	] If "N	lo," attach a	ı lıst (see ınstructio	ns)	
J	Website:	► www	ADVANCEDCONSERVATION.ORG	H(c) Group	exemption	number ▶		
K	Form of org		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	2005	M State	of legal domicile	VA	
Р	art I	Summai	у					
	1 E	Briefly desc	cribe the organization's mission or most significant activities: PRESERV	VE AND PI	ROTECT 1	HE NATURAL		
ě	t	·-	ENT THROUGH DESIGN-DRIVEN SOLUTIONS FOR PEOPLE AND THE ENVI					
Activities & Governance	1 -							
E.	2 6	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of	more than	25% of	its net assets.		
õ			voting members of the governing body (Part VI, line 1a)				5	
æ	1		independent voting members of the governing body (Part VI, line 1b)				4	
es			er of individuals employed in calendar year 2016 (Part V, line 2a)				0	
ξ	1		er of volunteers (estimate if necessary)		6	<del></del>	<u>`</u>	
<b>A</b> ct	1		ated business revenue from Part VIII, column (C), line 12		7a	<del> </del>		
	ľ		ad husanaan tarahla inggana faran Faran 200 T. Kan 24		7b	<del></del> -		
	<del>                                     </del>	vot um olat	ed business taxable income from Form 990-1, line 34	Prior Ye		Current Ye	ear	
	8 0	Contributio	ns and grants (Part VIII, line 1h)		176,210		143,888	
ΞĒ	i		ervice revenue (Part VIII, line 2g)		0	<del></del>	0	
Revenue	1	_	Income (Part VIII, column (A), lines 3, 4, and 7d)					
æ	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103	<del></del>	62	
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			<del></del>	1,910	
			similar amounts paid (Part IX, column (A), lines 1–3)		176,313 145,8			
	Į.				0	<del> </del>		
	ľ		id to or for members (Part IX, column (A), line 4)		110 000			
ses			ner compensation, employee benefits (Part IX, column (A), lines 5–10)		116,000	<del></del>	105,000	
ë	16a F	-roiessiona	al fundraising fees (Part IX, column (A), line 11e)		0		0	
Expenses	b T	i otal Tundra	aising expenses (Part IX, column (D), line 25)			<del></del>		
_	, , ,	ourier expe	riscs (rare ix, column (x), inies i ra i ra, i rije roj	<del>.  </del>	122,009		94,393	
			nses. Add lines 13–17 (must equal Part IX, Solumn (A), line 25)	<del></del>	238,009		199,393	
		revenue le	ss expenses. Subtract line 18 from line 12 . AUG 1.7.2017.		(61,696)	5.1.69	<u>(53,533)</u>	
ts or	00 -	F-4-1 ·		inning of Cu		End of Ye		
Ssel	20 T		s (Part X, line 16)	<del> </del>	177,507		123,974	
Net Assets Fund Baland	21 T		ies (Part X, line 26)	<u> </u>	0		0	
			or fund balances. Subtract line 21 from line 20		177,507		123,974	
_	art II	Signatu				<del> </del>	<del></del>	
			I declare that I have examined this return, including accompanying schedules and stateme.  **Declaration of preparer (other than officer) is based on all information of which preparer has			ny knowledge and	belief, it is	
	- T	L		25 01.17 10.11				
Sig		Sugnatu	ed when water	L Da		ust 12, 2	017	
He		, ,	IRECTUR & SECRETARY	Da	ite			
ne		<b>-</b>				<del></del>		
		,	print name and title  preparer's name  Preparer's signature  Date		<del></del>	- IPTIN		
Pa	id	- minu type	preparer's name Preparer's signature Date		Check	<b>∟</b>		
Pro	eparer	·			self-emp	pioyed		
	e Only		e <b>&gt;</b>	Firm	n's EIN ▶			
17		Firm's add		Pho	one no		<del></del>	
			his return with the preparer shown above? (see instructions)	<del></del>	<u> </u>	Yes		
For	Paperwo	ork Reducti	on Act Notice, see the separate instructions. Cat. No.	11282Y		Form	990 (2016)	

Part	V Checklist of Required Schedules			
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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,			1
	Part III	5		<b>/</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		<del>                                     </del>
_	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ļ
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<del></del>	<b></b> -	<del></del>
-	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		<del>-</del> -	<del>                                     </del>
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	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	_ <del>-</del>	_	<del>                                     </del>
.0	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10 3000		<b>Y</b>
••	VII, VIII, 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		✓
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		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	]	1
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		1
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	l _	✓
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	,	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	}	}
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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	ļ	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u> </u>	<del>                                     </del>	<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<del>                                     </del>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<b>\</b>	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>-</del>	<del>                                     </del>	<del>                                     </del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	]	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>├</u>	<del> </del> -	<del>                                     </del>
	If "Yes," complete Schedule G, Part III	19	]	1
			m 990	(2016)

Part	Checklist of Required Schedules (continued)			
~~	Nick the come makes are set as a second of the Makes Office of the Control of the		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>/</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		1
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		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		1
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>✓</b>
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 "Yes," 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		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	1
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	_	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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		1
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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,			
38	Part VI	37	1	1
			n <b>99</b> 0	(2016)

Part	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	•••	•	
4			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	
C	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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a	Ì	✓
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		Ì	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	{	<b>✓</b>
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		1
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	1
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			اا
<b>.</b>	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282?	7c	}	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	{	<del> </del>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			. 1
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
	against amounts due or received 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			. 1
C	Enter the amount of reserves on hand	}		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	ions.
Secti	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year   1a   5		103	-
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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	1	
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		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		<b>✓</b>
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, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	L
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	<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	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the amount to be a few to	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 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	1	<del> </del>
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	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		 	
а	The organization's CEO, Executive Director, or top management official	15a	1	
Ь	Other officers or key employees of the organization	15b	<b>✓</b>	<del> </del> -
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
<b>A</b>	with a taxable entity during the year?	16a		1
ь	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			
80041	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	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 available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  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.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re C JOSH DONLAN III. PhD. 2261 SUCCESS TRAIL. MIDWAY, UT 84049	cords	: <b>▶</b>	,

. 0 000 (201	∽y rage #
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

- 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.

organization, more than \$10,000 of reportable of					_				_		
List persons in the following order: individu compensated employees; and former such pers		s or	dire	ecto	ors;	ınsti	tutio	onal trustees;	officers; key	employees; highes	t
Check this box if neither the organization noi	r anv relate	d ora	anız	atio	n co	ompe	nsa	ited any currer	t officer, directo	r. or trustee.	
<del></del>		(C)								<del>/</del>	-
(A)	(B)	Position				(D)	(E)	(F)			
Name and Title	Average					than o		Reportable	Reportable	Estimated	
	hours per					ıs both or/trusi		compensation	compensation from	amount of	
	week (list any hours for	익호	ä	Q	2	g프	77	from the	related organizations	other compensation	
	related	효향	stitu	Officer	уе	nple serep	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted		Institutional trustee		Key employee	Highest compensated employee	=	(W-2/1099-MISC)		organization and related	
	line)	7 22	al tr		yee	ğ	ĺ	}	j	organizations	
	]	8	ste			esne	]	}		-	
			ð			lted		ì			
											_
(1) C JOSH DONLAN III, PhD	35+	_					ļ	4			
2261 SUCCESS TRAIL, MIDWAY, UT 84049		✓		1			<u> </u>	105,000	0		0
(2) RICHARD M DONLAN	<5							1	}		
1106 ARBOROAK PL, HERNDON, VA 20170		<b>✓</b>					<u> </u>	0	0		0
(3) HARRY GREENE, PhD	<5							1			
CORNELL UNIV, CORSON HALL, ITHICA NY 15851		1	L			L	<u> </u>	0	0		0
(4) KARL W LOHWATER, ESQ	<5		}					†			
5331 HILLSIDE WAY, WILLIAMSBURG, VA 23185		<b>✓</b>		1		<u></u>		0	0		0
(5) BERNIE TERSHY, PhD	<5			}		l	1	ĺ			
100 SHARRER RD, SANTA CRUZ, CA 96050	<b></b>	<b>/</b>	_	_	<u> </u>		<b>├</b>	0	0	ļ	0
(6)	ļ						Ì	ì			
	<del> </del>	ļ	<u> </u>	-			-	<del> </del>	<del> </del>	<del> </del>	_
(7)	<b></b>							l	[		
<del></del>	ļ	ļ	<del>  -</del>	-	-		├-	<del></del>	<del>                                     </del>	<del></del>	-
(8)	ļ						ļ	(	ļ		
(9)			<del> </del> -	-			-	-	<del> </del>	<del></del>	-
(4)	<del> </del>	<b>\</b>					1				
(10)	<del></del>	<del></del>	<del> </del>	-	$\vdash$		├	<del> </del>	<del> </del>		-
(10)	<b></b>	1					ſ	}	{		
(11)	<del> </del>		-	_			┢	<del>                                     </del>	<del> </del>	<del></del>	-
(11)	<del></del>		1				1	1	)		
(12)	<b></b>		-				┢		<del> </del>	<del></del>	-
11-7	<b>†</b>		]				]	]	1		
(13)	1		$\vdash$				$\vdash$	1			-
	†	1							l		
(14)		<del>                                     </del>	$t^-$				<del>                                     </del>	†			-
***************************************	<b>†</b>	1		ļ	ļ ,				ł		
	<del></del>					<u> </u>		<del></del>	·	Form <b>990</b> (2016	<u>-</u>

Pan	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch	Pos leck is pe	c) ition more	n both highest compensated employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation froi related organizations (W-2/1099-MISC	(F) ble Estimated amount of other compensatio		1	
(15)				66		) 	ated	-		: 	+			
(16)						-		-				<del></del>		
(17)								-						
(18)			<u> </u>			_		_			+			
(19)						_		_			$\downarrow$			
								_						
(20)														
(21)														
(22)							_				T			
(23)											-			
(24)			<del>                                     </del>		-	-		-	<del> </del>		+		<del></del>	
(25)			<u> </u>	-				-		· · · · · · · · · · · · · · · · · · ·	+			
1b	Sub-total	<u> </u>	<u> </u>	L	<u></u>	L		<b></b>	105,000	}	0			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>▶</b>	105,000		0			0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w		<u> </u>		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	ployee, or high	est compensa	ited	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th										4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co												
Section	on B. Independent Contractors	ili Tes, C	.omp	ele	301	eat	ne J i	OI S	such person	· · · · ·	<u>.                                    </u>	5	L	<b>✓</b>
1	Complete this table for your five highest compensation from the organization. Repear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) ompens		
NONE														
								_						
	Total number of independent contractor	ors (includia	ng hi	ıt n	ot	limit	ed to	1	nose listed abo	ove) who				
	received more than \$100,000 of compens							, u	0	JV6, WIIO				
												Fon	ո 990	(2016)

Part VIII		Statement of Reve						<del></del>	
	<u>.</u>	Check if Schedule C	contains	a res	ponse or note to			· · · · · ·	· · · · · · · · · · · · · · · · · · ·
					į	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		1	1		]
Es, C	С	Fundraising events .		1c		j			
	đ	Related organizations		<u>1d</u>	ļ	1			
Sins,	e f	Government grants (con		1e		ł			
e të	•	All other contributions, g and similar amounts not inc		1f	440.000	į	ļ		
돌	g	Noncash contributions includ			143,888	<u> </u>	}		
a Cor	h	Total. Add lines 1a-1			•	143,888	}		
					Business Code				
ven	2a								
e R	b								ļ
Ş.	C				}				<b> </b>
Se	d				ļi				<del> </del>
Program Service Revenue	e	All other program ser			<del> </del>	<del></del>			<del> </del>
Pro	g	Total. Add lines 2a-2							
	3	Investment income	(including						1
		and other similar amo	•		▶	62			62
	4	Income from investmen		-	•				<b></b>
	5	Royalties	(i) Real	<u> </u>	(ii) Personal				<b></b>
	6a	Gross rents	(i) rica		(ii) reisonai		ĺ		
	b	Less: rental expenses			<del> </del>				
	c	Rental income or (loss)	L						]
	d	Net rental income or (							
	7a	Gross amount from sales of	(i) Securit	es	(ii) Other				
	b	assets other than inventory Less cost or other basis							
		and sales expenses .							
	c d	Gain or (loss)	L		▶				<b> </b>
		rect gain or (1035) .		• •	· · · · · · ·				
eune	8a	Gross income from fu events (not including \$	ndraising				ļ		
Other Reven		of contributions reporte	ed on line 1	εī.					
er		See Part IV, line 18 .			}				
동	b	Less: direct expenses	·	. b					<u> </u>
_		Net income or (loss) f			events . >				
Ì	9a	Gross income from ga			j i				
}	_	See Part IV, line 19 .			<del></del>				
		Less: direct expenses Net income or (loss) fi							<del> </del>
		Gross sales of in	_	-	1				<del> </del>
į		returns and allowance							
	b	Less: cost of goods s	old	. b					
	С	Net income or (loss) f		of inv					
		Miscellaneous R			Business Code				
		I.R.S. Tax Refund			ļ	1,910	1,910		<del> </del>
ŀ	b				ļ				<del> </del>
1	C d	All other revenue .			<b> </b>			<del></del>	<del> </del>
ĺ	_	Total. Add lines 11a-			•	1,910		<del></del>	1
		Total revenue. See in				145,860	1,910		62
	-								Form <b>990</b> (2016)

Form 9	90 (2016)				Page <b>10</b>
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization:	s must complete co	lumn (A).
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .	<u> </u>	
	ot include amounts reported on lines 6b, 7b, b, 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				
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				
4 5	Benefits paid to or for members	105,000	91,875	13,125	
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				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				<del> </del>
C	Accounting				
đ	Lobbying				<del></del>
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	4,792	4,193	599	
14	Information technology				
15	Royalties				
16	Occupancy	12,081	10,571	1,510	
17	Travel	21,477	18,792	2,685	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	695	608	87	·
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
23 24	· · · · · · · · · · · · · · · · · · ·			<del></del>	<del></del>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		1	Ş	
	(A) amount, list line 24e expenses on Schedule O.)		j		
а	PROGRAM-RELATED EXPENSES	55,348	55,348		
b		35,5.0			· -
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	199,393	181,387	18,006	
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)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	177,507	1	123,974
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
Assets	ì	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			
	ł	organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	<del></del>
Asi	8	Inventories for sale or use	<del> </del>	8	<del></del>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	}	other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	177,507	16	123,974
	17	Accounts payable and accrued expenses		17	
	18 19	Grants payable		18 19	- <del></del>
	20	Deferred revenue	<del></del>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	<del></del>
s	22	Loans and other payables to current and former officers, directors,		~	
Liabilities		trustees, key employees, highest compensated employees, and			1
٥		disqualified persons. Complete Part II of Schedule L		22	
≝ .	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	<del></del>
i	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	· · · · · · · · · · · · · · · ·	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
တ္ဆ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ဋ	07	- · · · · · · · · · · · · · · · · · · ·			
ala	27 28	Unrestricted net assets	<del></del>	27 28	
d B	29	Permanently restricted net assets		29	<del></del>
'n	20	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and		23	
řF		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	<del></del>
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	177,507	33	123,974
	34	Total liabilities and net assets/fund balances	177,507	34	123,974
					Form <b>QQ</b> () (2016)

Form 9	90 (2016)				Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				15,860
2	Total expenses (must equal Part IX, column (A), line 25)	2			19	99,393
3	Revenue less expenses. Subtract line 2 from line 1	3			(5	3,533)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			17	77,507
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					
	33, column (B))	10			12	23,974
Pari	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<i>.</i> .		
			_		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," exp	olain	in			
_	Schedule O.		<u> </u>			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		.	2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled (	or			
	reviewed on a separate basis, consolidated basis, or both:		ļ			}
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
Ь	Were the organization's financial statements audited by an independent accountant?			2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		!	
	separate basis, consolidated basis, or both:		Ì		ı	
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersig	nt			
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	olain	in			
_	Schedule O.		_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth	in	- {		
_	the Single Audit Act and OMB Circular A-133?	•	· [	3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e	į		_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdıts.	- 1	3b		

Form **990** (2016)

#### **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.

2016

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

Name	Name of the organization						number
ADVANCED CONSERVATION STRATEGIES						20-400	
Pa							ns.
The d	organization is not a private founda				-	•	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
3	<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul>						
4	A medical research organization						iii) Enter the
	hospital's name, city, and state	): 					***************************************
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)					al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-grai university:	nt college of agri	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur ∷income and unr fter June 30, 197	nctions—subject to co related business taxal 75. See <b>section 509(</b> a	ertain exc ole incom i)(2). (Con	eptions, e (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its
11 12	An organization organized and	•	•	-			
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organization	ns described in <b>secti</b>	on 509(a	)(1) or <b>s</b> e	ection 509(a)(2). Sec	e section 509(a)(3).
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma			
b	Type II. A supporting organ control or management of to organization(s). You must o	he supporting o	rganization vested in	the same			
C	Type III functionally integrits supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integredurement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	•
0	Check this box if the organ functionally integrated, or T						e II, Type III
f	Enter the number of supported of	rganizations .					
g	Provide the following information	about the supp	orted organization(s).				
	(ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions)					other support (see	
				Yes	No		
(A)							
(B)							
(C)			!				<del> , </del>
(D)							
(E)		<del></del>					

Total

Schedule A (Form 990 or 990-EZ) 2016

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Secti	on A. Public Support	quality unde	er trie tests lis	ted below, p	ease comple	te rantin.)	
	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2012	(b) 2013	(6) 2014	(a) 2013	(6) 2010	(i) Total
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)						
<u>6</u>	Public support. Subtract line 5 from line 4		<u></u>			<u> </u>	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2012	(a) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(a) 2012	<b>(b)</b> 2013	(c) 2014	(0) 2015	(e) 2016	(I) IOIAI
8	Gross income from interest, dividends.						<del> </del>
	payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop her		· · · · ·	<u></u>		<u> </u>	<b>&gt;</b> 🗖
	on C. Computation of Public Suppor					T	
14	Public support percentage for 2016 (line 6	• • • • • • • • • • • • • • • • • • • •	=			14	%
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organibox and stop here. The organization qual	zation did not	check the box		nd line 14 is 3		
b	331/3% support test—2015. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or r	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	s-and-circumst	ances" test, cl	neck this box	and <b>stop her</b> e	e. Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the "fac	ne "facts-and-d	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a			►□ d see ►□

### 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.)

Secti	on A. Public Support	dilder the tes	no noted belo	w, piease coi	inpicto i di i ii	•	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(i) Total
•	received (Do not include any "unusual grants.")	57.005	404.054	202 222	470 040	142 000	042.007
2	Gross receipts from admissions, merchandise	57,805	181,851	282,333	176,210	143,888	842,087
_	sold or services performed, or facilities	Ì	1		ľ	Ĭ	
	furnished in any activity that is related to the		İ				
_	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		1				
	organization's benefit and either paid		l l	ļ		ļ	
	to or expended on its behalf						
5	The value of services or facilities			i			
	furnished by a governmental unit to the		J	]	i		
	organization without charge						
6	Total. Add lines 1 through 5	57,805	181,851	282,333	176,210	143,888	842,087
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			<b>!</b>	<b>,</b>		
	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		i				
	line 6.)						842,087
	on B. Total Support	·				<del></del>	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	57,805	181,851	282,333	176,210	143,888	842,087
10a							
	payments received on securities loans, rents,						
	royalties and income from similar sources .	195	95	113	103	62	568
b	Unrelated business taxable income (less					ľ	
	section 511 taxes) from businesses	1			Ì	Î	
	acquired after June 30, 1975		<del></del>				
C		195	95	113	103	62	568
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or	ļ	Į.			ł	
	loss from the sale of capital assets					Į.	
40	(Explain in Part VI.)	ļ				1,910	1,910
13	Total support. (Add lines 9, 10c, 11, and 12)			_			
14	and 12.)	58,000	181,946	282,446	176,313	145,860	844,565
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			=		1 50 1(0)(3)
Secti	on C. Computation of Public Support			<u></u>	<del>· · · · ·</del>	<del></del>	<u> </u>
15	Public support percentage for 2016 (line			2 ooluma (fl)		15	20.71.0/
16	Public support percentage for 2016 (fine Public support percentage from 2015 Sci		•			16	99.71 %
	on D. Computation of Investment In			<del></del>	<del></del>	1 10	99.94 %
17	Investment income percentage for 2016			v line 13 colum	nn (fl)	17	0.07 %
18	Investment income percentage for 2019	-		-		18	0.04 %
19a	331/s% support tests—2016. If the organ						
154	17 is not more than 331/3%, check this box						
b	33 <sup>1</sup> / <sub>2</sub> % support tests—2015. If the organization		_				
D	line 18 is not more than 331/3%, check this						
20	<b>Private foundation.</b> If the organization d	-	-	•			
~~	Tivate louridation. It the organization of	id HOL CHECK a	557 OH HIE 14	,_ı za, uı_ <u>ı</u> zu, C	TICOVITIES DOX	and occinional	

#### 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.)

3000	on A. All 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
<b>5</b> a	purposes.  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 <b>Part VI</b> , 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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	<del>                                     </del>
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? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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		
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 <b>Part VI</b> .	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 <b>Part VI.</b>	9b		
С	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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	90		
	supporting organizations)? If "Yes," answer 10b below.	10a	1	ļ
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10h		

Part	Supporting Organizations (continued)			
11	Log the executiveties accepted a gift or contribution from any of the following paragraps		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	]	]	
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			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	1	}	
	tax year? If "No," describe in <b>Part VI</b> 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	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			] 1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2	L	<u> </u>
Secti	on C. Type II Supporting Organizations		1	T N/ =
1	Where a majority of the augustical adjustical adjustication of the discontinuous and the		Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<del> </del> -	-
Secti	on D. All Type III Supporting Organizations	<del></del>	L——,	
			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		ĺ	l
	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?	<b> </b>	ļ	
0		1	<del> </del>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	1	ĺ	
	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		Ì	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Ĺ		
	supported organizations played in this regard.	3		
<u>Secti</u>	on 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	instru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	İ	İ	ļ
	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		<u> </u>	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		ļ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	-	<del> </del>	ļ
2	·	2b	<del>}</del> -	<del> </del>
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		1
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	<del> </del>	<b> </b> -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<del>                                     </del>	<del> </del>
U	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard.	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raani	zations	Page 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying			oin in Port VIV Con
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<del></del>
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		T
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	$\top$		
factors (explain in detail in Part VI):	j		
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	t.		
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		
Section 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-functional instructions).	ally int	tegrated Type III supporti	ng organization (see

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	rted				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
	Amounts paid to acquire exempt-use assets	<del></del>				
	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.	<del></del>				
7						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive			
_	(provide details in Part VI). See instructions.					
9	Distributable amount for 2016 from Section C, line 6	<del></del>	<del> </del>			
10	Line 8 amount divided by Line 9 amount	<del></del>		<del></del>		
			(ii)	(iii)		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
	Underdistributions, if any, for years prior to 2016					
2	(reasonable cause required—explain in Part VI). See					
	instructions.	}				
3	Excess distributions carryover, if any, to 2016:					
а						
b						
С	From 2013					
d	From 2014					
е	From 2015					
f	Total of lines 3a through e	<del> </del>				
g						
	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)		<del></del>			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<del></del>				
4	Distributions for 2016 from	<del></del>	<del></del>			
	Section D, line 7:					
a	Applied to underdistributions of prior years			<del></del>		
b	Applied to 2016 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if					
J	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.	į				
6	Remaining underdistributions for 2016. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.	ĺ				
7	Excess distributions carryover to 2017. Add lines 3		<del></del>			
-	and 4c.					
8	Breakdown of line 7:					
a						
b	Excess from 2013					
C C	Excess from 2014					
d	Excess from 2015					
e e	Excess from 2016	<u> </u>	······································			
	<u> </u>			,		

Part VI	<b>Supplemental Information.</b> 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 III, Sec	tion B, Item 12 (Other Income) - Advanced Conservation Strategies received a refund from the I.R.S. in 2016 for penalties it paid
after the I.R	.S. issued an assessment for late filing of the 2015 Form 990. The return was, in fact, filed timely, and the I.R.S. refunded the
penalty paid	d by Advanced Conservation Strategies.
	<b></b>

#### 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 20**16** 

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.

Open to Public Inspection

Name of the organization	Employer identification number
ADVANCED CONSERVATION STRATEGIES	20-4002778
FORM 990 - PART III - ITEM 4(d)	
1.010W 990 - 174(V III - 112W 4(0)	
COASTAL CONSERVATION OPPORTUNITIES IN LATIN AMERICA: SCOPING THE HUMBOLDT & PACI	FIC CENTRAL-AMERICAN COASTAL
LARGE MARINE ECOSYSTEMS - ASSESSED THE STATE OF COASTAL-MARINE PROTECTED AREAS	AND MARINE SPATIAL PANNING
EFFORTS ALONG THE PACIFIC COAST OF LATIN AMERICA, COVERING TWO LARGE MARINE ECOS	YSTEMS (LMES), THE HUMBOLDT &
PACIFIC CENTRAL-AMERICAN COASTAL LIMES. CONDUCTED AND SYNTHESIZED PRIMARY AND SE	CONDARY RESEARCH COVERING 11
COUNTIRES FROM GUATEMALA TO ARGENTIA AND CONDUCTED 22 IN-DEPTH INTERVIEWS FOCUS	SED ON COVEDNMENTAL DEDSONNEL
COCKTINES I KOM COATEMALA TO ARGENTIA AND COMPOCIED 22 IN-DEF ITTINI ERVIEWS I OCC.	SED ON GOVERNMENTAL PERSONNEL
AND OTHERS WORKING ON MARINE PROTECTED AREAS AND SPATIAL PLANNING IN THE TARGET	COUNTRIES.
FORM 990 - PART VI - SECTION A - ITEM 2	
TWO DIRECTORS, C JOSH DONLAN III, PhD AND RICHARD M DONLAN, ARE BROTHERS	
THE STILL OF COURSE OF BOARDAN III, THE ARE THOU TAKE IN DESIREAR, ARE DICOTTICAL	
FORM 990 - PART VI - SECTION B - ITEM 11(b) & SECTION C - ITEM 19	
DIRECTORS AND OFFICERS REVIEWED THE FORM 990. ADVANCED CONSERVATION STRATEGIES	MAKES ITS GOVERNING DOCUMENTS,
CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENS AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990 - PART VI - SECTION B - ITEM 12(c)	
THE ORGANIZATION'S PRESIDENT AND BOARD OF DIRECTORS REVIEWS CONFLICTS STATEMENT	S AND QUESTIONNAIRES
FORM 990 - PART VI - SECTION B - ITEM 15	
THE ODGANIZATIONIS COND. OF CIPTOTO DESIGNATION OF COND.	
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS COMPARABILITY DATA, AND INDEPENDENT	IT DIRECTORS REVIEW AND APPROVE
COMPENSATION FOR THE ORGANIZATION'S PRESIDENT.	
FORM 990 - PART IX - ITEM 24(a)	
CONTRACT PAYMENTS RELATED TO THE VARIOUS PROGRAM SERVICES.	
***************************************	